

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

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676398                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fox Hollow Post Acute                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>310 America Dr<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                                 |
| F 0689<br><br>Level of Harm - Immediate<br>jeopardy to resident health or<br>safety<br><br>Residents Affected - Few                | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure each resident receives adequate supervision and assistance devices to prevent accidents for 1 (Residents #1) of 5 residents reviewed for accidents and supervision. The facility failed to ensure Resident #1 who had a previous history of elopement, received adequate supervision to prevent elopement. Resident #1 exited from the facility front entrance on 05/02/26 at around 8:40 PM. Resident was found roughly 2 miles from facility on a busy 2-way street that did not have a sidewalk and returned to the facility about 5 hours after he eloped. The non-compliance was identified as past non-compliance. The Immediate Jeopardy began on 05/02/26 and ended on 05/04/26. The facility had corrected the noncompliance before the survey began. This failure could place residents at risk of sustaining serious injury, harm, and death. The findings included: Record review of Resident #1's face sheet with a date of 06/02/2026 was an [AGE] year-old male admitted to the facility on [DATE]. He had diagnosis of dementia (an umbrella term for a decline in mental ability that is severe enough to interfere with daily life). Record review of Resident #1's quarterly MDS dated [DATE] reflected a Brief Interview for Mental Status scored 5 (severe cognitive impairment). Record review of Resident #1's elopement/wander assessment completed at admission on [DATE] reflected a score of 10 indicating he was at risk for wandering or elopement. A follow-up assessment was done on 5/03/26 after the incident with a risk score of 28 indicating he was at risk for wandering or elopement. Record review of Resident #1's care plan reflected it had been started at time elopement on 05/02/26 but was not completed. Record review of Residents #1's chart reflected that he was admitted to the facility from home on [DATE] at around 3:30pm. Recorded review of Resident #1's medical chart reflected that after the elopement, the care plan for Resident #1 was updated to reflect the elopement and interventions including the addition of a wander guard. During an interview on 06/02/26 at 11:00 a.m., Resident #1 said that he wanted to go home. Resident #1 said that he did not remember leaving the facility on 05/02/26. During an interview on 06/03/26 at 9:00 AM, CNA A revealed she was assigned to work with Resident #1 05/02/26 but stated she did not receive a report from the previous aide to inform her that Resident #1 was a new admission. CNA A stated she realized Resident #1 was a new resident when she was doing her documentation. CNA A stated she last saw Resident #1 at 06:30pm on 05/02/26 in his room. CNA A was not aware of any history or behaviors that Resident #1 had. During an interview on 06/02/2026 at 9:20 PM with CNA B revealed she did not know there was a new resident until 10:48 PM and went into Resident #1's room and she did not see him in his bed. CNA B went and informed LVN C on 05/02/26 at 10:48pm that Resident #1 was not in his room. CNA B stated the previous shift staff would inform them resident's needs, supervision, and risks. However CNA B stated with regards to Resident #1 she was not made aware on 05/02/26. During an interview and record review of the facilities front door alarm log on 06/02/26 at 9:37 AM with the Maintenance Director revealed the front door alarm system was functioning appropriately at time of Resident #1's elopement and when checked after his return. Front door alarm log documents reflected they were checked daily. The Maintenance Director stated the doors are locked at all times. The maintenance Director stated there was a receptionist every day (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>from 08:00 AM to 05:00 PM . During an interview on 06/03/26 at 9:45am with LVN C revealed that she was the assigned nurse for Resident #1 and stated after she was notified by CNA B of Resident #1 missing, she immediately informed the Administrator and DON of Resident #1 missing and the facility began their procedures for a missing resident at 10:48pm. LVN C stated she got report that that their was a new resident when she started her shift at 7:00pm but stated she was not informed or aware of any behaviors, risks or supervision requirements. LVN C stated at time of Resident #1's elopement she had not yet gone to see Resident #1. During an interview on 06/03/2026 at 10:33 AM with the DON revealed that residents who were identified at risk for elopement did not necessarily need a wander guard unless the resident showed signs of exit seeking behaviors. The DON stated that she did not mention Resident #1's history of elopement to staff. The DON stated that when Resident #1 came back to the facility he was assessed by the ADON and did not have any injuries, he did complain of pain to his feet and pain medication was administered. During an interview on 06/02/26 at 3:45 PM with the Administrator revealed Resident #1 was seen on video surveillance exiting the facility through the front door on 05/02/26 at around 8:40pm behind a person who was not identified. The Administrator stated Resident #1 was returned to the facility at 1:40AM on 05/03/26 by police and had been found roughly 2 miles away from the facility. The Administrator stated he stated an investigation and that Resident #1 was assessed by the ADON and did not have any injuries, he did complain of pain to his feet and pain medication was administered. The Administrator stated that before admission he was informed about Resident#1's history of elopement from home. The Administrator stated that after the incident the facility On 05/03/26 Completed a head to toe assessment to ensure resident is safe, new wandering assessment done on all 5 residents who had wander guards on 05/03/26, the wandering binder was updated, staff was educated on rounding and wandering on 05/03/26, Resident #1's care plan was updated. During an review on 06/02/26 at 3:45 PM of still image revealed Resident #1 exiting front door and he was wearing dark clothing. During an interview with Resident #1's RP on 06/03/26 at 10:19 AM revealed that prior to admission she met with the admission Coordinator and informed her that Resident #1 had couple of incidents of elopement from home. RP stated that Resident #1 eloped from home 3 weeks prior to admission. RP stated that Resident #1 had Dementia and was confused. During an interview with the admission Coordinator on 06/03/26 at 10:30 AM revealed she had been made aware by Resident #1's RP of his previous incidents of elopement from home. The admission Coordinator stated that she informed the IDT team of Residents #1's history of elopement from home during a meeting prior to admission. During an interview with the DON 06/03/26 at 10:33am she stated she felt there was a system failure due to the staff not checking on Resident #1 for 4 hours, and stated the resident was exposed to danger due to being by himself and there was a potential risk for his own safety because it was a busy street. The DON said Resident #1 returned to facility complaining of foot pain, and further imaging revealed no negative findings. DON stated that staff should round every 2 hours. During an interview with the Administrator on 06/03/26 at 11:00am he stated that they did not consider Resident #1's history of elopement from home as an active behavior or risk because his last elopement from home occurred in March. The Administrator stated that Resident #1 was found by the police around 2 miles away from the facility. Observation completed on 06/03/26 at 12:00 p.m., of street where Resident #1 was found on 05/03/26 reflected that Resident #1 was located on a busy 2-way street that did not have a sidewalk. During an observation on 06/4/26 on 600 hall from 9:00 am to 3:00 pm of staff rounding reflected nursing staff rounded on residents every 1 hour and 40 minutes to 2 hours and 20 minutes. During an observation of the front door on 06/03/26 between 05:30pm and 06:30pm when no receptionist was present revealed 3 visitors input a code to unlock the door to exit. During an interview with the Administrator on 06/03/26 at 07:08pm revealed families had access to the door code to exit facility at all times but could only enter from the outside using the code from 5am-5pm; and if visiting after 5pm would need to have staff open the door. The Administrator stated the facility had changed the door code on 05/03/26 and sent out notifications to families on 05/03/26 (continued on next page)</p> |                                                                                      |                                                 |

