Printed: 08/25/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675017	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2021
NAME OF PROVIDER OR SUPPLIER  Cross Country Healthcare Center		STREET ADDRESS, CITY, STATE, ZII 1514 Indian Creek Rd Brownwood, TX 76801	P CODE
For information on the nursing home's p	plan to correct this deficiency, please conf	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	IENCIES full regulatory or LSC identifying information	on)
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	and neglect by anybody.  **NOTE- TERMS IN BRACKETS H Based on interview and record revi 1 of 3 residents (Resident #1) revie  1. The facility failed to implement n unstageable pressure ulcer to her n developed 3 other wounds in the fo  a) Stage 3 right internal aspect upp b) Unstageable left hip c) Unstageable left gluteal region.  2. The facility failed to ensure these treatment was provided to promote 3. The facility failed to inform the pl treat the resident's wounds.  4. The facility failed to document th An Immediate Jeopardy (IJ) was id remained out of compliance at a se of isolated because the facility was	ew wound treatment orders and providing the hip which had deteriorated to stagollowing areas:  per thigh  ect of lower thigh  e multiple wounds on Resident #1 were healing.  hysician of the Resident #1 pressure ulter.  entified on 10/14/21. While the IJ was leverity level of actual harm that was not still monitoring the effectiveness of the yplacing them at risk of abuse or negletical stage.	resident was free from neglect for e wound care to Resident #1's e 4. Additionally, Resident #1 e identified, assessed, and cers or obtained required orders to lowered on 10/15/21, the facility t immediate jeopardy and a scope eir Plan of Removal.

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 675017

If continuation sheet Page 1 of 18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675017	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2021
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Cross Country Healthcare Center		1514 Indian Creek Rd Brownwood, TX 76801	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0600  Level of Harm - Immediate jeopardy to resident health or safety	eat. On 10/14/21 at 9:15a.m, surve because Resident #1 was on Covid	I at the time of this investigation because or attempted to go and see Resident and 19 protocol in the hospital.  dated 09/11/21 reflected the following:	
Residents Affected - Few	Skin:		
	Skin temperature: warm		
	Skin moisture: dry		
	Skin color: Jaundiced		
	Petechiae present: no		
	Skin turgor: NORMAL		
	Alterations in Skin? NO.		
	facility on [DATE]. Her diagnosis in	orders revealed the resident was a [AG cludes alcohol abuse with alcohol-indu a, primary biliary cirrhosis and long-terr	ced anxiety disorder, chronic pain,
	of bowel/bladder and required limite resident was not at risk of developing	MDS assessment, undated revealed the dassistance with most ADLs and traning pressure ulcer and had no pressure score was 13 indicating intact cognition	sfer. The assessment reflected the ulcers at the time of the
	pressure ulcer prevention was addi Interventions included follow facility	dated 9/10/21 (when surveyor requesteressed with a goal to prevent/heal preservishing care protocol, preventative measurately and treat as ordered. The admissional surface and treat as ordered.	sure sores and skin breakdown. ures, report to charge nurse any
	Review of the facility wound manage blank. There was no information do	gement section used by the facility on the commented.	ne electronic record revealed it was
	Review of Resident #1's clinical rec 9/10/21 (admitted ).	cords revealed there was no documente	ed assessment of the wounds on
		aden Scale (predicts risk for pressure up [DATE]) reflected a score of 16, indications.	
	(continued on next page)		

