STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676362	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgecrest Rehabilitation Suites	14100 Karissa Court Houston, TX 77049

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure each resident receives adequate supervision and assistance devices for 1 of 4 hallways (Hallway 100) reviewed for supervision.The facility failed to ensure the exit door located at 100 hall was locked and secured on 04/15/2026. The failure resulted in the exit door located at the end of 100 hall observed to be unlocked/unsecured, allowing unrestricted resident access.Findings included:During an observation on 04/15/2026 at 2:38pm on the 100 hall, this surveyor observed CNA C using the key code to open the back exit door on the 100 hall to escort an unidentified resident from outside into the facility. This surveyor also observed CNA C exit through the same back door on the 100 hall without ensuring the door was re-secured or that the alarm system reactivated upon her departure, allowing the wind to repeatedly push the door open and closed.During an interview and observation on 04/15/2026 at 2:52pm with Resident #10, she stated that the exit door had been opening and closing while she was sitting nearby looking outside. When asked whether the door was typically left unlocked, Resident #10 stated it was not, explaining that it was dangerous, and someone could leave out. Resident #10 added that the aide may have forgotten to lock the door because she did so much to help everyone, but stated the door should be always locked. This surveyor was able to enter and exit the 100-hall exit door multiple times, including holding the door open during the resident interview, without the alarm sounding at any point.During an interview on 04/15/2026 at 3:08pm with LVN D, she stated the exit door was not supposed to be open. LVN D stated that the expectation was the employee who used the keycode to unlock the door, should reset the door after bringing a resident into the building and to verify the door was secured after each entry and exit. LVN D stated the risk of the door remaining unsecured was that a resident could leave the building and potentially fall.During an interview on 04/15/2026 at 3:13pm with CNA C, she stated the expectation for securing exit doors included ensuring residents did not see the door code. CNA C stated that when entering or exiting, she positioned herself in front of the door until it locked, and ensured residents could not view the code. She stated the door locked automatically after she left, and that she did not check it. She stated the door would beep when someone exited, and an alarm would sound throughout the building if it failed to lock. She identified the risk of the door not being locked as a resident leaving the building and becoming confused or lost.During an interview on 04/15/2026 at 3:18pm with the DON, she stated the expectation was for exit doors to remain locked. The DON stated the facility does not currently have residents who demonstrate elopement or wandering behaviors because the facility is not equipped with an elopement alarm system. The DON identified the risk of doors not remaining locked as a resident leaving the area unsupervised and a potential elopement.During an interview on 04/15/2026 at 3:19pm with the Administrator, she stated that exit doors were expected to always remain locked. She stated that if a door was unlocked by staff, the staff member is responsible for ensuring the door was locked and secured. The Administrator stated that if the doors are held open even briefly, the alarm should be activated. She identified the risk of the doors not remaining locked as a resident exiting the building and an elopement.A request was made for the facility's policy regarding exit doors remaining locked or otherwise always secured; however, facility staff reported that no such policy exists.

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