STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. This had the potential to affect all residents. The facility census was 74.Review of the facility's policy titled, Food Receiving and Storage, revised November 2022, showed: - Dry foods and goods are handled and stored in a manner that maintains the integrity of the packaging until they are ready to use;- Food in designated dry storage areas are kept at least six inches (in.) off the floor (unless packaged for case lot handling, for example, dollies, pallets, racks and skids) and clear of sprinkler heads, sewage/waste disposal pipes and vents. Review of the facility's policy titled, Cleaning Rotation, dated November 2016, showed: - Items cleaned after each meal include can opener, small food preparation equipment (e.g. blender, food processor), slicer, kettles and utensils, mixers, cutting boards, worktables and counters, beverage tables, coffee urns, pots and pans, dishes, dining room tables and chairs;- Items cleaned daily include stove top and grill, kitchen and dining room floor, kitchen towels and cloths, toaster, microwave oven, mop and buckets, steam table, hand washing sink, food carts, pot and pan sink, and exterior of large appliances;- Items cleaned weekly include hoods, filters, trash barrels, garbage disposals, coffee machine, storerooms, drawers, cleaning closet, shelves, ovens, and cupboards;- Items cleaned monthly include refrigerators, freezers, ingredient bins, ice machines, food containers, and walls;- Items cleaned annually include ceilings and windows. 1. Observations on 03/30/26 at 10:50 A.M., 04/01/26 at 3:15 P.M., and 04/02/26 at 12:31 P.M., of the kitchen showed:- Four unlabeled clear plastic containers with bran flakes, crispy rice, and toasted oat rings; - The commercial gas range with an oily grime build-up around each burner, exterior surface, door handle, oven interior and scattered food debris on the floor beneath; - The floor, wall, and plumbing pipes below the dishwashing area counters and garbage disposal sink with scattered debris, an oily film, and a black substance;- The dishwasher hood vent interior with a buildup of gray dust;- The commercial dishwasher exterior with flaky white grime (dirt ingrained on the surface of something) build-up and scattered debris on the floor beneath;- The sink near the back door leaked onto the floor below the plastic drain while water flowed from the faucet; - One 4 in. x 12 in. ceiling diffuser (one of the few visible parts of an air conditioning system) with dust buildup and a brown substance on the front exterior surfaces near the back door;- One approximately 24 in. x 36 in. ceiling diffuser with dust buildup and a brown substance on the front exterior surfaces near the dietary office;- The 4-in. floor drain with a non-intact cover and black grime build-up inside near the food prep area. 2. Observation of the dry food storage area on 03/30/26 at 10:58 A.M., showed:- One 3-quart (qt.) dented can with green peas dated and received on 03/17/26;- One 3-qt. dented can with pumpkin dated and received on 11/18/25;- Five 50-ounce (oz.) dented cans with condensed tomato soup dated and received on 03/24/26;- Four 50-oz. dented cans with cream of celery soup dated and received on 01/20/26;- Three 50-oz. dented cans with cream of celery soup dated and received on 06/24/25;- One 50-oz. dented can with cream of chicken soup dated and received on 01/20/26;- One 28-oz. dented can with diced tomatoes and green chilies dated best by 06/30/27;- Two 4-in. x 12 in. ceiling diffusers with dust buildup and a brown substance on the front exterior surfaces near the food (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	shelves;- Scattered food debris lay on the floor and along the walls below the food shelves. During an interview on 04/02/26 at 12:31 P.M., Dietary Aide (DA) M said he/she had been asked to clean below the dishwasher today due to the black substance. Part of the grime might be removed. Dented or rusted cans should be returned, and the dented cans should be placed in a cabinet until delivery day. All foods should have a label with a date, and they should be thrown out after three days. During an interview on 04/01/26 at 3:20 P.M., the Dietary Manager said there should not be cans sitting on the shelf that were dented. The kitchen sink leaked, and maintenance said the dietary staff caused the problem by bumping the sink. The canned goods should be checked by staff when the stock was put away and they should be moved to a cabinet in his/her office to get them off the shelf. During an interview on 04/02/26 at 1:41 P.M., the Maintenance Supervisor said he/she hadn't been asked about repairs. There was water damage in the smaller dishwashing area, and panels had been replaced on the outside wall and leaks had been fixed in the past. There was an assistant maintenance worker asked to work on the clogged floor drain in the kitchen and a new cover has been ordered. The vent over the dishwasher has not been cleaned. The ceiling vents were supposed to be cleaned last month but weren't. He/She had mentioned to the dietary manager that the area below the dishwasher should be free of the black substance, but he/she didn't think it had gotten done. During an interview on 04/02/26 at 1:30 P.M., the Administrator said the kitchen and the dining area should be kept in good repair and the ceiling vents should be clean. The floor in the kitchen should not have a black substance with signs of mold. The kitchen dry storage should not have dented cans on the shelves, and the cans should be removed when they were received and returned. MO2971042