			NO. 0936-039 I
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675017	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2021
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	not indicate she had pressure ulcer ulcer on the right hip. The assessm measurement, or other characteris documented assessment of the pre In an interview with CNAA on 10/14 10/09/21 and 10/10/21 as reflected	urse's notes dated 09/11/21 (a day afters. However, hospital transfer orders report did not reflect any description of the tics. Review of the resident's clinical reposure ulcers on admission.  4/21 at 11:39a.m., she stated she provious the facility's schedule. CNAA explainant required limited assistance with most	flected an unstageable pressure e pressure ulcers to include color, cords revealed there was no ded care for Resident #1 on ned she was familiar and took care
	wound on right hip on admission by CNAA explained Resident #1 cuss	ut developed others in the facility becau es' aides out, was rude and not nice. S she told of Resident #1 wounds. She s	use she was picking on herself. he noted she refuses care
	the schedule dated 10/09/21and 10 because of pain. She said Residen was picking and scratching herself leg and right hip. CNAB stated it was aid Resident #1 had the wounds f was asked if she documented skin she took resident a bath and saw the	14/21 at 2:15p.m, she said she took ca 0/10/21. She explained the resident alm at #1 was moving around by self after at. She noted Resident #1 had multiple was the facility protocol to report skin brefor a long time and the nurses were awar condition after taking her a bath. She she wounds. She notified an agency nur bath sheet that is mark done if the residual of 10/21.	nost always refuses shower dmission but started declining. She rounds with 2 major ones on the left eakdown to the charge nurses. She are of the multiple wounds. CNAB said she remembered the first time se that was on duty. She cannot
	10/12/21 (day resident was transfe assistance when she was admitted resident often refuses care includir she took the resident a bath on 10/wounds with a big one on right hip.	at 11:39a.m revealed she took care of F rred to the hospital). She explained Re I. Resident #1 got worse scratching an g taking a shower because she was in /12/21 (the day she went to the hospital She could not exactly remember how ds. When asked which nurse, she said dition.	sident #1 required limited d picking at herself. She said the pain most of the time. CNAC said l. She noted resident multiple many wounds. She notified the
	10/12/21 (day she was transferred She stated she was aware Resider resident was not in good condition. Resident #1 was lethargic. She cal LVND explained Resident #1 had r she was able to provide Resident #	4/21 at 10:11a.m, she said she took car to the hospital). She was an agency nunt #1 had multiple wounds. LVND said in She was jaundice (yellow in color), dry led the doctor and received an order to multiple wounds which she dressed dure to the wound care without physician orders outgoing nurse. LVND was asked if she	when she came on 10/12/21, the place in lips and could not get her to eat. It is send Resident #1 to the hospital, ing the shifts. She was asked how to treatment notes? She said she
	Review of Resident #1 clinical reco #1. (continued on next page)	ords did not show doctor's orders or wo	und treatment provided to Resident
	(		

(X4) ID PREFIX TAG F 0600	plan to correct this deficiency, please con	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing  STREET ADDRESS, CITY, STATE, ZI 1514 Indian Creek Rd Brownwood, TX 76801	(X3) DATE SURVEY COMPLETED 10/15/2021
Cross Country Healthcare Center  For information on the nursing home's  (X4) ID PREFIX TAG  F 0600	plan to correct this deficiency, please con	1514 Indian Creek Rd Brownwood, TX 76801	P CODE
For information on the nursing home's  (X4) ID PREFIX TAG  F 0600	SUMMARY STATEMENT OF DEFIC	Brownwood, TX 76801	
(X4) ID PREFIX TAG F 0600	SUMMARY STATEMENT OF DEFIC		
F 0600		tact the nursing nome or the state survey	agency.
	(Each deliciency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)
Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	During interview with LVNE on 10/on 10/09/21. LVNE explained Resiappears the resident has had the w LVNE was asked how did she know notes? She said she received verb She was asked how many wounds document her treatment of Resider Interview with RNF on 10/15/21 at Presently she works every other we weekends. She explained Resident saw her, at which time Resident #1 always had the wounds. RNF processhe discovered the new pressure ut reatment order. RNF was asked if not. RNF was asked to descript the the charge nurse looks at discharge observations. The wound or pressureceived treatment instructions. He was not followed for Resident #1 adveloped from 1 on admission to buring interview with DON on 10/1 thereof of Resident #1  1) She assessed the resident on acceptable of the pression of the	dent #1 had multiple pressure ulcers we would a long time. She provided wound would a long time. She provided wound care we wall report from RN F and what the facility did the Resident #1 have? LVNE states at #1 pressure ulcers.  1:44 p.m revealed she has been working eekend. RNF said she was responsible to #1 had one pressure ulcers that she was had more wounds. When she asked to be eded to dress the wound. She was as alloer. She said she did not. RHF stated she documented the multiple wounds are actively protocol on admission of a resident in a session of the wound. The resident is assessive ulcers are documented. The charge when will follow the doctor's order. RNF are and treatment of her wound. Review 4.  5/21 at 10:42a.m she acknowledged the dimission sessed as normal weekly skin assessments sure ulcer	nurse that took care of Resident #1 thich was in bad shape. She said it d care to Resident #1 one time. ithout physician orders or treatment by was using to dress the wounds. ed she did not know and failed to  ang for the facility for 5 years. and took care of Resident #1 on was aware until last week when she CNAA, she said Resident #1 had sked if she called the doctor when she used facility standing wound and her treatment. She said she did ident. She explained on admission, d including detailed skin a nurse will call the doctor and facknowledged the facility protocol w of records revealed the pressure  the following on the care or lack  It days after admission  and services to Resident #1  was notified on 10/11/21 that the timent with Bactrim  and documentation

