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 03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fox Hollow Post Acute	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)
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 the resident environment remained as free of accident hazards as possible for 1 of 3 linen carts (600 hallway linen cart) reviewed for accidents and hazards: The facility failed to ensure 600 hallway linen cart did not have disposable razors in top of linen cart. This failure could place residents at risk of harm or injury and contribute to avoidable accidents and a decline in health.The findings included: During an observation on 03/5/26 at 10:48 p.m., Surveyor was walking down the 600 hallway and observed a razor in top on the linen cart. During an interview 03/5/26 at 10:50 p.m., CNA A said she did not notice that the razor was in top of the linen cart. CNA A said that the razor was left there by the previous shift. CNA A said that the razor should have been dispose in the sharps container because any resident could grab it and get hurt. During an interview on 3/5/26 at 11:00 p.m., LVN B said that the razor should not have been in top of the linen cart because a resident could get hurt, and that the razor should have been disposed in the sharps container. During an interview on 03/6/25 at 3:42 p.m., the DON said razors should be kept under lock and key in supply room for cnas. The DON said a negative outcome could be that any resident could grab it and caused harm. Record review of facility's policy titled Safety and Supervision of Residents with a revised date of July 2017 revealed: Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities

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