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide the bed hold fee on the bed-hold policy upon transfer to the hospital for five residents (Residents #3, #13, #20, #27, and #81), failed to include the name, address, or the telephone number of the Office of the State Long Term Care Ombudsmen (advocate for the resident in nursing facilities), mailing and email address for agency for protection and advocacy for residents with intellectual disabilities, and mailing, email address and telephone number for agency for protection and advocacy for residents with mental illness, within the transfer and discharge notices for six residents (Resident #1, #3, #13, #20, #27, and #81), and the facility failed to include the resident or responsible party's signature on the transfer/discharge form for one resident (Resident #27) out of six sampled residents. The facility also failed to provide a discharge summary to the resident which includes a recapitulation of the resident's stay, and a final summary of the resident's status for one resident (Resident #81) out of one sampled resident. The facility census was 74.Review of the facility's policy titled, Bed-Holds and Returns, revised October 2022, showed:- All residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave);- Residents, regardless of payer source, are provided written notice about these policies at least twice, notice 1: well in advance of any transfer (e.g., in the admission packet); and notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours);- The written bed-hold notices provided to the residents/representatives explain in detail the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the facility; the reserve bed payment policy as indicated by the state plan (for Medicaid residents), the facility policy regarding bed-hold periods; the facility per-diem rate required to hold a bed (for non-Medicaid residents), or to hold a bed beyond the state bed-hold period (for Medicaid residents); and the facility return policy. Review of the facility's policy titled, Transfer or Discharge, revised March 2025, showed:- Once admitted to the facility, residents have the right to remain in the facility, transfers and discharges must meet specific criteria and require resident/representative notification, orientation, and documentation in the medical record;- When the facility transfers or discharges a resident, the following information is documented in the medical record and appropriate information is communicated to the receiving health care institution or provider, the basis for the transfer or discharge, that an appropriate notice was provided to the resident and/or legal representative, the date and time of the transfer or discharge, the new location of the resident, the mode of transportation, a summary of the resident's overall medical, physical, and mental condition, disposition of personal effects, disposition of medications, others as appropriate or as necessary, and the signature of the person recording the data in the medical record;- If the basis for the transfer or discharge is that the transfer or discharge is necessary for the resident's welfare, and the resident's needs cannot be met in the facility, the resident's physician (or provider) documents, the specific resident needs that cannot be met, the facility's attempt to meet those needs, and the receiving facility's service(s) that are available to meet those needs;- Upon notice of transfer or discharge, the resident is provided with a statement of his or her right to appeal the transfer or discharge, including the name, address, email, and telephone number of the entity which receives such requests, information about how to obtain, complete, and submit an appeal form, how to get assistance completing the appeal process; and the facility bed-hold policy. 1.Review of Resident #1's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE]. Review of the residents' Notice of Resident Transfer or Discharge and Bed-Hold and Return Notification forms, dated 03/27/26, showed:- No documentation of the ombudsmen contact information, agency contact information responsible for protection and advocacy of individuals with developmental (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	disabilities, and contact information for the agency for protection and advocacy of individuals with a mental disorder. 2. Review of Resident #3's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE] and returned on 03/11/26. Review of the residents' Notice of Resident Transfer or Discharge and Bed-Hold and Return Notification forms, dated 02/05/26, showed:- No documentation of the daily bed hold rate;- No documentation of the ombudsmen contact information, agency contact information responsible for protection and advocacy of individuals with developmental disabilities, and contact information for the agency for protection and advocacy of individuals with a mental disorder. 3. Review of Resident #13's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE] and returned on 02/20/26. Review of the residents' Notice of Resident Transfer or Discharge and Bed-Hold and Return Notification forms, dated 02/05/26, showed:- No documentation of the daily bed-hold rate;- No documentation of the ombudsmen contact information, agency contact information responsible for protection and advocacy of individuals with developmental disabilities, and contact information for the agency for protection and advocacy of individuals with a mental disorder. 