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	she takes responsible for failure to of nurses and she had to do many time to do so. The DON said it was asked why there was no assessme DON said the facility just didn't. She She noted there no physician order During interview with Physician Y or explained he was not aware the resphysician Y said he was informed ordered an antibiotic treatment with hospital due changes in her conditionally reported to local, thoroughly investigated by facility maked of the Administrator:  1) If an incident or suspected incidere ported, the administrator will ensure the prevented.  Review of the facility policy on prested following:  1) The nursing staff and practitioned developing pressure ulcers; for example of the policy on the prevented of the pressure ulcers; for example of the properties of the pressure ulcers; for example of the pressure ulcers; for exampl	is to provide the necessary care and see in 10/14/21 at 2:25p.m, he said he was sident had pressure ulcers. He knows For 10/11/2021 that the resident pressure a Bactrim. The next day he gave order to on.  It policy revised July 2017 reflected, All sident property, mistreatment and/or injustate and federal agencies (as defined nanagement. Findings of abuse investigation to an appropriate in at any further potential abuse, neglect, assure ulcers/skin breakdown-clinical programment, immobility, recent weight loss, and the investigation, stage, length, widter including location, stage, length, widter including loca	ne DON stated the facility was short in agency nurses but did not have donot document as well. She was ipital on 2 separate occasion. The ervices to Resident #1.  The primary for Resident #1. He Resident #1 had lots of itching. The reflected in the primary be infected. He to transfer Resident #1 to the reports of resident abuse, neglect, juries of unknown source (abuse) by current regulations) and gations will be also reported.  The primary for Resident #1 is a provided in the primary for Resident #1 in the reports of resident abuse, neglect, juries of unknown source (abuse) by current regulations) and gations will be also reported.

SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by e) All active diagnoses  3) The staff and practitioner will exapressure ulcers or other skin condit  4) The physician will assist the staff characteristics (presence of necrotics) The physician will help identify a	full regulatory or LSC identifying informati	ents for evidence of existing
SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by e) All active diagnoses  3) The staff and practitioner will exapressure ulcers or other skin condit  4) The physician will assist the staff characteristics (presence of necrotics) The physician will help identify a	ciencies full regulatory or LSC identifying informati  amine the skin of newly admitted reside tion.  f to identify the type (for example, arter ic tissue, status of wound bed, etc.) of a	ents for evidence of existing
e) All active diagnoses  The staff and practitioner will exapressure ulcers or other skin condit  the physician will assist the staff characteristics (presence of necrotics). The physician will help identify a	full regulatory or LSC identifying information amine the skin of newly admitted residention.  If to identify the type (for example, arteric tissue, status of wound bed, etc.) of a	ents for evidence of existing ial or stasis ulcer) and
<ul> <li>3) The staff and practitioner will exapressure ulcers or other skin condit</li> <li>4) The physician will assist the staff characteristics (presence of necrotistics)</li> <li>5) The physician will help identify a</li> </ul>	f to identify the type (for example, arter ic tissue, status of wound bed, etc.) of a	ial or stasis ulcer) and
to provide guidelines for the care of Preparation  1) Verify that there is a physician's  2) Review the resident's care plant a) For example, the resident may heare  3) Assemble the equipment and su nozzles, foil packets, bottle tops, et performed at the treatment cart.).  An Immediate Jeopardy (IJ) was iditemplate was provided to the Admir The Facility's Plan of Removal was Plan of Removal  Please accept this Plan of Remova on October 14, 2021 for neglecting worsening of pressure ulcers.  1. Action: To ensure identification of documented a head-to-toe skin inspinspection, the attending physician care plan will be initiated. Actual skindividual resident needs.  Completion Timeline: Beginning October 14 inspinspection.	order for this procedure.  to assess for any special needs of the relative PRN orders for pain medication to applies as needed. Date and initial all better, with alcohol pleget before opening, a centified, and the Administrator was informistrator at that time.  accepted on 10/15/21 at 12:25 a.m. and as a credible allegation of compliance to provide treatment and services to profit of pressure sores, center licensed nursi pection of all center residents. If a new will be notified to obtain treatment order in alternation and potential risk factors	esident be administered prior to wound ottles and jars upon opening. Wipe as necessary. (Note: This may be rmed, on 10/14/21 at 6:02 p.m. IJ and reflected the following:  of for immediate jeopardy initiated revent the development and ang staff conducted and skin alteration is noted during skin ers as indicated and a change of will be care planned to meet
THE HOLL CONTRACTOR	1) Verify that there is a physician's 2) Review the resident's care planta a) For example, the resident may horare 3) Assemble the equipment and sumozzles, foil packets, bottle tops, et performed at the treatment cart.). An Immediate Jeopardy (IJ) was iddemplate was provided to the Admit The Facility's Plan of Removal was plan of Removal Please accept this Plan of Removal on October 14, 2021 for neglecting worsening of pressure ulcers.  1. Action: To ensure identification of documented a head-to-toe skin insinspection, the attending physician care plan will be initiated. Actual skindividual resident needs.  Completion Timeline: Beginning October 1 Timeline:	1) Verify that there is a physician's order for this procedure.  2) Review the resident's care plan to assess for any special needs of the real plan and potential risk factors individual resident.  2) Review the resident's care plan to assess for any special needs of the real plan and potential risk factors individual resident needs.  2) Review the resident's care plan to assess for any special needs of the real plan and potential needs of the real plan and potential needs of the resident care.  3) Assemble the equipment and supplies as needed. Date and initial all be nozzles, foil packets, bottle tops, etc. with alcohol pleget before opening, a performed at the treatment cart.).  4) An Immediate Jeopardy (IJ) was identified, and the Administrator was infootemplate was provided to the Administrator at that time.  7) The Facility's Plan of Removal was accepted on 10/15/21 at 12:25 a.m. and Plan of Removal  8) Please accept this Plan of Removal as a credible allegation of compliance of no October 14, 2021 for neglecting to provide treatment and services tr

