

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 12/15/2024
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40872</p> <p>Based on interview and record review, the facility failed to provide the resident and resident representative written notice which specifies the duration of the bed-hold policy for 1 (Resident #1) of 2 resident reviewed for bed-holds.</p> <p>The facility failed to provide bed-hold notification to Resident #1 when she was discharged to the hospital.</p> <p>This failure could place residents at risk of being improperly discharged and placed in unsafe conditions.</p> <p>The findings included:</p> <p>Record review of Resident #1's admission record dated 12/15/24 revealed an [AGE] year-old female with an admitted [DATE] and diagnoses of Muscle Weakness (Generalized), Encephalopathy (brain disorder) Unspecified, Type 2 Diabetes Mellitus (body does not use insulin effectively or produce enough insulin) without complications, Alzheimer's Disease (brain disorder that causes gradual decline in memory, thinking and reasoning skills) unspecified, and other seizures.</p> <p>Record review of Resident #1's Hospital record dated 11/27/24 revealed Resident #1 was admitted to the hospital on 11/27/24.</p> <p>Record review of Resident #1's progress note dated 12/05/24 revealed Resident #1 was readmitted back to the facility on [DATE].</p> <p>An attempt to interview Resident #1 on 12/14/24 at 11:15 a.m., was unsuccessful as Resident #1 was not interviewable.</p> <p>In an interview on 12/14/24 at 11:17 a.m. the RP stated Resident #1 had been sent to the hospital last month and stayed there for over a week. She said she was not given information or signed any papers about a bed-hold. She said Resident #1 was admitted back to the facility, however was not able to return to the same room.</p> <p>Record review of Resident #1's electronic records and chart on 12/15/24 at 11:05 a.m. revealed there was no bed-hold forms found in either.</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
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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/15/24 at 12:28 p.m. when asked about a bed hold notice for Resident #1, the DON said she could not find any bed-hold form or documentation of it being given. She said she was not in charge of that and did not believe that nursing was in charge of giving those. She said that residents who were discharged and were anticipating return have a room available, however, it would not necessarily be the same room depending on how long they were gone.</p> <p>In an interview on 12/15/24 at 1:23 p.m. the Administrator said the bed-hold form was in the admission agreement and it was signed when a resident was admitted to the facility. He said that his staff gave the resident and family the form to sign upon admission. He said that Business Office Manager was in charge of admission forms and was currently out of town.</p> <p>Record review of the facility's policy titled, Bed-Holds and Returns revealed: Policy Interpretation and Implementation</p> <p>1. All residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice:</p> <p>a. notice 1: well in advance of any transfer (e.g., in the admission packet); and</p> <p>b. notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours).</p>