

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2026
NAME OF PROVIDER OR SUPPLIER  Magnolia Crossing Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility failed to incorporate recommendations from PASSR evaluation report into a resident's assessment, care planning and transition of care for 1 (Resident#1) of 1 residents reviewed for PASSR services. The facility failed to submit the NFSS form in a timely manner to coordinate with the PASRR unit. This failure could place residents who were PASRR positive at risk of not getting the PASARR services for a better quality of life and could lead to a decline in health. Record review of Resident #1's face sheet dated revealed a [AGE] year-old female admitted to the facility originally 3/17/2017 and readmitted on [DATE] with diagnoses that included Parkinson's disease (a progressive neurological disorder that primarily affects movement), epilepsy (a chronic medical condition marked by recurrent epileptic seizures), cognitive communication deficit (a condition where a person's ability to communicate effectively is compromised due to underlying cognitive impairments, affecting attention, memory, and executive functions), and unspecified intellectual disabilities (a specific type of intellectual disability that cannot be classified). Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed a BIMS score of 6 indicating severe cognitive impairment. Record review of Resident's #1's current comprehensive care plan with an initiation date of 3/11/2025 reveals Resident #1 receives PASSR services related to ID and DD. The interventions listed in Resident #1's care plan dated 3/22/2025 reads CMWC acquired through PASSR on 12/16/2024, W/C provided through date initiated 3/22/2025, and will participate in habilitation coordination to establish PASSR plan date initiated 3/22/2025. Record review of a spreadsheet from the PASSR program specialist indicated that an IDT meeting for Resident #1 took place on 8/25/2025 to which an update was made. An NFSS service request was not received by the PASSR department for an OT assessment and OT services according to the PASSR program spreadsheet. Record review of an order summary dated 3/12/2026 for Resident #1 reads in part OT Clarification Order- Skilled OT to treat 5x a week for 4 weeks for medical dx. and OT to eval and treat as indicated for tremors and positioning in wc. Record review of Resident #1's most recent PCSP Form dated 7/24/2025 section A2800 Nursing Facility Specialized Services of Resident #1's PCSP form dated 7/24/2025 reveals Resident #1 specialized occupational therapy was not needed. Record review of an OT Evaluation and Plan of treatment with a certification period of 8/25/2025- 10 /23/2025 reads in part. Care giver goals: PASSR meeting resulted in request for OT to address self-feeding and seating. The payer source of the OT Evaluation and Plan of treatment with a certification period of 8/25/2025-10/23/2025 is listed as Managed Care Part B. On page 3 of the OT Evaluation and Plan of treatment with a certification period of 8/25/2025- 10 /23/2025 lists Resident #1 is receiving skilled OT services. On page 4 of the OT Evaluation and Plan of treatment with a certification period of 8/25/2025- 10 /23/2025 lists Resident #1 has skilled OT intervention focus of restoration and compensation. Record review of OT Discharge summary dated [DATE] reads in part. Pt is not on PASSR as originally thought so OT will be held. The reason for discharge listed on the OT discharge summary with dates of service beginning 8/25/2025 is listed as resident exhausted benefits. An interview with the MDS nurse on 3/12/2026 at 12:45 pm, he stated the dates in mention (continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>occurred before he took his position as the MDS assessment coordinator . The MDS nurse stated that he would investigate the reason why an NFSS was not requested and would call his regional MDS coordinator for assistance. In an interview with the DON on 3/12/2026 at 1:37 pm, she stated she was helping the MDS nurse figure out Resident #1's PASSR related question. The DON stated that the NFSS was not filed because Resident #1 was already receiving OT services. DON stated these services were through PASSR. A request was made for a copy of the NFSS request that showed approval for OT assessment and services, but as of exit no copy was provided. In a phone interview with the Regional MDS nurse on 3/12/2026 at 2:36 pm, he stated that he did not see in Resident #1's record that an IDT meeting occurred for Resident #1 but only saw an IDT meeting on 7/24/2025. The Regional MDS nurse stated Resident #1 received OT services through a payor source of Managed B payor. The Regional MDS nurse was unable to provide a copy of the submission made for NFSS for approval or denial of services,. The Regional MDS nurse stated he did not see the request and stated it might be a computer glitch. The Regional MDS nurse stated, the bottom line was Resident #1 received OT services. The Regional MDS nurse stated by using another payor source for OT services, it saved the state of Texas from spending PASSR funds. When asked why a NFSS was not made as required in the regulations, the Regional MDS nurse stated that the facility thought the OT services that Resident #1 received would be sufficient if the end goal was met.In an interview with the administrator on 3/12/2026 at 3:15 pm, she stated that she did not know if the NFSS request was made but would try and locate the information. Record review of the Texas Administrative Code 26 TAC Chapter 554, Subchapter BB S554.2704 (i)(7) reads in part.nursing facilities must submit a complete and accurate request for nursing facility specialized services (NFSS) in the LTC Online Portal within 20 business days after the date of the Interdisciplinary Team meeting.</p>		