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F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	2. Action: Nursing Administration to attending physician upon identifica admission/weekly skin inspections; inspection upon admission and we PRN, new hires) who have not rece Administration prior to providing resconding the Completion Timeline: Beginning Odmission of Completion Timeline: Beginning Odmission of Completion of Completion Timeline: Beginning Odmission of Completion Odmission of Completion Odmission of Completion Odmission of Completion Timeline: Beginning Odmission of Completion Timeline	o conduct education with licensed nursition of resident change in condition to it and 2) Inspection and documentation ekly thereafter. Beginning October 15, eived the above stated education will be sident direct care.  October 14, 2021 and ending October 15, anager, Director of Nursing of conduct education with certified/temptentification of resident change to skin. Ints (agency, PRN, new hires) who have sing Administration prior to providing restrober 14, 2021 and ending October 16, anager, Director of Nursing uditing the electronic medical record of erformed by a licensed nurse.  October 14, 2021 and ending October 15, 2021 and for the next 30 days, the Dialidate charge nurse compliance with in lacks which are to be conducted upon actionaries in a compliance. QAPI Committed the compliance of	ing staff regarding: 1) Notification of include skin alterations noted during of resident head-to-toe skin 2021, licensed nurses (agency, e educated by Nursing 5, 2021.  In orary nursing assistants regarding Beginning October 15, 2021, e not received the above stated sident direct care.  In orary nursing assistants regarding Beginning October 15, 2021, e not received the above stated sident direct care.  In orary nursing assistants regarding Beginning October 15, 2021, e not received the above stated sident direct care.  In orary nursing assistants regarding Beginning October 15, 2021, e not received the above stated sident direct care.  In orary nursing assistants regarding Beginning October 15, 2021, e not received the above stated sident direct care.  In orary nursing assistants regarding Beginning October 15, 2021, e not received the above stated sident direct care.  In orary nursing assistants regarding Beginning October 15, 2021, e not received the above stated sident direct care.  In orary nursing assistants regarding Beginning October 15, 2021, e not received the above stated sident direct care.
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			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675017	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2021
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	across multiple shifts on 10/15/21 f comprehension of the in- service tr policy/procedure to include comple physician will be immediately notific assessments were to be entered in be done by the charge nurses. The charge nurse for compliance.  Interviews conducted with 6 CNAs 10/15/21 from 11:32a.m. to 1:32 p. training. They stated they had rece observations in the resident's activity reporting any skin issues on the resident of the IJ was removed on 10/15/21, the service of the service of the IJ was removed on 10/15/21, the service of the service of the IJ was removed on 10/15/21, the service of the service of the IJ was removed on 10/15/21, the service of the IJ was remove	(LVND, LVN E, LVNG, LVNH, LVNK, L rom 11:32 p.m. to 1:22 p.m. revealed to aining. They stated they had been instituted of any skin alterations and obtain the to the computer on admission and were Director of nursing will use the clinical (CNAA, CNAB, CNAC, CNAM, CNAO m. revealed the CNAs verbalized compived in-service training regarding monity of daily living section. They stated the facility remained out of compliance as a scope of Isolated because the facility.	the nurses verbalized erviced on the facility's on and weekly thereafter. The eatment orders. Weekly skin ekly skin assessments were now to I meeting process to validate  CNAP) across multiple shifts on prehension of the in-service toring skin every shift and entering ney had been in-serviced on ate Jeopardy was removed. While at the severity level of actual harm

