STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676333	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Crossing Nursing and Rehabilitation Cente	10800 Flora Mae Meadows Rd Houston, TX 77089

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide a safe, clean and homelike environment for 1 of 8 (Resident #1) residents reviewed for resident rights in that: 1. Resident #1's linen had not been changed in 8 days, had dried fecal matter and food crumbs. This failure could have caused skin breakdown, infections and dignity issues. Findings Included: Observation on 5/7/2025 at 12:04pm, revealed Resident #1 linen was dirty due to dry fecal matter, and food crumbs. Record review of Resident #1's face sheet dated 5/7/2025 revealed he was a [AGE] year-old male that was admitted to the facility on [DATE] with diagnoses of unspecified dementia, functional quadriplegic, pain in right and left shoulders, muscle wasting and atrophy and need for assistance with personal care. Record review of Resident #1's MDS dated [DATE] revealed C0500: Brief Interview for Mental Status was coded as 00. This indicated severe cognitive impairment. Section GG 0170- revealed that Resident #1 Roll left and right was coded as (1), Sit to lying, lying to sitting on side of bed, tub/shower, toileting/hygiene were all coded as (1) which meant Resident #1 dependent and helper did all of the work. Record review of Resident #1's care plan dated 4/10/2025 revealed Resident #1 had an ADL self-care performance deficit due to weakness. Goal: The resident will maintain current level of function through the review date. Interventions: Provide sponge bath when a full bath or shower cannot be tolerated. The resident requires assistance by (X1) staff for toileting. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676333	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Crossing Nursing and Rehabilitation Cente	10800 Flora Mae Meadows Rd Houston, TX 77089

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview with Resident #1 on 5/7/2025 at 12:04pm, he said that his linen had not been changed in 7 or 8 days. He stated he had asked different CNA's that came in his room to please change his sheets. He said multiple times after he asked them, they said they needed to get help and did not return. He said he got bed baths on Tuesdays, Thursdays and Saturdays and he was told that the sheets were to be changed on those days. He said he would speak to the charge nurse today about it because he understood the facility no longer had a DON. An interview with Resident #1's FM on 5/7/2025 at 1:30pm, she said he often complained about his sheets not being changed. She said she would visit mostly on weekends but not every weekend. She said Resident #1 was considered a functional quadriplegic and was not capable of doing things for himself. She said she thinks he was supposed to have bed baths and linen changed a few times a week and to her knowledge these things were not being done. An interview with CNA A on 5/8/2025 at 10:37am, revealed him to state he had been employed for 2 years, worked the 6a-2pm shift and was currently working on Hall 100. He stated that he worked Halls 100, 300 or 400 wherever he was needed. He stated that he was responsible for assisting residents with showering, changing briefs, or bringing them to the restrooms, dressing, and grooming daily. He stated the residents that resided in rooms with odd numbers would have showers on morning shift. He stated that linen was usually changed on shower days. He stated that he was not working with Resident #1 today and would tell other CNA about his sheets. An interview with CNA B on 5/8/2025 at 11:17am, revealed he had been employed by their sister facility about 4 years but he had been helping at the facility since April 2025. He stated he was only PRN but worked the morning shift 6a-2p. He said he worked hall 400 and was responsible for rooms 410-417. He said all showers are to be given as ordered and that linen was supposed to be changed on shower days. He said if a resident refused any care or for their sheets to be changed, he was responsible for documenting the refusal in PCC. In a subsequent interview and observation with Resident #1 on 5/8/2025 at 3:59pm, he stated his sheets still had not been changed. The same stains and food crumbs were observed. In an interview with CNA C on 5/8/2025 at 4:00pm, she said that she was bringing Resident #1 some soup as requested. She said she had been employed for 3 weeks, worked the 6a-2p shift and was Resident #1's CNA for today. She said he had not asked her to change his sheets, but she would after he ate his food because it was his shower/bed bath day. She said as a CNA she was responsible for assisting residents with their ADL's such as bathing, grooming, changing their undergarments, feeding and transferring. An interview with LVN A on 5/8/2025 at 4:17pm, she said she asked Resident #1 to change his sheets and to have a bed bath today. She said he told her that he did not need a bed bath today as he was going to use wipes. She said she explained to him that a bed bath with soap and water would be better. She said she had been employed for 2 years and was the charge nurse on Resident #1's hall. She said she normally worked 6a-6p. She said CNAs are responsible for bathing, grooming, changing briefs or transferring residents to the restroom, feeding, and all ADL help that is needed. She said as the charge nurse she was responsible for ensuring the CNA staff provided all ADLs for the residents and changing is sheets was supposed to be done on shower days and as needed. She said not getting linen changed appropriately could cause skin irritation, infections, and dignity issues. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676333	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Crossing Nursing and Rehabilitation Cente	10800 Flora Mae Meadows Rd Houston, TX 77089

