

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 10/14/2025
NAME OF PROVIDER OR SUPPLIER Fox Hollow Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 310 America Dr 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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews the facility failed to ensure the resident environment remains as free of hazards as is possible; and each resident received adequate supervision and assistance devices to prevent accidents for 1 (Residents #1) of 4 residents reviewed for accidents and supervision. On 8/29/25 Resident #1, while being transferred by CNA A and CNA B via mechanical lift from bed to wheelchair, hit her left foot against the mast of the mechanical lift. CNA A failed to protect Resident #1's feet during the mechanical lift transfer. Resident #1's x-ray results: acute third digit proximal phalanx shaft and neck fracture (The largest and longest phalanx bone, it is the base of the toe.) An Immediate Jeopardy was identified on 10/10/2025. The Immediate Jeopardy template was provided to the facility on [DATE] at 02:59 p.m. While the Immediate Jeopardy was removed on 10/11/2025 at 6:10 p.m. the facility remained out of compliance at a scope of isolated and a severity of no actual harm with potential for more than minimal harm that was not an immediate jeopardy because of the facility's need for continued monitoring of implemented procedures. These failures placed residents at risk of injuries. The findings included: Record review of Resident #1's face sheet dated 10/9/2025 reflected an [AGE] year-old female with an admission date of 11/30/2024 with DX. cerebral infarction (stroke), spinal stenosis (spinal space surrounding the spinal cord becomes narrowed.) Record review of Resident #1's quarterly MDS dated [DATE] reflected a Brief Interview for Mental Status scored 14 (no cognitive impairment). Resident #1 had functional limitations in range of motion on upper and lower extremities. Resident#1 was totally dependent for transfers. Record review of Resident #1's comprehensive care plan dated 09/17/2025 revealed she required 2-person assistance for transfers and bed mobility. Record review of Resident #1's x-ray results: acute third digit proximal phalanx shaft and neck fracture (The largest and longest phalanx bone, it is the base of the toe.)Record review of facility policies indicated facility did not have a policy on mechanical lift.During an interview on 10/8/25 at 11:00 a.m. Resident #1 said that during a transfer she was on the mechanical lift and when the CNA turned her, her foot bumped to the mast of the mechanical lift. Resident#1 said that she told CNA A and B that she had felt pain in that instant. Resident #1 said she went to Occupational Therapy and voiced to Occupational Therapist Assistant (OTA) that she had severe pain to her left foot. During an interview on 10/8/25 at 3:11 p.m. OTA said Resident#1 went to therapy between 1:00pm - 2:30pm on 8/29/2025 and Resident#1 complained of pain to her left foot. OTA said she observed that Resident#1's left foot had a bruise. OTA said that she reported to the DOR and then DOR reported to LVN C. OTA said LVN C conducted an assessment and noted a purple discoloration to Resident#1's left foot. OTA said that LVN C immediately notified NP and got orders for x rays. During an interview on 10/8/25 at 3:20pm DOR said that OTA informed her that Resident#1 was complaining of pain to her left foot. DOR said that she went to notify LVN C on 8/29/2025. During an interview on 10/8/25 at 3:32 pm LVN C said she was informed on 8/29/25 by the DOR of Resident # 1 having had pain to her left foot. LVN C said she immediately assessed Resident #1 and she noted discoloration to her left foot and notified the nurse practitioner. LVN C said that the nurse practitioner ordered X-Rays. During a phone interview on 10/8/25 at 4:39 p.m. CNA A said she and CNA B around 8:30 AM were transferring Resident # 1 on 8/29/2025 from the bed to the wheelchair. CNA A said that during the transfer, CNA B moved the resident to the left which caused her to bump her foot against the mast of the mechanical lift. CNA A said, Resident # 1 did not complain of pain, we continued with the transfer and did not report to LVN C because I thought it was not significant. During an interview on 10/9/25 at 10:00 a.m. CNA B said while she and CNA A transferred Resident # 1 on 8/29/25 from bed to wheelchair via mechanical lift, she was in charge of guiding Resident # 1 to her wheelchair. CNA B said Resident #1 grunted at the moment her foot hit the mast of the mechanical lift. CNA B said after the transfer she and CNA A looked at her left foot and did not notice anything wrong. CNA B said she had failed to report the incident to LVN C. During an interview on 10/9/2025 at 11:00 a.m. DON said CNAs did not report the incident because it was only a tap against the mechanical lift and that Resident#1 did not complain of pain. DON said that investigation and assessments were initiated immediately after being notified by the Director of Rehabilitation. DON said that the facility does not have a policy on mechanical lifts. An Immediate Jeopardy was identified on 10/10/2025. The Immediate Jeopardy template was provided to the administrator's facility on 10/10/2025 at 02:59 p.m. Verification of IJ: Started on 10/11/2025 at 09:00 a.m. and included:Record review of an In-Service with subject of Change of Condition dated 09/15/2025 indicated that working staff signed the in-service record</p>		