

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676385	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2026
NAME OF PROVIDER OR SUPPLIER Crossroads Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 611 Rose Marie Blvd Hearne, TX 77859	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility sponsored group and individual activities, and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community for three of seven residents (Resident # 1, Resident #2, and Resident #3) reviewed for activities. The facility failed to provide Resident #1, Resident #2 and Resident #3 in room activities three times per week, as care planned, during the months of March 2026 and April 2026. This failure could place residents at risk for boredom, depression, and a diminished quality of life. Findings included: 1. Record review of Resident #1's face sheet, dated 05/01/2026, reflected a [AGE] year-old male, admitted [DATE], with a diagnoses of cognitive communication deficit (having difficulty with communication due to problems with thinking skills such as memory, attention, problem-solving, and organization), spastic quadriplegic cerebral palsy (the most severe form of cerebral palsy, affecting all four limbs, the trunk, and often the face, due to brain damage, causing stiff muscles that make movement difficult, leading to severe mobility issues, speech/swallowing problems, and sometimes intellectual/seizure challenges, requiring lifelong support), anxiety disorder (a group of mental conditions characterized by excessive fear of or apprehension about real or perceived threats, leading to altered behavior and often to physical symptoms such as increased heart rate or muscle tension-when your muscles feel tight, stiff, and uncomfortable, often due to stress, overuse, poor posture, or injury), and contracture of left and right elbow (the muscles, skin, or tissues around these joints have tightened and shortened, severely limiting normal bending and straightening, often due to injury, prolonged in activity, making simple tasks difficult). Review of Resident # 1's Annual MDS Assessment, dated 08/07/2025, reflected Resident #1 had poor short and long-term memory recall. Record review reflected Resident #1 was rarely to never understood and was unable to complete the assessment for mental status. Further record review reflected Resident #1's activity preferences included music and doing his favorite activities. (did not specify his favorite activities) Record review of Resident #1's Quarterly MDS Assessment, dated 03/04/2026, reflected Resident #1 had poor short and long term memory recall. Record review reflected Resident #1 was rarely/never understood and was unable to complete the assessment for mental status. Record review of Resident #1's Comprehensive Care Plan, revised on 03/12/2026, reflected Resident #1 had impaired cognitive function (a decline in a person's ability to think, remember, and process information) or impaired thought processes (date problem was initiated was on 07/24/2024. Interventions: date initiated was on 07/24/2025). Resident #1 was able to remember one/two/three instructions, find his room, sit for an hour, and do puzzles. Engage Resident #1 in simple, structured activities that avoid overly demanding tasks. Provide a program of activities for Resident #1 that accommodates the resident's abilities. Resident #1 was dependent on staff for activities, cognitive stimulation, social interaction related to immobility, and physical limitations. (Problem was revised on 07/24/2024. Interventions: date initiated was on 02/23/2023 reflected provide Resident #1 with materials for individual activities (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 676385	If continuation sheet Page 1 of 4

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	as desired. Resident #45 enjoys the following independent activities such as: listening to music, socializing with staff members, playing with personal toys, and watching movies. Resident #1 needs out of room social, spiritual, and stimulus activities and mental stimulation. Resident #1 does come out to dining room occasionally for lunch. In room visits with toys and tv will be continued by the Activity Director. (date initiated was 11/22/2023 and was revised on 07/24/2024). Interventions: Resident #1 will be encouraged and reminded of current activities. (date initiated was 11/22/2023)Record review of Resident #1's Activity Assessment, dated 02/10/2026 and signed by Activity Director A, who was no longer an employee, reflected Resident #1 enjoyed listening to music and doing favorite activities.Record review of the Activity Participation Records for Resident #1 indicated he did not receive in-room activities for the months of March 2026 and April 2026.During an observation and interview on 05/01/2026 at 11:30 a.m., Resident #1 was in his room in bed, watching television (unsure of the name of the television show he was watching, however, it was appropriate for Resident #1). Resident #1 was not interviewable.2. Record review of Resident # 2's face sheet, dated 05/01/2026, reflected a [AGE] year-old male, admitted [DATE] and readmitted on [DATE], with diagnoses of contracture of right and left elbow, right and left hand (the muscles, skin, or tissues around these joints have tightened and shortened, severely limiting normal bending and straightening, often due to injury, prolonged in activity, making simple tasks difficult), sequelae of cerebral infarction (a condition that occurs when blood flow to the brain was disrupted, leading to brain cell death), anxiety disorder (a group of mental conditions characterized by excessive fear of or apprehension about real or perceived threats, leading to altered behavior and often to physical symptoms such as increased heart rate or muscle tension - when your muscles feel tight, stiff, and uncomfortable, often due to stress, overuse, poor posture, or injury), and repeated falls (two or more unintentional falls within a specific timeframe, most commonly a 12-month period, and signal a significant health concern, especially in older adults, indicating underlying issues with balance, strength, or other conditions that require medical evaluation for prevention).Record review of Resident #2's Annual MDS Assessment, dated 09/30/2025, reflected Resident #2 had a BIMS score of 0, indicating severely impaired cognition. Resident #2's activity preference was listening to music. Record review of Resident #2's Quarterly MDS Assessment, dated 04/02/2026, reflected Resident #2 had a BIMS score of 0, indicating severely impaired cognition. Record review of Resident #2's Comprehensive Care Plan, revised on 04/03/2026 and initiated 02/06/2024, reflected Resident #2 needed in room activities for mental and emotional stimulation, initiated 2/6/2024, He will respond to one on one in room visits such as listening to music, following movement, and conversation. Intervention: (date initiated was on 02/08/2024) The Activity Director will provide Resident #2 with one- on-one visits 3 times a week. Record review of Resident #2's Activity Assessment, dated 07/04/2025, reflected the following activities was Resident #2's preferences: listening to music and doing residents favorite activities. Record review of Resident #2's Activity Assessment, dated 04/20/2026, reflected the following activities was Resident #2's preferences: listening to music and doing favorite activities.Record review of Resident #2's Activity Participation record reflected he did not receive in-room activities during the months of March 2026 and April 2026.During an observation and interview on 05/01/2026 at 11:40 a.m., Resident #2 was lying in bed, watching television (talk show) Resident #2 was not interview able. 3. Record review of Resident #3's face sheet, dated 05/01/2026, reflected a [AGE] year-old male, admitted [DATE] and readmitted on [DATE], with a diagnoses of unspecified quadriplegia (paralysis of all four limbs and the torso - from the neck down where the specific cause, severity or exact level of spinal cord injury has not been detailed or determined), bed confinement status (unable to be out of bed), and unspecified injury of cervical spinal cord, subsequent encounter (does not specify the exact nature of precise vertebral level of the damage to the spinal cord, though it is located in the neck).Record review of Resident #3's admission MDS Assessment, dated 12/16/2026, reflected Resident #3 had a BIMS score of 14 indicating his cognition was intact. Resident #3's activity preference very important to him was listening to music. (continued on next page)		

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review reflected it was very important to Resident #3 to do his favorite activities, however, he could not do it or he did not have a choice. Record review of Resident #3's Comprehensive Care Plan, dated 04/03/2026, reflected Resident #3 had impaired cognitive function or impaired thought process. Intervention: Provide Resident #3 a program of activities that accommodates his abilities. Use task segmentation to support short term memory deficits. Resident #3 needed in room socialization and sensory stimulation (date initiated 12/19/2025). Intervention : The Activity Director will provide Resident #3 with one-on-one visits with sensory stimulation at least 3 times per week. (date initiated on 12/19/2025). During an observation and interview on 05/02/2026 at 11:50 a.m., Resident #3 was lying in bed. He stated he was not receiving any activity visits from the staff. He asked what was one on one activities. Resident #3 stated he had not been visited by anyone in the activity department that he can recall. He stated if the person did not identify their position he may not realize the person was an activity staff. Resident #3 stated he would enjoy someone to come visit him approximately 4 or 5 times per week. He stated it would help him to be around other people. Resident #3 denied being