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0686  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	Provide appropriate pressure ulcer  **NOTE- TERMS IN BRACKETS H  Based on observations, interviews, ulcer received necessary treatment promote healing, prevent infection residents reviewed for pressure ulcer.  1. The facility failed to implement in unstageable pressure ulcer to her reviewed pressure ulcer to her reviewed and the following of the facility failed to implement in unstageable pressure ulcer to her reviewed pressure ulcer under the residents and the reviewed pressure ulcer under the pres	care and prevent new ulcers from devided to the and record reviews, the facility failed to the	eloping.  ONFIDENTIALITY** 33198  o ensure a resident with a pressure onal standards of practice, to g for one (Resident #1) of three  le wound care to Resident #1's e 4. Additionally, Resident #1  e identified, assessed, and  lecers or obtained required orders to  lowered on 10/15/21, the facility t immediate jeopardy and a scope eir Plan of Removal.  ction, including sepsis which could and a decreased quality of life.  se she was lethargic and refused to #1. Surveyor was denied access

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F 0686	Skin temperature: warm		
Level of Harm - Immediate jeopardy to resident health or safety	Skin moisture: dry Skin color: Jaundiced		
Residents Affected - Few	Petechiae (Small wound) present:	10	
	Skin turgor: NORMAL		
	Alterations in Skin? NO.  Review of Resident #1's physician orders dated 10/06/21revealed the resident was a [AGE] year old female admitted to the facility on [DATE]. Her diagnosis includes alcohol abuse with alcohol-induced anxiety disorder, chronic pain, alcohol hepatic failure without coma, primary biliary cirrhosis and long-term drug therapy.		
	continent of bowel/bladder and req reflected the resident was not at ris	MDS assessment undated received re uired limited assistance with most ADL: k of developing pressure ulcer and had MS score was 13 indicating intact cogni	s and transfer. The assessment d no pressure ulcers at the time of
	addressed with a goal to prevent/he facility skin care protocol, preventa	undated revealed the problem of press eal pressure sores and skin breakdown tive measures, report to charge nurse a The admission report revealed the facili	n. Interventions included follow any redness or skin breakdown
	Review of the facility wound manage blank. There was no information do	gement section used by the facility on the cumented.	ne electronic record revealed it was
	Review of Resident #1's clinical rec 9/10/21 (admitted ).	cords revealed there was no documente	ed assessment of the wounds on
		aden Scale (predicts risk for pressure up (DATE)) reflected a score of 16, indications.	
	not indicate she had pressure ulcer	rse's notes dated 09/11/21 (a day after s. However, hospital transfer orders da right hip. The assessment did not reflec nt, or other characteristics.	ated 09/10/21 reflected an
	(continued on next page)		

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enters for Medicare & Medic	and Services		No. 0938-0391
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC		
F 0686  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	10/09/21 and 10/10/21 as reflected of Resident #1. She said the reside wound on right hip on admission by CNAA explained Resident #1 cuses sometimes. CNAA was asked who the charge nurses and DON.  During interview with CNAB on 10/the schedule dated 10/09/21 and 1 of pain. She said Resident #1 was picking and scratching herself. She and right hip. CNAB stated it was the said Resident #1 had the wounds for was asked if she documented skin she assisted resident with a bath at	4/21 at 11:39a.m., she stated she proving the facility's schedule. CNAA explaint required limited assistance with most developed others in the facility becauses' aides out, was rude and not nice. Sishe notified of Resident #1 wounds. Sland 14/21 at 2:15p.m, she stated she took of 0/10/21. She stated the resident almost moving around by self after admission anoted Resident #1 had multiple wound the facility protocol to report skin breakd or a long time and the nurses were award condition after taking her a bath. She sind saw the wounds. She notified an age. They have a bath sheet that is market.	ned she was familiar and took care at ADLs on admission. She had 1 use she was picking on herself, the noted she refuses care the said everybody knew including the care of Resident #1 as reflected on at always refuses showers because but started declining. She was also with 2 major ones on the left leg own to the charge nurses. She are of the multiple wounds. CNAB aid she remembered the first time ency nurse that was on duty. She