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview with the Interim DON on 5/9/2025 at 12:39pm she said she had been the interim DON since the second week in April. She said some of her duties were to have morning meeting/clinical meetings, follow-up with staff, direct staff, and education. She said she was no aware of nor received any complaints about sheets not being changed as needed. She said it was her understanding that staff are to change linen on shower days and as needed. She said CNAs are responsible for changing sheets, however, any nursing staff can change sheets. She said not changing the sheets regularly could cause dignity issues for residents, and skin infections. An interview with the Administrator on 5/9/2025 at 1:42pm, Administrator she had been employed for 5 days. She said her duties included management of the facility, positive outcomes, quality of life and care, each department functions, clinical and financial outcomes, advocate for residents. She said linen should be changed when residents are showered. She said it is the CNAs, DON, and floor nurses to ensure tasks are completed. She said linen not changed could cause skin infections. Record review of the facility's resident rights policy dated November 2021 revealed it to state: Residents of Texas nursing facility have the rights, benefits, responsibilities, and privileges by the Constitution of this state and the United States. They have the right to be free of interference, coercion, discrimination, and reprisal in exercising these rights as citizens of the United States. Dignity and respect: You have the right to live in a safe, decent and clean conditions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676333	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Crossing Nursing and Rehabilitation Cente	10800 Flora Mae Meadows Rd Houston, TX 77089

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming and personal and oral hygiene for 1 of 8 residents (Resident #2) reviewed for Activities of Daily Living. -The facility failed to ensure Resident #2 received her bed baths on Tuesdays, Thursdays, and Saturdays on the morning shift as scheduled. This failure could have caused residents skin breakdown, discomfort, and embarrassment. Findings included: Record review of Resident #2's face sheet dated 5/8/2025 revealed she was a [AGE] year-old female with diagnoses of Alzheimer disease, and need for assistance with personal care. Record review of Resident #2 MDS dated [DATE] revealed the following: Section C- Brief Interview of Mental status was coded as 00- which represented severe mental impairment. Section GG-0130- Self Care E. Shower/bathe was coded as (02)- which meant substantial/maximal assist by helper. Section GG-0170- FF. Tub/shower transfer was coded as (01)- Dependent- which meant helper does all of the work. Section H0300- Urinary Incontinence and Bowel Incontinence (03)- represented Resident #2 was always incontinent. Record review of care plan dated 4/4/2025 revealed: Focus: Resident #2 has an ADL self-care deficit r/t Alzheimer Goal: The resident will maintain current level of function through the review date of 4/29/2025 Interventions: Bath/Shower - Provide sponge bath when full bath or shower was not tolerated, and Resident #2 required 1 staff with bathing and showering 3 times per week and as needed. Record review of Resident #2's POC (Plan of Care) for 4/10/2025-5/7/2025- revealed showers/or bed bath were to be done on Tuesdays, Thursdays, and Saturdays -There were no showers documented as she mostly had bed baths for the past 30 days. -Bed baths were not documented on the following dates: 4/10/2025 (Thursday) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676333	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Crossing Nursing and Rehabilitation Cente	10800 Flora Mae Meadows Rd Houston, TX 77089