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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>regarding facility access procedures related to the front door code being changed monthly and as needed, hours the access code worked and procedures for visiting outside of those hours and signing in. The Administrator stated staff were in- serviced on ensuring the door closed behind them when exiting and entering. The Administrator stated that visitors were informed by a texting service on 05/03/26. Record review of facility's policy titled Wandering and Elopements with a revision date March 2019, reflected: The facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents Record review of facility's policy titled Safety and Supervision of Residents undated reflected: 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. The non-compliance was identified as past non-compliance. The Immediate Jeopardy began on 05/02/26 and ended on 05/04/26. The administrator was made aware of past non-compliance on 06/04/26 at 5:54 p.m. The facility had corrected the noncompliance before the survey began. On 05/02/26 Facility called a code pink, searched for Resident #1 in and around facility, called PD, called local hospitals. This was verified by interviews with staff who worked on 05/02/26 and with leadership staff. On 05/03/26 Completed a head-to-toe assessment to ensure resident is safe. Record review of head to toe assessment of Resident #1 on 05/03/26 was reviewed and indicated there were no injuries. [Psych provider] consultation for Resident #1 Record review reflected that Resident #1 had a psych consultation on 05/15/26. New wandering assessment done on all 5 residents who had wander guards on 05/03/26. These were reviewed on 06/03/26 and reflected they were updated on 05/03/26. Staff education on rounding and wandering on 05/03/26. Record review of facility's in-services reflected the staff was educated on rounding and wandering on 05/03/26. CNA G, CNA H, CNA H, CNA I, CNA M from 06:00 am to 02:00 pm shift. CNA A and CNA J from 02:00 pm to 10:00 pm shift. CNA B, and CNA K from 10:00pm to 06:00 am shift. LVN D, LVN L from 07:00 am to 07:00 pm shift. LVN C, LVN E, LVN F from 07:00 pm, to 07:00am shift, and ADON, DON and admission coordinator confirmed recent in-services and demonstrated understanding. Educated nurses on what steps to occur if elopement evaluation is greater than 10 on 05/03/26. Record review of inservice titled steps to occur if elopement evaluation is greater than 10 was done on 05/03/26. Updated elopement binder to include anyone which is at risk 05/03/26. Record review of elopement binder reflected it was updated. Updated care plan of Resident #1 on 05/03/26. Record review of Resident #1's care plan reflected it was updated on 05/03/26. Conducted an elopement drill on 05/03/36. Record review of Elopement drill log reflected that was conducted on 05/03/26. Resident family members were made aware of door access times and procedures for visiting which included having to sign in and wear a visitor sticker badge to identify who is a visitor. Staff were in-serviced over door safety and ensuring the door was closed behind them when entering or exiting the facility. Record review of inservice titled door safety and ensuring the door was closed behind them when entering or exiting the facility was done on 05/03/26. Completed wander guard evaluation and added one to the Resident #1 on 05/03/26. Record review of Resident #1 wander guard evaluation reflected it was done on 05/03/26. Educated staff on assessing clinical picture of new admissions between IDT and Admissions team on 05/04/26. Record review of inservice titled assessing clinical picture of new admissions between IDT and Admissions team reflected it was done on 05/04/26. CNA A, CNA B, LVN L and ADON were interviewed on 06/04/26 and confirmed they were in serviced on ensuring the door closed behind them when exiting and entering. The non-compliance was identified as past non-compliance. The Immediate Jeopardy began on 05/02/26 and ended on 05/04/26. The administrator was made aware of past non-compliance on 06/04/26 at 5:54 p.m. The facility had corrected the noncompliance before the survey began.</p> |                                                                                      |                                                 |