

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

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Form Approved OMB
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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 06/27/2026
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident needs, that included measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs, for 1 of 4 residents (Resident #1) reviewed for care plans. The facility failed to ensure Resident #1's care plan reflected he no longer used an air mattress. This failure could place the residents at risk of not receiving appropriate interventions and care to meet their current needs. Findings included: Record review of Resident #1's face sheet, dated 06/26/26, reflected an [AGE] year-old male, admitted on [DATE], diagnoses included: encounter for orthopedic (bones or muscle) aftercare following surgical amputation, absence of left leg below knee, type 2 diabetes mellitus (insulin resistance and high blood sugar levels), peripheral vascular disease (narrowed arteries that reduce blood flow to the limbs, primarily the legs, leading to symptoms like leg pain and cramping), dysphagia (trouble swallowing), chronic kidney disease (condition that affects the kidneys' ability to filter waste from the blood), and muscle wasting and atrophy (reduction in muscle mass and strength). Record review of Resident #1's MDS assessment, dated 06/08/26, reflected a BIMS score of 06, indicating severe cognitive impairment. The MDS reflected Resident #1 required setup or clean up assistance (helper assists only prior to or following the activity) for roll left and right; and required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) for sit to lying and lying to sitting on side of bed. Record review of Resident #1's care plan, dated 06/26/26, reflected [Resident #1] had a pressure ulcer, unstageable, to sacrum and was at risk for further breakdown and/or slow, delayed healing related to impaired circulation, impaired nutrition, and incontinence of bladder. Date initiated: 05/02/26. Interventions included: administer treatment as ordered and air mattress. Record review of Resident #1's order summary, dated 06/27/26, reflected an order of air mattress to bed as tolerated. Start date of 05/01/26. Order was discontinued on 05/22/26. During an interview and observation, on 06/27/26 at 2:00 PM, Resident #1 stated he was doing well. Resident #1 stated he had another mattress before but he did not like it. Resident #1 stated it was not comfortable for him so the staff changed the mattress but he did not remember when. Resident #1 was observed with no visible injury. Resident #1 was observed to be laying supine on a regular mattress with no air mattress or pump. During an interview, on 06/27/26 at 2:25 PM, the ADON stated she was not sure if Resident #1 had an air mattress. The ADON stated the WC Nurse entered the order for the air mattress to help with wound healing and added the intervention to the care plan. The ADON stated if the air mattress was discontinued, Resident #1's care plan should have been updated by the WC Nurse to reflect he longer used an air mattress. The ADON stated there was no negative outcome for Resident #1 as staff followed his orders. The ADON stated it was important to ensure the care plans were revised as needed so that everyone was aware of how to care for the resident. During an observation, on 06/27/26 at 2:55 PM, Resident #1 was observed by the ADON and the ADON verified he was not using an air mattress. During an interview, on 06/27/26 at 3:00 PM, the WC Nurse stated she was (continued on next page)		

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	responsible for updating care plans for wounds or skin changes and related interventions. The WC Nurse stated Resident #1 had an air mattress but it was discontinued on 05/22/26 because he did not like the way the air mattress felt. The WC Nurse stated if the air mattress was still on the care plan, it should have been resolved and removed. The WC Nurse stated there was no negative outcome for Resident #1 as staff followed his orders and he was able to move/reposition himself in bed. The WC Nurse stated it was important for the care plan to be updated accurately to ensure all staff were aware of the resident's current needs and how to care for him. During an interview, on 06/27/26 at 3:30 PM, the DON stated the WC Nurse was responsible for developing and revising care plans related to wounds and skin changes. The DON stated Resident #1 had an air mattress for the wound on his sacrum, but Resident #1 did not like the air mattress so it was discontinued on 05/22/26. The DON stated Resident #1 was mobile, moved around in bed, and the air mattress was going to cause more damage than good if he did not like the air mattress. The DON stated the care plan was not updated to reflect that the air mattress was discontinued. The DON stated there was no negative outcome or risk of injury for Resident #1 as staff followed his orders and the wound to his sacrum had improved. The DON stated it was important for the care plan to be revised and accurate to ensure everyone was aware of the correct information and to follow through with the interventions for the resident's current needs. Record review of the facility's Care Plans, Comprehensive Person-Centered policy, undated, reflected - Policy: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.		