Interview with CNAC on 10/15/21 at 11:39a.m she stated she took care of Resident #1 on 10/11/21 and 10/12/21 (day resident was transferred to the hospital). She explained Resident #1 required limited assistance when she was admitted . Resident #1 got worse scratching and picking at herself. She said the resident often refuses care including taking a shower because she was in pain most of the time. CNAC said she assisted Resident #1 with a bath on 10/12/21 (the day she went to the hospital). She noted resident had multiple wounds with a big one on right hip. She could not exactly remember how many wounds. She notified the charge nurse of the different wounds. When asked which nurse, she said it was LVN D. CNAC said she did not document Resident #1's condition.

In an interview with LVND on 10/14/21 at 10:11a.m, she stated she took care of Resident #1 on 10/11/21 and 10/12/21 (day she was transferred to the hospital). She was an agency nurse and did not work for the facility. She stated she was aware Resident #1 had multiple wounds. LVND said when she came on 10/12/21, the resident was not in good condition. She was jaundice (yellow in color), dry lips and could not get her to eat. Resident #1 was lethargic. She called the doctor and received an order to send Resident #1 to the hospital. LVND explained Resident #1 had multiple wounds which she dressed during the shifts. She was asked how she was able to provide Resident #1 wound care without physician orders or treatment notes? She said she received the information from the outgoing nurse. LVND was asked if she documented the treatment, she answered no.

Review of Resident #1 clinical records did not show doctor's orders or wound treatment provided to Resident #1.

During interview with LVNE on 10/15/21 at 11:08a.m, she stated she was an agency nurse that took care of Resident #1 on 10/09/21. LVNE explained Resident #1 had multiple pressure ulcers which were in bad shape. She said it appeared the resident has had the wound, a long time. She provided wound care to Resident #1 one time. LVNE was asked how did she know what to use to provide wound care without physician orders or treatment notes? She said she received verbal report from RNF and what the facility was using to dress the wounds. She was asked how many wounds did the Resident #1 have? LVNE stated she did not know and failed to document her treatment of Resident #1 pressure ulcers.

(continued on next page)