4. Review of Resident #20's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE] and returned on 03/14/26. Review of the residents' Notice of Resident Transfer or Discharge and Bed-Hold and Return Notification forms, dated 03/13/26, showed:- No documentation of the daily bed-hold rate;- No documentation of the ombudsmen contact information, agency contact information responsible for protection and advocacy of individuals with developmental disabilities, and contact information for the agency for protection and advocacy of individuals with a mental disorder. 5. Review of Resident #27's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE], and returned on 12/03/25;- Transferred to the hospital on [DATE] and returned on 12/18/25. Review of the resident's Notice of Resident Transfer or Discharge and Bed-Hold Notice forms, dated 12/03/25 and 12/15/25, showed:- No documentation of the ombudsmen contact information, agency contact information responsible for protection and advocacy of individuals with developmental disabilities, and contact information for the agency for protection and advocacy of individuals with a mental disorder;- The resident wished to reserve his/her room;- No documentation of the daily bed-hold rate;- No resident or responsible party's signature. 6. Review of Resident #81's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE] and returned on 02/19/26;- discharged to home on [DATE]; - No documentation the facility provided the written information to the resident and/or the resident's representative of the discharge summary to include the recapitulation of the stay and a final summary of the resident's status. Review of the residents' Notice of Resident Transfer or Discharge and Bed-Hold and Return Notification forms, dated 02/17/26, showed:- No documentation of the daily bed-hold rate;- No documentation of the ombudsmen contact information, agency contact information responsible for protection and advocacy of individuals with developmental disabilities, and contact information for the agency for protection and advocacy of individuals with a mental disorder. During an interview on 04/01/26 at 9:36 A.M., the Social Services Designee (SSD) said the bed-hold rate was $218, but the facility had never charged that amount. The residents were never charged for bed-holds even past the thirty days and he/she did not remember a resident being gone past thirty days. During an interview on 04/02/26 at 2:49 P.M., the Accounts Payable Secretary said he/she kept a binder with bed-holds and discharge notices. If the resident's representative or family was at the facility, he/she gave the notices to the resident. The bed-hold rate should be documented on the bed-hold forms. Copies were usually sent with the resident and it should have the appeal and the ombudsman contact information documented on it. If family was not in the facility when a resident went out, the notices were mailed. During an interview on 04/02/26 at 2:54 P.M., the Director of Nursing (DON) said the transfer and discharge notices and the bed-hold forms should have the appeals information and the ombudsman contact information on them. The ombudsman may not have been contacted yet, but there was a new system being set up for monthly contacts. The SSD should have information on the bed-hold rate for bed holds over thirty days. During an interview on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	04/02/26 at 3:16 P.M., Registered Nurse (RN) H said nursing staff filled out the transfer and discharge notices and the Accounts Payable Secretary filled out the bed-hold rate on the forms. The appeal contact information should be on the form. During an interview on 04/02/26 at 3:32 P.M., the Administrator said the bed-hold rate should be displayed but not on the transfer or bed-hold forms because the residents or their family might get nervous about seeing the daily amount. The facility had never charged a bed-hold rate.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interview and record review, the facility failed to document an accurate Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff) for two residents (Residents #13 and #47) out of 18 sampled residents. The facility census was 74. Review of the facility policy, Resident Assessments, dated October 2023, showed:- Information in the MDS assessments will consistently reflect information in the progress notes, plans of care, and resident observations/interviews. Review of the Resident Assessment Instrument (RAI) Manual, dated October 2025, showed:- H0300: Code 9, not rated: during the seven-day look-back period the resident had an indwelling bladder catheter (a sterile tube inserted into the bladder to drain urine) for the entire seven days. 1. Review of Resident #13's medical record showed:- admission date of 11/03/23;- Diagnoses of obstructive and reflux uropathy (conditions where urine flow is blocked or flows backward into the kidneys, causing swelling and potential kidney damage) and stroke. Review of the resident's physician's order sheet (POS), dated March 2026, showed:- An order for a urinary catheter, 16 French (Fr. - size of the catheter) with 5-30 milliliter (ml) balloon, change every 30 days and as needed (PRN) related to obstructive and reflux uropathy and as needed for occlusion or leakage, dated 02/26/26; - An order for urinary catheter care every shift and PRN, dated 02/26/26; - An order for a urinary catheter to change drainage bag every seven days on Sunday, dated 03/01/26. Review of the resident's significant change MDS assessment, dated 02/26/26, showed:- Did not utilize an indwelling urinary catheter;- Always incontinent of urine. 