

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455815	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2021
NAME OF PROVIDER OR SUPPLIER Fallbrook Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10851 Crescent Moon Dr Houston, TX 77064	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34463</p> <p>Based on interview and record review the facility failed to permit resident to return to the facility after hospitalization for 1 of 6 residents (CR#1) reviewed for admission, transfer, and discharge.</p> <p>The facility failed to allow CR#1 to return to the facility after hospitalization and failed to help secure an alternative dialysis center (outside dialysis center in the community) to meet the resident's dialysis needs .</p> <p>The facility failed to provide evidence that they could not meet her needs and failed to give CR#1 a 30-day discharge notice.</p> <p>These failures placed residents who transfer to the hospital at risk of violations of their rights as residents, and decreased quality of life from discontinuation of required care and services.</p> <p>Findings included:</p> <p>Record review of CR#1's face sheet revealed she was a [AGE] year old female that was admitted to the facility on [DATE] with a diagnosis of osteomyelitis, cerebral infarction, dysphagia , chronic respiratory failure, hypertensive heart disease, type 2 diabetes, chronic atrial fibrillation , diabetes mellitus, protein calorie malnutrition, end state renal disease, major depressive disorder, lack of coordination, gastro-esophageal reflux disease, muscle wasting atrophy, melena , cognitive communication deficit, gastrointestinal hemorrhage, muscle weakness, local infection of the skin, anemia, hypothyroidism, hyperlipidemia, hypokalemia, anxiety disorder, sleep apnea, hypotension , acute and chronic respiratory failure, pressure ulcer; right upper back, left upper back, sacral region, right buttock, left buttock, tracheostomy, gastrostomy, colostomy, dependence on respirator, and dependence on renal dialysis. CR#1 was discharged on [DATE].</p> <p>Record review of CR#1's Discharge MDS dated [DATE] revealed CR#1 did not have a BIMS and . CR#1's discharge assessment with a return anticipated.</p> <p>In an interview on 10/01/21 at 10:38 AM, the Social Worker stated she was not sure why CR#1 was not accepted back into the facility. Once CR#1 was discharged to the hospital the facility was no longer responsible for her. The facility only gave residents a discharge notice when the resident is discharged to the community or another facility.</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/01/21 at 10:49 AM, the Administrator stated the facility did not readmit CR#1 because they were just cited by the state during survey for CR#1. The facility had an immediate jeopardy because the facility could not meet CR#1's needs. The in-house dialysis at the facility does not work for her and the facility did not have the proper equipment. The equipment was not pulling enough fluid from CR#1. The facility discussed the situation with the surveyors and the facility sent CR#1 to the hospital. The facility wanted to readmit CR#1 to the facility. CR#1 was getting dialysis 5 times a week at the facility which was better because that was less shock on the body. If the facility readmitted CR#1 it would have been hard to find a place for her to go for to dialysis, because the resident needed specialized dialysis that was offered at the hospital emergency room . When asked why resident was not readmitted and alternative dialysis center outside the facility secured for the resident to use for immediate dialysis while 30 day discharge notice is issued to the resident/ family to find permanent suitable place and eventual transfer to, the Administrator said, there were only a few places in the state, and one facility he knew of that the resident could go for dialysis and that trying to find a place for her to go would have been extremely difficult.</p> <p>Record review of the facility policy Transfer or Discharge, Emergency dated 12/2016 did not address allowing residents to return to the facility after hospitalization .</p>