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 675017

If continuation sheet Page 11 of 18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  A. Building  (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED			
675017 B. Wing 10/15/2021	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. Building	
	NAME OF DROVIDED OR SURDIJED	STDEET ADDRESS CITY STATE 71	ID CODE
NAME OF PROVIDED OF SUPPLIED STREET ADDRESS CITY STATE ZID CODE		1514 Indian Creek Rd	IF CODE
NAME OF PROVIDER OR SUPPLIER  Cross Country Healthcare Center  STREET ADDRESS, CITY, STATE, ZIP CODE  1514 Indian Creek Rd		Brownwood, TX 76801	
Cross Country Healthcare Center 1514 Indian Creek Rd	For information on the nursing home's plan to correct this deficiency, please contact	t the nursing home or the state survey	agency.
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Cross Country Healthcare Center  1514 Indian Creek Rd Brownwood, TX 76801  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 0686 Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few  Residents Affected - Few  Interview with RNF on 10/15/21 at 1:44p.m revealed she has been working for the facility for 5 years. Presently she works every other weekend. RNF said she was responsible and took care of Resident #1 on weekends. She explained Resident #1 had one pressure ulcers that she was aware until last week when she saw her, at which time Resident #1 had more wounds When she asked CNAA, she said Resident #1 had always had the wounds. RNF proceeded to dress the wound. She was asked if she called the doctor when she discovered the new pressure ulcer. She said she did not. RHF stated she used facility standing wound treatment order. RNF was asked to describe the facility protocol on admission of a resident. She explained on admission, the charge nurse looks at discharge information. The resident is assessed including detailed skin observations. The wound or pressure ulcers are documented. The charge nurse will call the doctor and received treatment instructions. He/she will follow the doctor's order. RNF acknowledged the facility protocol		and treatment of her would.	
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4544 11 0 10 1	order ordering reconstruction		
			IP CODE
	NAME OF DROVIDED OR SURDIJED	STREET ADDRESS CITY STATE 71	ID CODE
675017 B. Wing 10/15/2021	075047	· ·	10/15/2021
1011=10001	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		
1011710001	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		
40447/0004	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		
		A. Building	
A. Building		(X2) MULTIPLE CONSTRUCTION	
A. Building		(X2) MULTIPLE CONSTRUCTION	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675017	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2021
NAME OF DROVIDED OD SLIDDLII	NAME OF PROVIDED OF CURRUES		P CODE
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Cross Country Healthcare Center		1514 Indian Creek Rd Brownwood, TX 76801	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0686  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	The DON explained Resident #1 did not let her look to complete assessment on admission day. She said she takes responsible for failure to document the resident assessment. The DON stated the facility was short of nurses and she had to do many tasks by herself. She had meant to train agency nurses but did not have time to do so. The DON said it was unfortunate that the agency nurses did not document as well. She was asked why there was no assessment after Resident #1 transfer to the hospital on 2 separate occasion. The DON said the facility just didn't. She stated, I dropped the ball. She noted there no physician orders to provide the necessary care and services to Resident #1.  During interview with Physician Y on 10/14/21 at 2:25p.m, he said he was the primary for Resident #1. He explained he was not aware the resident had pressure ulcers. He knows Resident #1 had lots of itching. Physician Y said he was informed on 10/11/21 that the resident pressure ulcers may be infected. He ordered an antibiotic treatment with Bactrim on 10/11/21. The next day on 10/12/21 he gave order to transfer Resident #1 to the hospital due being lethargic and refusing to eat.		
	An Immediate Jeopardy (IJ) was identified on 10/14/21 at 6:02 p.m. The administrator was notified on 10/14/21 at 6:02pm of the IJ. The plan of removal was requested at that time and IJ template was provided to the Administrator.		
	The Facility's Plan of Removal was accepted on 10/15/21 at 12:25 a.m. and reflected the following:		
	Plan of Removal		
	Please accept this Plan of Removal as a credible allegation of compliance for immediate jeopardy initiated on October 14, 2021 for neglecting to provide treatment and services to prevent the development and worsening of pressure ulcers.		
	documented a head-to-toe skin ins inspection, the attending physician	identification of pressure sores, center licensed nursing staff conducted and to-to-toe skin inspection of all center residents. If a new skin alteration is noted duriding physician will be notified to obtain treatment orders as indicated and a chan ated. Actual skin alternation and potential risk factors will be care planned to medeeds.	
	Completion Timeline: Beginning October 14, 2021 and ending October 15, 2021.  Responsible: Licensed Nurses		
2. Action: Nursing Administration to conduct education with licensed nursing staff regarding attending physician upon identification of resident change in condition to include skin altera admission/weekly skin inspections; and 2) Inspection and documentation of resident head-inspection upon admission and weekly thereafter. Beginning October 15, 2021, licensed nu PRN, new hires) who have not received the above stated education will be educated by Nu Administration prior to providing resident direct care.			nclude skin alterations noted during of resident head-to-toe skin 2021, licensed nurses (agency,
	Completion Timeline: Beginning October 14, 2021 and ending October 15, 2021.		
	Responsible: Regional Nursing Ma	nager, Director of Nursing	
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675017	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2021	
NAME OF PROVIDER OR SUPPLIER  Cross Country Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1514 Indian Creek Rd Brownwood, TX 76801		
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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 0686  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	3. Action: Nursing Administration to notification of charge nurse upon it certified/temporary nursing assistant education will be educated by Nursing Completion Timeline: Beginning Od Responsible: Regional Nursing Ma 4. Nursing Administration began at skin checks are scheduled to be performed to the performed t	o conduct education with certified/templentification of resident change to skin. Its (agency, PRN, new hires) who have ing Administration prior to providing rectober 14, 2021 and ending October 16 nager, Director of Nursing aditing the electronic medical record of erformed by a licensed nurse.  Interest of Nursing ager, Director of Nursing Nursing October 15 nager, Director of Nursing alidate charge nurse compliance with its cks which are to be conducted upon an identified non-compliance. QAPI Compliance of Nursing october 15 nager, Director of Nursing alidate charge nurse compliance with its cks which are to be conducted upon an identified non-compliance. QAPI Compliance of Nursing october 14, 2021 and ending October 15 october 15 october 14, 2021 and ending October 15 october 15 october 14, 2021 and ending October 15 october 15 october 14, 2021 and ending October 15 october 15 october 14, 2021 and ending October 15 october 14, 2021 and ending October 15 october 15 october 14, 2021 and ending October 15 october 16 october 17 october 17 october 18	orary nursing assistants regarding Beginning October 15, 2021, e not received the above stated sident direct care.  5, 2021.  each resident to ensure weekly  6, 2021.  rector of Nursing will utilize the enspection, notification, and dmission and weekly thereafter. mittee will develop a Performance ducation and/or disciplinary action.  6, 2021.  otocol revised April 2018 reflected al's significant risk factors for and history of pressure ulcer(s).	