2. Review of Resident #47's medical record showed:- admission date of 01/18/26;- Diagnoses of unspecified dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning), unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance (a mental health condition that primarily affects your emotional state), and anxiety (constant fear and worry that is both intense and excessive). Review of the resident's quarterly MDS assessment, dated 12/08/26, showed:- Diagnosis of non-Alzheimer's dementia. Review of the resident's quarterly MDS assessment, dated 03/05/26, showed:- No diagnosis of non-Alzheimer's dementia. During an interview on 03/31/26 at 11:00 A.M., the MDS Coordinator said the MDS should be an accurate reflection of the resident to include the diagnosis and catheter. During an interview on 04/02/26 at 3:42 P.M., the Administrator and Director of Nursing (DON) said the MDS should indicate an accurate picture of the resident, such as if the resident had a catheter, it should have been selected.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview, and record review, the facility failed to ensure one resident (Resident #13) out of two sampled residents had a completed hospice (care for the terminally ill with a life expectancy of six months or less) coordinated plan of care with all of the care required by the resident such as a urinary catheter (a sterile tube inserted into the bladder to drain urine) and wound care. The facility census was 74. Review of the facility's policy titled, Hospice Program, dated July 2017, showed:- Hospice services are available to residents at the end of life;- Coordinated care plans for residents receiving hospice services will include the most recent hospice plan of care as well as the care and services provided by our facility;- The coordinated care plan will reflect the resident's palliative goals and objectives, palliative interventions, and medical treatment and diagnostic tests;- The coordinated care plan shall be revised and updated as necessary to reflect the resident's current status including: bowel and bladder care, symptom management, and skin integrity. 1. Review of Resident #13 ?s physician order sheet (POS), dated 03/30/26, showed:- An admission date of 11/03/23;- An order to admit to hospice for a diagnosis of heart failure (impaired heart function), dated 02/20/26;- An order for a urinary catheter, 16 French (Fr. - size of the catheter) with 5-30 milliliter (ml) balloon, change every 30 days and as needed (PRN) related to obstructive and reflux uropathy (conditions where urine flow is blocked or flows backward into the kidneys, causing swelling and potential kidney damage) and as PRN for occlusion (blockage) or leakage, dated 02/26/26; - An order for urinary catheter care every shift and PRN, dated 02/26/26; - An order for a urinary catheter to change drainage bag every seven days on Sunday, dated 03/01/26;- An order to clean the coccyx (tailbone) with hypochlorous acid (a powerful, non-toxic antimicrobial agent that cleanses wounds, reduces bacteria, and speeds up healing), pat dry, apply skin prep (protective barrier wipes) to the surrounding tissue, apply collagen powder (a topical dressing designed to accelerate healing in acute and chronic wounds by promoting tissue regeneration and providing a moist environment) to the wound bed and cover with a silicone bordered foam (a type of wound dressing) every three days and PRN, dated 03/09/26;- An order to clean the left lower extremity with wound cleanser, pat dry, cover with absorbent dressing (ABD - dressing used to keep wounds dry) pads and wrap with Kerlix (gauze bandage roll) daily, dated 03/18/26. Review of the resident's significant change Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 02/26/26, showed:- Severe cognitive impairment;- Always incontinent of bladder and bowel;- Had a pressure ulcer (localized damage to the skin and underlying soft tissue, usually over a bony prominence, caused by prolonged pressure, friction, or shear);- Received wound care;- Had no urinary catheter. Review of the resident's care plan, revised 02/27/26, showed:- Resident on hospice services related to end stage heart disease;- Resident has occlusion to the left lower leg that is inoperable with a pressure wound;- Resident has a pressure ulcer to the coccyx;- Resident has a urinary catheter. Review of resident's Hospice Coordinated Plan of Care, dated 02/28/26, showed:- Failed to address the urinary catheter with the specific urinary catheter orders, who was responsible for providing the supplies, and who was responsible for providing the urinary catheter care;- Failed to address the specific wound care treatments, who was responsible for providing the wound care supplies, and who was responsible for providing the wound care treatments. During an interview on 04/02/26 at 3:32 P.M., the Director of Nursing (DON) said the hospice coordinated plan of care should address catheter care, who would provide the care, who would provide the supplies, and anything personal to the resident's situation. The facility's care plan should reflect that as well. During an interview on 04/02/26 at 3:32 P.M., the Administrator said the hospice coordinated plan of care should be individually reflective of what care and equipment the resident received and indicate who was to be responsible for what.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure placement of the urinary indwelling catheter (a sterile tube inserted into the bladder to drain urine) drainage bag and tubing was maintained for two residents (Residents #3 and #13) out of four sampled residents. The facility census was 74. Review of the facility's policy titled, Urinary Catheter Care, dated August 2022, showed:- The purpose of this procedure is to prevent urinary catheter associated complications;- Be sure the catheter tubing and drainage bag are kept off the floor. 