depressed or sad. He stated sometimes he gets tired of watching television. Resident #3 stated he loved music and wished he had something so he could hear music. He stated he liked country and some of the old rock and roll music. Resident #3 stated no one had offered him an opportunity to listen to music. During an interview on 05/01/2026 at 10:10 am, Activity Director B stated Resident #1, Resident #2, and Resident #3 required in-room activities at least 3 times per week. She stated she began working at the facility 04/09/2026. Activity Director B stated she had not provided in-room activities to Resident #1, Resident #2, or Resident #3. She stated she did not have any participation records for in-room activities for these 3 residents (Resident #1, Resident #2 and Resident #3) for the month of March 2026. Activity Director B stated there was an activity director working during the month of March 2026. She stated she had worked as an Activity Director in another facility and had her certificate. She stated Resident #1, Resident #2, and Resident #3 would benefit from in-room activities. Activity Director B stated she was learning the residents activity preferences by speaking to the staff or calling the families. She stated she was going to review past activity assessments to gather more information on the residents. Activity Director B stated if a resident needed in-room activities and they were not receiving them, there was a possibility a resident may become depressed, bored and/or his quality of life would decrease. Interview on 05/01/2026 at 12:20 pm, the Administrator stated Activity Director B had begun working at the facility April 2026. He stated it was very important for the residents unable to come out of their room or unable to participate in group activities to receive activities in their room. He stated Activity Director B was over the activity department and he was her supervisor. He stated there was a possibility that a resident may become lonely if they were not receiving activities in their room. Record review of Activity Director B's personnel file revealed she began working at the facility on 04/09/2026. She had an activity director certificate issued on 08/25/2025. Record review of the Facility's Activity Programming, dated 2011, revealed The Activity Director and staff will provide for ongoing Activity Programs. Activity Programs are based on the resident's leisure interests and implemented to meet the needs (physical, cognitive, creative, social, spiritual, independent, and sensory) of the residents. Programs will be geared to maintain functional ADL's, provide social interaction and, at the same time, protect residents from environmental over stimulation. Those who cannot participate in group settings are provided individual programming. Inability to participate could include those who refuse to participate in activities. Programming included large groups, small groups, individual and independent opportunities. The resident population is cognitively assessed routinely to determine the number of functional level programs needed. Record review of the Facility's Job Description of the Activity Director, signed by Activity Director B on 04/09/2026, revealed the following: 1. Ability to organize, document, and implement detailed programs. 2. Ability to develop, organize and implement a program of activities for the social, emotional, physical, and other therapeutic needs of the residents. 3. Maintain detailed records of the activity programs and participation of individual residents, identifying progress toward (continued on next page)		

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	established care plan goals. Record review of the facility's policy titled, Activity Documentation-General Guidelines, dated 05/26/2025, revealed, A qualified Activity professional will complete all required medical record documentation per state and federal regulations. The Activity Director shall coordinate and supervise all documentation and be responsible for all areas of documentation, according to required time limits and practice guidelines. The following areas are considered documentation responsibilities of the Activity Director and staff and should be completed in a comprehensive and timely manner. 1. Interdisciplinary team will assess the need for activities and reflect on the resident care: Problems, Goals and Appropriate approaches to related problems. 2. Progress Notes at least quarterly. 3. Resident Participation records. General guideline when completing any of the above areas of required documentation include: 1. Documentation is maintained in the residents' clinical medical records. 2. Only approved medically related abbreviations are used. 3. All entries in the medical record are to be signed (including the author's signature and title) and dated by a qualified Activity professional. 4. All documentation is completed consistent with health care center policy and applicable state and federal laws.		