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4/12/2025 (Saturday) 4/17/2025-(Thursday) 4/22/2025- (Tuesday) 4/24/2025- (Thursday During an interview with Resident #2's RP on 5/8/2025 at 11:03am, revealed Resident #2 should have bed baths 3 times per week. RP stated Resident #2 was not receiving bed baths as ordered and most of the time, she was only provided a bed bath after RP or other FM asked that she was given one. FM's stated Resident #2 was visited every day and there is a camera in her room, so FMs would be aware of any bed baths given once they leave. An interview with CNA A on 5/8/2025 at 11:27am, revealed he had been employed for 2 years, worked the 6a-2pm shift and was currently working on Hall 100 today. He stated that he worked Halls 100, 300 or 400 wherever he was needed. He stated that he was responsible for assisting residents with showers, changing briefs, or bringing them to the restrooms, dressing, and grooming daily. He stated the residents that resided in rooms with odd numbers would have showers or bed baths on morning shift. He stated he was not aware of why Resident #2 was not receiving a bed bath as ordered. An interview with CNA B on 5/8/2025 at 11:33am, revealed he had been employed by their sister facility about 4 years, but he had been helping at the facility since April 2025. He stated that he was only PRN but worked the morning shift 6a-2p. He said he worked hall 400 and was responsible for rooms 410-417. He said all showers are to be given as ordered. He stated Resident #2 room was not on his side of the Hall that he was responsible for today. He said he was not sure why she had not had a bed bath as she should. He stated that he would tell CNA C since Resident #2 resided in a room that she was responsible for providing ADL's for today. An interview with CNA C on 5/8/2025 at 11:38am, revealed her to state she had been employed at the facility for about 1 month. She stated that today she was responsible for residents in rooms 401-409. She said Resident #2 should have had a bed bath on yesterday's evening shift. She said she would check on her and would be happy to give her one. She said the morning shift does A beds and evenings does B beds. Resident #2 resided in Bed B. She denied Resident #2's FM complained about her not getting bed baths. An interview with Clinical Specialist on 5/8/2025 at 12:17pm, she said she oversaw nursing, audits, and facility compliance since March 2025. She said showers are supposed to popup in POC when CNA's log in to document Resident ADL's. She said shower/bed baths should be provided three times per week and as needed. She said: Mondays, Wednesdays, and Fridays- even numbered rooms A- beds are provided showers on 6a-2p shift. B -beds are provided showers on 2-10pm shift (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676333	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Crossing Nursing and Rehabilitation Cente	10800 Flora Mae Meadows Rd Houston, TX 77089

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Tuesdays, Thursdays, and Saturdays-odd numbered rooms A bed on 6a-2pm shift B beds on 2-10pm shift She said she would check with the Interim DON about any reports of showers or bed baths not given. An interview with the Interim DON on 5/9/2025 at 12:39pm she said she had been the interim DON since the second week in April. She said some of her duties were to have morning meeting/clinical meetings, follow-up with staff, direct staff, and education. She said she was not aware ofof, nor had she received any complaints about Resident #2 not getting bed baths. She said CNAs are responsible for bed baths, however, any nursing staff can help. She said not providing showers or bed baths regularly could cause dignity issues for residents, and skin infections. An interview with the Administrator on 5/9/2025 at 1:42pm, Administrator she had been employed for 5 days. She said her duties included management of the facility, positive outcomes, quality of life and care, each department functions, clinical and financial outcomes, advocate for residents. She said it was the CNAs, DON, and floor nurses who should ensure all ADL tasks are completed. She said it was her expectation was that showers are given as scheduled and documented in the electronic chart. She said she had started in-services on PCC documentation compliance, but she still had employees that needed the training. She said she learned the discrepancy in Resident#2's bed bath days were due to a lack of communication. Some staff were going by shower sheets, and they should not have been using that for shower days. They have been instructed to use PCC to determine and document the Residents ADL's. Record review of the facility's Activities of Daily Living (ADL) policy dated 5/26/2023 revealed the facility will, based on comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADL's does not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care.