1. Review of Resident #3's medical record showed:- admission date of 05/09/23;- Diagnosis of obstructive and reflux uropathy (conditions where urine flow is blocked or flows backward into the kidneys, causing swelling and potential kidney damage). Review of the resident's physician's order sheet (POS), dated March 2026, showed:- An order for a urinary catheter, 16 French (Fr. - size of the catheter) with 5-30 milliliter (ml) balloon, change every 30 days on the 11th and as needed (PRN) related to obstructive and reflux uropathy and as needed for occlusion or leakage, dated 003/22/26; - An order for urinary catheter care every shift and PRN, dated 03/19/26. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 03/19/26, showed:- Utilized a urinary catheter. Review of the resident's care plan, revised 03/19/26, showed:- Resident has a urinary catheter;- Provide urinary catheter care every shift and PRN;- Monitor urinary output every shift and document. Observation of the resident on 03/31/26, showed:- At 5:15 A.M., the resident lay in bed with his/her eyes closed, the catheter drainage bag hung on the bed frame with a dignity flap in place, and the bottom of the catheter drainage bag touched the floor;- At 6:01 A.M., Nurse Assistant (NA) A entered the resident's room and did not adjust the catheter drainage bag from touching the floor;- At 9:29 A.M., Certified Nurse Assistant (CNA) B picked up the catheter drainage bag and raised it higher than the resident's bladder level and placed it on the foot of the resident's bed with the foot of the bed elevated and the urine drained back towards the resident's bladder in the tubing. 2. Review of Resident #13's medical record showed:- admission date of 11/03/23;- Diagnosis of obstructive and reflux uropathy. Review of the resident's POS, dated March 2026, showed:- An order for a urinary catheter, 16 Fr. with 5-30 ml balloon, change every 30 days and PRN related to obstructive and reflux uropathy and PRN for occlusion or leakage, dated 02/26/26; - An order for urinary catheter care every shift and PRN, dated 02/26/26; - An order for a urinary catheter to change drainage bag every seven days on Sunday, dated 03/01/26. Review of the resident's significant change MDS, dated [DATE], showed:- Did not utilize an indwelling urinary catheter. Review of the resident's care plan, revised 02/27/26, showed:- Resident has a urinary catheter;- Provide urinary catheter care every shift and PRN;- Monitor urinary output every shift and document. Observation of the resident on 03/31/26, showed:- At 5:39 A.M., and 6:32 A.M., the resident lay in bed with his/her eyes closed, the catheter drainage bag lay on the floor with the valve side on the floor, and the privacy flap folded away from the drainage bag. One foot of the catheter drainage tubing with light colored urine lay on the floor;- At 9:11 A.M., CNA C picked up the catheter drainage bag, raised it higher than the resident's bladder level and placed it on the foot of the resident's bed, and the urine drained back towards the resident's bladder in the tubing; At 9:20 A.M., CNA C attempted to hang the catheter drainage bag on the bed frame, missed, and picked the catheter drainage bag up off the floor one minute later;- At 12:30 P.M., and 12:35 P.M., the resident lay in bed, the catheter drainage bag hung from the right side of the bed frame with a dignity flap in place, and the bottom of the catheter drainage bag touched the floor. During an interview on 03/31/26 at 2:30 P.M., CNA B and CNA C said catheter drainage bags should not be on the floor or above the level of the resident's bladder. During an interview on 04/02/26 at 3:04 P.M., Licensed Practical Nurse (LPN) G said the catheter drainage bag placement should be below the resident and it should not be on the floor even in a dignity bag. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/02/26 at 3:21 P.M., CNA F said catheter drainage bags should be above the floor and below the bladder and they should be in dignity bags. During an interview on 04/02/26 at 3:25 P.M., CNA E said there was a groove on the bed frame where a catheter drainage bag could be hung, and it should never be on the floor. During an interview on 04/02/26 at 3:32 P.M., the Director of Nursing (DON) and the Administrator said catheters were expected to remain below the level of the bladder and not on the floor. The catheter tubing should also not be on the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. Based on interview and record review, the facility failed to identify, assess, and provide supportive interventions for one resident (Resident #4) with a diagnosis of post-traumatic stress disorder (PTSD - a mental health condition triggered by a terrifying event - either experiencing it or witnessing it; symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event) out of one sampled resident. The facility's census was 74. Review of the facility's policy titled, Trauma Informed Care and Culturally Competent Care, dated August 2022, showed:- Purpose is to address the needs of trauma survivors by minimizing triggers and/or re-traumatization;- Triggers are highly individualized;- Utilize the facility assessment;- Develop individualized care plans that address past trauma in collaboration with the resident and family, as appropriate;- Identify and decrease exposure to triggers that may re-traumatize the resident. 