Printed: 08/25/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675017	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2021
NAME OF PROVIDER OR SUPPLIER  Cross Country Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1514 Indian Creek Rd Brownwood, TX 76801	
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F 0686  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few			ents for evidence of existing rial or stasis ulcer) and an ulcer. pressure ulcers. d, The purpose of this procedure is resident be administered prior to wound ottles and jars upon opening. Wipe as necessary. (Note: This may be rvations, interviews and record ectly assessed for skin pressure VNJ, LVNL) and 1 RN (RNF) he nurses verbalized erviced on the facility's on and weekly thereafter. The eatment orders. Weekly skin ekly skin assessments were now to meeting process to validate  CNAP) across multiple shifts on orehension of the in-service
	reporting any skin issues on the residents.  (continued on next page)		

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 675017

If continuation sheet Page 15 of 18

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675017	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2021
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Cross Country Healthcare Center		1514 Indian Creek Rd Brownwood, TX 76801	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0686  Level of Harm - Immediate jeopardy to resident health or safety	The Administrator was notified on 10/15/21 at 11:26 p.m. that the Immediate Jeopardy was removed. While the IJ was removed on 10/15/21, the facility remained out of compliance at the severity level of actual harm that is not immediate jeopardy and a scope of Isolated because the facility was still monitoring their plan of removal.		
Residents Affected - Few			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675017	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2021	
NAME OF PROVIDER OR SUPPLIER  Cross Country Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1514 Indian Creek Rd Brownwood, TX 76801		
For information on the nursing home's pl	an to correct this deficiency, please con	tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0880	Provide and implement an infection prevention and control program.			
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	AVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 33198	
Residents Affected - Few	Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for one (Resident #3) of two residents reviewed for infection control practices during incontinent care.			
	CNA P failed to perform proper hand hygiene and glove changes while providing incontinence care to Resident #3.			
	This failure could place residents at risk for the spread of infection.			
	Findings included:			
	Review of Resident #3's face sheet dated 10/15/21, revealed an 87- year- old male admitted to the facility on [DATE] with diagnoses including lower urinary tract symptoms, benign prostatic hyperplasia, altered mental status, chronic pain, Alzheimer's disease and dementia.			
	Review of Resident #3's MDS assessment dated [DATE] revealed Resident #3 required extensive assistance with most activities of daily living (ADLs) and two-person physical assistance with transfer. Resident #3 was always incontinent of bowel and bladder.			
	Review of Resident #3's Care Plan dated 09/30/21 revealed the facility did not address Resident #3's incontinence in the plan.			
	Observations of incontinent on 10/15/21 at 1:05p.m revealed CNA P removed Resident #3's soiled brief. Resident #3's brief was soiled with urine and fecal matter. CNA P wiped the resident from front to back. Her gloves were visibly soiled with urine and fecal matter. CNA P did not change gloves, wash hands or perform hand hygiene before retrieving a clean brief and placed it underneath the resident and fastened it. The DON was present while CNA P was performing the incontinent care. Both washed hands before exiting Resident #3 room.			
	In an interview on 10/15/21 at 1:17 p.m. with CNA P, she acknowledged she should have changed her gloves before retrieving a clean brief and placing it underneath Resident #3. CNA P stated she has been employed in the facility for 3 years and received infection control training about one month ago. She said the resident could acquire an infection when she did not follow good infection control practices including washing hands and changing gloves. When asked why she did not change gloves, she said she was not paying attention.			
	concerns raised about infection cor	on 10/15/21 at 1:30 p.m., she revealed a atrol. She stated she expected the aide asure hand washing and change of glov	s to follow the facility protocols	
		g and Hand hygiene policy revised Aug y means to prevent the spread of infect		
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675017	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2021
NAME OF PROVIDER OR SUPPLIER  Cross Country Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1514 Indian Creek Rd	
Gross Country Fleatificare Geriter	Brownwood, TX 76801		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0880	Some of the policy and implementations includes:		
Level of Harm - Minimal harm or potential for actual harm	All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections		
Residents Affected - Few	2)All personnel shall follow the han infections to other personnel, reside	dwashing/hand hygiene procedures to ents, and visitors.	help prevent the spread of
	3) Wash hands with soap (antimicr	obial or non-antimicrobial) and water fo	or the following situations
	<ul><li>a) When hands are visibly soiled:</li><li>b) After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and C. difficile.</li></ul>		