

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676398 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/06/2024 |
| NAME OF PROVIDER OR SUPPLIER Fox Hollow Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 310 America Drive Brownsville, TX 78526 | |

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26141</p> <p>Based on interview and record review, the facility failed to establish and follow written policy on permitting residents to return to the facility after they were hospitalized for one (Resident #1) of one resident reviewed for transfer/discharge.</p> <p>The facility failed to re-admit Resident #1 to the facility after he was sent to the hospital on 03/28/24.</p> <p>This failure could place residents at risk of not receiving the care and services to meet their needs and could affect their mental and emotional well-being.</p> <p>The findings included:</p> <p>Record review of Resident #1's Admission Record dated 04/06/24 indicated Resident #1 was a [AGE] year-old male admitted to facility on 10/28/2020 with diagnosis of Hypertensive heart disease with heart failure (chronic high blood pressure with increased risk of coronary artery disease), vascular dementia (brain damage caused by multiple strokes) and major depressive disorder, recurrent.</p> <p>Record review of Resident #1's quarterly MDS assessment dated [DATE] indicated Resident #1 was able to be understood by others, able to understand others, was not able to complete a Brief Interview for Mental Status, had physical behavioral symptoms directed toward others daily, had verbal behavioral symptoms directed toward others one to three days and Resident #1 was not receiving antipsychotic medications.</p> <p>Record review of Resident #1's Care Plan dated 10/21/20 indicated Resident #1 had potential to demonstrate physical/verbal behaviors using abusive language and kicking and hitting at staff. Interventions were to provide physical and verbal cues to alleviate anxiety, give positive feedback, assist verbalization source of agitation, assist to set goals for more pleasant behavior, encourage seeking out a staff member when agitated. Resident seen by Deer Oaks for psychological assessment and counseling.</p> <p>(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 |
|---|-------|-----------|