1. Review of Resident 4's medical record showed:- admission date of 03/11/26;- Diagnoses of PTSD and dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning). Review of the resident's April 2026 physician's order sheet (POS) showed:- An order for prazosin (a blood pressure medication also used to treat nightmares associated with PTSD) 1 milligram (mg) two capsules by mouth one time a day related to sleep terrors and give three capsules by mouth in the evening, dated 03/12/26. Review of the resident's Preadmission Screening and Resident Review (PASRR - a federal program to prevent inappropriate admission and retention of people with mental disabilities in nursing facilities), dated 04/02/26, showed:- Diagnosis of chronic PTSD. Review of the resident's Trauma Informed Care Assessment, dated 03/11/26, showed:- Experienced a traumatic event;- Had nightmares about the events in the last month;- Tried hard not to think about the events or went out of his/her way to avoid situations that reminded him/her of the events;- Constantly on guard, watchful, or easily startled. Review of the resident's care plan, dated 03/18/26, showed:- Did not address PTSD;- Did not address the resident's past trauma, any triggers that would cause the resident to have behaviors, and interventions. During an interview on 03/30/26 at 10:00 A.M., the resident's spouse said if the resident had a bad day, then all the steps of care the staff was providing needed to be explained. If there were too many people in the room, then the resident would make it known he/she needed everyone out. The spouse did not discuss the specifics of the resident's PTSD as the resident did not like to talk about it. During an interview on 04/02/26 at 3:42 P.M., the Director of Nursing (DON) and the Administrator said for any resident that had PTSD, it was expected that the care plan addressed the triggers and interventions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to adhere to enhanced barrier precautions (EBP - precautions for use during high-contact resident care activities for residents infected with a multidrug-resistant organism (MDRO - microorganisms that are resistant to one or more classes of antimicrobial agents) or any resident who has a chronic wound and/or indwelling medical device) for two residents (Residents #13 and #25) when staff did not wear gowns to provide direct care and for one resident (Resident #25) during intravenous (IV - administer in the vein) medication administration out of six sampled residents. The facility also failed to use proper infection control techniques with hand hygiene and glove changes during incontinent care for six residents (Residents # 4, #5, #13, #25, #42, and #71) out of seven sampled residents, and during catheter (a flexible tube inserted into the bladder to drain urine) care for four residents (Residents #3, # 4, #13, and #42) out of four sampled residents. The facility census was 74.Review of the facility's policy titled, Handwashing/Hand Hygiene, revised 10/2023, showed:- Hand hygiene is indicated: a. immediately before touching a resident; b. before performing an aseptic task (for example, placing an indwelling device or handling an invasive medical device; c. after contact with blood, body fluids, or contaminated surfaces; d. after touching a resident; e. after touching a resident's environment; f. before moving from work on a soiled body site to a clean body site on the same resident; g. immediately after glove removal. Review of the facility's policy titled, Personal Protective Equipment (PPE) - Using Gloves, revised 09/2010, showed:- When gloves are indicated, use disposable single-use gloves;- Discard used gloves into the waste receptacle inside the room;- Use sterile gloves for invasive procedures to prevent contamination of the patient, and to decrease the risk of infection when changing dressing;- Use non-sterile gloves primarily to prevent contamination of the employee's hands when providing treatment or services to the patient and when cleaning contaminated surfaces;- Wash hands after removing gloves, (Note: Gloves do not replace handwashing);- Remove gloves before removing mask and gown and discard them into the designated waste receptacle inside the room. The facility did not provide a policy related to EBP. 1. Observation on 03/31/26 at 5:29 A.M., of Resident #13's and Resident #5's assessed need for incontinent care showed:- EBP signage on Resident #13's door;- Nurse Assistant (NA) A entered the resident's room, did not perform hand hygiene, and did not put on a gown and gloves;- NA A pulled back the resident's blanket, pulled the resident's brief away from the resident's body around the urinary catheter with his/her bare hands, and looked inside the brief;- NA A let go of the brief, did not perform hand hygiene, and put the blanket back over the resident with his/her bare hands;- NA A did not perform hand hygiene, exited Resident #13's room, entered Resident #5's room, did not perform hand hygiene, and did not put on gloves; - NA A pulled the resident's blanket back, unfastened the left side of the resident's brief, and lowered the brief away from the resident's body with his/her bare hands, and did not perform hand hygiene;- NA A looked inside the resident's brief, pulled the brief back into place, fastened the brief, and pulled the blanket back over the resident with his/her bare hands, did not perform hand hygiene, and exited the resident's room. 2. Observation of Resident #13's incontinent and catheter care on 03/31/26 at 6:53 A.M., showed:- EBP signage on the door;- Certified Nurse Assistant (CNA) C and CNA D put on a gown, performed hand hygiene, put on gloves, and entered the resident's room;- CNA C picked up the urinary catheter drainage bag off the floor where the bottom of the bag touched the floor and hung it on the bedframe. - CNA C performed hand hygiene and changed gloves;- CNA C cleaned the resident's front perineal area, cleaned the urinary catheter from the insertion site and down the catheter with the same area of the wipe twice, did not perform hand hygiene and did not change gloves; - CNA C cleaned the resident's buttocks, did not perform hand hygiene, changed gloves, touched the resident's bandaged black toes, placed pillows under the resident's left side, lifted the resident's legs and put a pillow under the resident's feet, and lowered the bed;- CNA C removed gloves, did not perform hand hygiene, took the trash bag out of the trash can, did not perform hand hygiene, and gave the resident a (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	drink of water from a cup with his/her bare hands. 