STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676412	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fall Creek Rehabilitation and Healthcare Center	14949 Mesa Dr Humble, TX 77396

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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure residents had the right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility was changed for 1 of 7 residents (Resident # 2) reviewed for resident rights.-The facility failed to ensure Resident #2, or her family member were provided with written notice before the resident was moved to a different room on 05/07/2026.This failure could place residents at risk for a decline in their well-being.The findings include:Record review of Resident #2's admission Record, dated 05/29/26, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included dementia (decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities) immunodeficiency (condition which the immune system is weakened or absent), systemic lupus erythematosus (chronic autoimmune disease where the immune system mistakenly attacks healthy tissues), and rheumatoid arthritis (autoimmune condition where the immune system mistakenly attacks the body's own tissues, particularly the lining of the joints).Record review of Resident #2's MDS 5-day Assessment, dated 04/28/26, revealed a BIMS score of 15, which indicated her cognition was intact and not impaired.Record review of Resident #2's, undated, Care Plan, revealed the resident required assistance to perform functional abilities in self-care and mobility.Observation and interview on 05/29/26 at 7:52 a.m., revealed Resident #2 was sitting on her bed and watching television. She said she was staying in a different room, but she was moved to a different room and was not told why, was not given a written notice, and she did not find out until the day of the move (date unknown).During an interview on 5/28/26 at 9:46 a.m., the family member of Resident #2 said the resident had a room change on 05/07/26. She said she was not notified prior to the resident being moved and did not receive a written or verbal notice from the facility staff.During an interview on 05/29/26 at 9:15 a.m., the DON said Resident #2 was staying in a Medicare bed but was then moved to a room on the long-term care side on 05/07/26.During a follow-up interview on 06/16/26 at 11:45 a.m., the DON said she called Resident #2's family member on 05/07/26 because a nurse (name unknown) called her and told her the resident's family member was very upset and cussing because she was not told the resident was being moved to a different room. The DON said the reason the family member was not notified was because she forgot. She said the Staffing Coordinator did not confirm with her that she would be able to do the room change on 05/07/26 and she was going to have Resident #2 moved to her new room the following day. She said a Medicaid bed was already available on 05/07/26 so the resident was moved. She said she spoke to Resident #2's family member and apologized.Record review of the facility's policy, Resident Rights, date reviewed/revised: 04/2026, read in part .4. Respect and dignity. The resident has a right to be treated with respect and dignity, including: .g. The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed.

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