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676398 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/06/2024 |
| NAME OF PROVIDER OR SUPPLIER Fox Hollow Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 310 America Drive Brownsville, TX 78526 | |
| 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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Record review of Resident #1's Care Plan dated 07/27/23 indicated Resident #1 exhibits or is at risk of behavioral symptoms (striking out, grabbing others, combative, verbally, or physically abusive, inappropriate disrobing) as observed behavior against another resident on 07/27/23. Interventions included activities assessment for diversional activities, anticipate needs and meet promptly, maintain a calm slow understandable approach, and notify physician, responsible party of episodes of aggression and abusive behaviors.</p> <p>Record review of 30-day Discharge Notice dated 02/19/24 revealed the notice was sent to Resident #1's RP indicating the facility was discharging Resident #1 due to facility could not meet his needs, the health of other individuals in the facility were endangered, and the safety of other individuals in the facility were endangered. The Notice indicated the reason Resident #1 was being discharged was that he was a threat to residents and staff.</p> <p>Record review of Notice of Hearing dated 03/07/24 revealed an appeal to the Discharge Notice was requested by Resident #1's RP and the hearing was dated for 04/04/24 at 3:00 p.m. via telephone.</p> <p>In an interview on 04/05/24 at 3:03 p.m., the Local Ombudsman said she had assisted Resident #1's RP to file an appeal against the Discharge Notice. The Local Ombudsman said the appeal indicated Resident #1 should not be transferred or discharge until the Hearing Officer decided. The Ombudsman said Resident #1 had been transferred to the hospital on 03/28/24. The hospital discharged Resident #1 and the facility refused to let Resident #1 return.</p> <p>In an interview on 04/05/24 at 3:15 PM The DON said Resident #1 was sent to the hospital because he hit an elderly female resident in the mouth. The DON said Resident #1 refuses to take his medications. Resident #1 had been prescribed Seroquel and Haldol but would not take his meds. Resident #1 had a UTI and was prescribed an antibiotic and he would not take it. If the nurses tried to give him the medications, Resident #1 would become aggressive and would throw a shoe at the nurse and the Med Aide. The DON said Resident #1 also hit the NP. The Resident threw a shoe at the NP and hit him in the chest. Resident #1 would go sit in the dining room at a table by himself because he would get upset if anyone at the table was talking. Resident #1 would sit with another male resident in the dining room. The other male resident was very social and liked to talk to other residents. The other male resident was talking to Resident #1 and Resident #1 became upset and began yelling at the other male resident and hit him. Resident #1 had a couple of encounters with that resident. The DON said Resident #1 also had an encounter with a female resident and Resident #1 hit the female resident in the face. Resident #1 was sent to the ER for evaluation and to be cleared for the Behavioral Center. The DON said the ER cleared Resident #1, but the Behavioral Center refused to take Resident #1 because his aggression. The DON said when the Behavioral Center refused to take Resident #1 the Administrator refused to let Resident #1 return to facility.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676398 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/06/2024 |
| NAME OF PROVIDER OR SUPPLIER Fox Hollow Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 310 America Drive Brownsville, TX 78526 | |
| 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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In an interview on 4:05 PM, Med Aide A said Resident #1 would not take his meds. Resident #1 had been here a long time, when he used to walk he would take his medications but as his illness progressed he began refusing his medications. Med Aide A said she would offer the medications and depending on Resident #1's mood he would say no, I am not taking those medications, or he would throw them at her and refuse. Med Aide said she witnessed the incident between Resident #1 and the female resident. Med Aide A said she was in the dining room and her back was toward the hall. The Med Aide said she heard people arguing. There were four female residents in the hall way and Resident 1's wheelchair was locked with the female resident. Med Aide A said she saw the female resident was holding Resident #1's hands. Resident #1 let go of one of her hands and then punched the female resident. Resident #1 hit her with his right hand with a closed fist on her left cheek. Med Aide A said she yelled for the nurse. The Med Aide A said she felt really bad because she was too late and could not stop Resident #1. Med Aide A said you always had to be careful when he passes by because if he can't get through he will get upset and would lash out.</p> <p>In an interview with the nurse from the hospital on 04/05/24 at 5:10 PM, the RN said Resident #1's mood changes; sometimes he was calm and sometimes he was not. The RN said Resident #1 had been taking his medications lately. The RN said they were waiting for the Social Worker to find placement for Resident #1.</p> <p>In an interview at the hospital on 04/05/24 at 5:15 PM, Resident #1 said he was doing well but there was nothing wrong with him and he wanted to be discharged . Surveyor asked if Resident #1 wanted to go back to the facility and Resident #1 said wanted to go to his ranch.</p> <p>In an interview on 04/06/24 at 9:46 AM via phone with Administrator said Resident #1 was sent to the hospital to be cleared for sectioning to the Behavioral Center. The hospital said there was nothing wrong with Resident #1 and were going to send him back to the facility, but the Administrator refused to take him back because he is a threat to the residents and staff. Resident #1 has had four incidents where he hit staff and residents. The Administrator said Resident #1 refuses care, medications and does not allow staff to enter his room to clean. The Administrator said the appeal was scheduled for 04/04/24 but he requested the appeal to be rescheduled so he could gather all the documents needed for the hearing. The Administrator said Resident #1's RP was notified of the transfer to the ER, and she agreed with the decision to transfer Resident #1 to the ER.</p> <p>In an interview on 04/06/24 at 2:27 PM the Assistant Administrator said Resident #1 had 15 incidents of aggression and there were several self-reports of Resident #1 aggression toward other residents. The Assistant Administrator said the facility has tried to get family to assist with Resident #1's behavior. The Assistant Administrator said they have tried numerous interventions, but Resident #1 refuses all care.</p> <p>Record review of facility's Transfer or Discharge policy dated August 2018 revealed:</p> <ol style="list-style-type: none"> 1. Residents will not be transferred unless: <ol style="list-style-type: none"> a. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility. b. The transfer or discharge is appropriate because resident's health has improved sufficiently . <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676398 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/06/2024 |
| NAME OF PROVIDER OR SUPPLIER Fox Hollow Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 310 America Drive Brownsville, TX 78526 | |
| 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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>2. If a resident exercises his or her right to appeal a transfer or discharge notice, he or she will not be transferred or discharged while the appeal is pending unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility.</p> | | |