3. Observation on 03/31/26 at 7:22 A.M., of Resident #71's incontinent care showed:- EBP signage on the door; - CNA C and CNA D performed hand hygiene, put on gloves and gowns, and entered the room;- CNA C cleaned the resident's front perineal area, performed hand hygiene, and changed gloves;- CNA C cleaned fecal matter from the resident's gluteal cleft (the crease between the right and left buttock) and a dressing on the resident's coccyx (tailbone) was soiled with fecal matter;- CNA C attempted to remove the soiled dressing from the resident's coccyx (tailbone) and the gluteal fold (the horizontal skin crease that forms below the buttocks) when fecal matter got onto CNA C's left glove;- CNA C wiped the fecal matter off his/her left glove with a wipe, did not perform hand hygiene, did not change gloves, used a clean wipe to clean fecal matter from the gluteal cleft, did not change gloves, did not perform hand hygiene, picked up the wound cleanser spray bottle from the resident's nightstand, sprayed the dressing, removed the dressing, did not perform hand hygiene, and changed gloves;- CNA C cleaned fecal matter from the left inner buttock area, cleaned the wound areas, did not perform hand hygiene, changed gloves, cleaned fecal matter from the left lower buttock area, did not perform hand hygiene, and changed gloves;- CNA C retrieved a clean chuck pad (a disposable waterproof absorbent incontinence pad) from the dresser drawer, placed it under the resident, cleaned the left outer buttock area, removed the chuck pad soiled with fecal matter, did not perform hand hygiene, and did not change gloves;- CNA D cleaned fecal matter from the right gluteal cleft with a clean wipe, cleaned fecal matter from the right inner buttock with a clean wipe, folded the wipe in half and cleaned the inner half of the right buttock with the same area of the wipe 10 times to remove fecal matter from the buttock, did not perform hand hygiene, did not change gloves, obtained a clean wipe, cleaned the outer area of the right buttock area with the same area of the wipe three times, did not perform hand hygiene, and did not change gloves;- CNA D picked up the wipe package and handed it to CNA C. CNA C placed wipe package in the resident's top dresser drawer, removed the trash bag from the trash can, removed gown and gloves, did not perform hand hygiene, exited the resident's room, took the trash bag to the soiled utility room, and performed hand hygiene;- CNA D removed the trash bag from the bathroom trash, removed gown and gloves, did not perform hand hygiene, exited the resident's room, took the trash bag to the soiled utility room, touched the outside doorknob, placed the bags in the appropriate barrels with lids, and performed hand hygiene. 4. Observation on 03/31/26 at 8:27 A.M., of Resident #25's Hoyer (mechanical lift used to transfer residents from one position to another) lift transfer and incontinent care showed:- EBP signage on the door;- CNA C and CNA D performed hand hygiene, put on gloves, did not put on gowns, transferred the resident to the bed from the wheelchair via the Hoyer lift;- CNA D removed gloves, did not perform hand hygiene, exited the room to retrieve a Hoyer lift battery, reentered the room, did not perform hand hygiene, put on gloves, and did not put on a gown;- CNA D retrieved wipes from the package and gave CNA C a clean wipe;- CNA C used the wipe to clean the resident's front perineal area, changed gloves, and did not perform hand hygiene;- CNA D gave CNA C a clean wipe and CNA C cleaned fecal matter from the gluteal cleft;- CNA D gave CNA C a clean wipe and CNA C wiped the gluteal cleft;- CNA D gave CNA C a clean wipe, CNA C cleaned the buttock area, and removed the brief soiled with fecal matter;- CNA C and CNA D did not perform hand hygiene and changed gloves;- CNA C placed a clean brief under the resident;- CNA C and CNA D assisted the resident to turn, fastened the brief, and put pants on the resident;- CNA C removed gloves and did not perform hand hygiene; - CNA C and CNA D transferred the resident to the wheelchair via the Hoyer lift;- CNA C did not perform hand hygiene, exited the room with the Hoyer lift, and placed the Hoyer lift in a designated area down the hall from the resident's room;- CNA C reentered the room, performed hand hygiene, and did not put on gloves;- CNA D touched the bed linens, removed gloves, and performed hand hygiene;- CNA C removed the trash bag, did not perform hand hygiene, exited the room, took the trash bags to the soiled utility room, touched the outside doorknob, placed the bags in the appropriate barrels with lids, and performed hand hygiene. 5. Observation on 03/31/26 at 8:35 A.M., of Resident #42's incontinent and catheter care showed:- EBP (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	signage on the door;- CNA I and CNA J put on gowns, entered the room, performed hand hygiene, and put on gloves;- CNA J cleaned the resident's groin area, did not perform hand hygiene, did not change gloves, cleaned the urinary catheter from the insertion site and down the catheter, did not perform hand hygiene, did not change gloves, and touched the resident's linens to cover the resident. 6. Observation on 03/31/26 at 8:46 A.M., Resident #25's medication administration showed:- EBP signage on the door;- LPN K performed hand hygiene, put on gloves, and did not put on a gown;- LPN K administered IV medication, removed gloves, and performed hand hygiene. 7. Observation on 03/31/26 at 9:11 A.M., of Resident #4's incontinent and catheter care showed:- EBP signage on the door;- CNA C cleaned the resident's perineal area, did not perform hand hygiene, did not change gloves, cleaned the resident's buttocks, did not perform hand hygiene, and changed gloves;- CNA C cleaned the urinary catheter from the insertion site and down the catheter with the same area of the wipe multiple times;- CNA B and CNA C removed gowns and gloves and performed hand hygiene. 8. Observation on 03/31/26 at 9:29 A.M., of Resident #3's catheter care showed- EBP signage on the door;- CNA C and CNA B put on a gown, performed hand hygiene, and put on gloves;- CNA C cleaned the resident's perineal area;- CNA C did not perform hand hygiene and did not change gloves;- CNA C cleaned the urinary catheter from the insertion site and down the catheter with the same area of the wipe twice;- CNA C did not perform hand hygiene, changed gloves, moved the resident's bed back against the wall, and covered the resident with his/her linens;- CNA C and CNA B removed gowns, gloves, and performed hand hygiene. During an interview on 04/02/26 at 3:12 P.M., Licensed Practical Nurse (LPN) L said during wound care and incontinent care, gloves should be changed between dirty to clean tasks. Staff should sanitize hands when entering a room, when leaving, in between care from dirty to clean tasks, and with glove changes. Staff should put on a gown during EBP transfers, perineal care, and to the toilet. During an interview on 04/02/26 at 3:16 P.M., Registered Nurse (RN) H said during wound care and incontinent care, gloves should be changed between dirty to clean tasks. Staff should sanitize hands when they enter a room, when leaving a room, in between care from dirty to clean tasks, and before glove changes. Staff should put a gown during EBP transfers, perineal care, and when assisting residents to toilet. During an interview on 04/02/26 at 3:21 P.M., CNA F said during incontinent care and wound care, gloves should be changed between dirty to clean tasks. Staff should sanitize hands between glove changes. A gown should be used during a transfer from a wheelchair to the bathroom for a resident on EBP. During an interview on 04/02/26 at 3:25 P.M., CNA E said gloves should be changed when they were visibly soiled and between dirty to clean tasks. Staff should sanitize hands between glove changes and before entering a room. Gowns should be used by staff during a transfer from a wheelchair to the restroom for a resident on EBP. During an interview on 04/02/26 at 3:32 P.M., the Director of Nursing (DON) and the Administrator said hand hygiene should be done when entering a resident's room. Staff should be sanitizing hands before using gloves and between glove changes. Staff should be changing gloves between dirty to clean tasks during care. The appropriate PPE should be used if exposed to any bodily fluids during wound care, catheter care, or incontinent care. The staff should use a gown in an EBP room before transferring a resident from a wheelchair to the bathroom. During a phone interview on 04/09/26 at 11:39 A.M., LPN K said EBP consisted of wearing a gown and gloves. EBP should be used when administering IV medications, and when providing care for a resident with an IV, wounds or catheters. Gloves should be changed and hand hygiene performed after contact with anything going from dirty to clean care, before and after any care, and between residents. He/She would expect hand hygiene to be performed and gloves to be used when checking a resident's brief for a need of incontinent care. When performing incontinent care, a new wipe should be used for each swipe and should not use the same area of the wipe multiple times. During a phone interview on 04/09/26 at 11:50 A.M., CNA D said EBP consisted of wearing PPE, such as gown and gloves, when providing care for residents with open wounds and catheters. Hand hygiene should be done when entering and exiting a resident's room, and in between residents. Hand hygiene should be performed and gloves changed when going (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265470	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Houston House	1000 North Industrial Drive Houston, MO 65483

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	from the front to the back areas during incontinent care, and any time needed in between. Wipes should be folded to a clean area with each swipe or get a new wipe each time. The same area of a wipe should not be used to continuously clean a resident. During a phone interview on 04/09/26 at 12:00 P.M., CNA C said EBP consisted of wearing a gown, gloves, and sometimes a face shield when providing care of residents with open wounds, catheters, and IVs. Hand hygiene should be performed before entering and when leaving a resident's room, and between residents and/or resident rooms. Hand hygiene should be performed and gloves changed when going from the front to the back areas during incontinent care and going from dirty to clean tasks.