

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455682	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/27/2024
NAME OF PROVIDER OR SUPPLIER  Afton Oaks Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7514 Kingsley St Houston, TX 77087	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40249</b></p> <p>Based on observation, interview, and record review the facility failed to ensure residents who were incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 4 resident (Resident #1) reviewed for incontinent care.</p> <p>-The facility failed to ensure CNA A and CNA B properly cleaned Resident #1 during incontinent care.</p> <p>This failure could place residents at risk for urinary tract infections (UTI), urethral erosions, discomfort, skin breakdown, and a decreased quality of life.</p> <p>Findings included:</p> <p>Record review of the admission sheet (undated) for Resident #1 revealed a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included cognitive communication deficit (a communication difficulty caused by a cognitive impairment), bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs) and weakness (reduced strength in one or more muscles).</p> <p>Record review of Resident #1's Quarterly MDS, dated [DATE], revealed the BIMS score was 09 out of 15, which indicated moderately impaired cognitively. The MDS revealed Resident required substantial/maximal assistance with toileting hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear. Further review of MDS section H0300: Urinary Incontinence was coded (3) always incontinent. section H0400: Bowel Incontinence was coded (3) always incontinent.</p> <p>Record review of Resident #1's care plan, initiated 04/16/2021 and revised on 01/24/2024 revealed the following:</p> <p>Focus: (Resident #1) has bowel and bladder incontinence.</p> <p>Goal: The resident will remain free from skin breakdown due to incontinence and brief use through the review date.</p> <p>Interventions: Clean peri-area with each incontinence episode.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 11/27/24 at 9:24a.m., revealed CNA A and CNA B provided Resident #1 with incontinence care.</p> <p>CNA A unfasten the resident's brief and tucked it under the resident's buttocks. CNA A did not spread Resident #1's labia to thoroughly clean the area and the resident's urinary meatus (the opening at the end of the urethra, the tube that carries urine from the bladder out of the body).</p> <p>In an interview on 11/27/24 at 9: 42a.m., with CNA A, she said she had been working at the facility since January 2024 as a full-time employee. CNA A said she did not spread Resident's labia and clean the resident's meatus during incontinent care because I was nervous. She said the failure placed the resident at risk for infections. She said she did not recall doing CNA competency checks for incontinent care at this facility.</p> <p>In an interview on 11/27/24 at 9:47 a.m., with the DON, she said she expected staff to make sure they provided complete and proper incontinent care, following peri care guidelines to keep level of UTIs down. She said CNAs were provided in- service/ check offs in a classroom setting on a manikin once a month on peri care and hand hygiene by the Unit Manager.</p> <p>In an interview on 11/27/24 at 10:12 a.m., with the Unit Manager, she said she provided CNAs/nurses in-service alternating between hand hygiene one month and peri-care the next in a classroom on a manikin or at bedside.</p> <p>On 11/27/24 at 12:02pm policy on perineal care was requested from the Administrator.</p> <p>No policy on Perineal Care was provided on exit.</p> <p>Record review of facility's In-service Training Record dated: 10/23/2024 Presented by Unit Manager, Program Content/ Title: Peri-Care. The in-service was not signed by CNA A.</p> <p>Record review of facility's Peri Care Audit Tool (undated) revealed read in part: .3. Remove soiled brief, wash front to back, changes side of cloth or disposable wipe with each swipe. 4. Female-front, washes middle first, then the sides .</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40249</b></p> <p>Based on observations, interviews, and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection for 1 of 4 residents (Resident #1) reviewed for infection.</p> <p>CNA A failed to performed hand hygiene after removing soiled gloves before leaving Resident#1's room.</p> <p>This failure could place residents at risk for the spread of infection.</p> <p>Findings included:</p> <p>Record review of the admission sheet (undated) for Resident #1 revealed an [AGE] year old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included cognitive communication deficit (a communication difficulty caused by a cognitive impairment), bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs) and weakness (reduced strength in one or more muscles).</p> <p>Record review of Resident #1's Quarterly MDS, dated [DATE], revealed the BIMS score was 09 out of 15, which indicated moderately impaired cognitively. The MDS revealed Resident required substantial/maximal assistance with toileting hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear. Further review of MDS section H0300: Urinary Incontinence was coded (3) always incontinent. section H0400: Bowel Incontinence was coded (3) always incontinent.</p> <p>Record review of Resident #1's care plan, initiated 04/16/2021 and revised on 01/24/2024 revealed the following:</p> <p>Focus: (Resident #1) has bowel and bladder incontinence.</p> <p>Goal: The resident will remain free from skin breakdown due to incontinence and brief use through the review date.</p> <p>Interventions: Clean peri-area with each incontinence episode.</p> <p>Observation on 11/27/24 at 9:24a.m., revealed CNA A and CNA B provided Resident #1 with incontinence care.</p> <p>CNA A unfasten the resident's brief and tucked it under the resident's buttocks. CNA B assisted Resident #1 turn onto her right side to clean her buttocks. CNA A said, I need to go and get fitted sheet. CNA A removed soiled gloves and without sanitizing/washing her hands left the room. CNA A returned after few minutes with a clean fitted sheet in a clear trash bag.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 11/27/24 at 9: 42a.m., CNA A said she needed to get fitted sheet and forgot to sanitize her hands before leaving the room. She said not performing hand hygiene could result in cross contamination. She said she had completed in-services on infection two weeks ago.</p> <p>In an interview on 11/27/24 at 9:47 a.m., with the DON, she said she expected staff to sanitize their hands before entering the room using the sanitizer on the hallway, after touching a dirty area prior to moving to a clean area and in between glove change when performing incontinent care. She said these failures were risk for infection control. She said CNAs were provided in service/ check offs in a classroom setting on a manikin once a month on peri care and hand hygiene by the Unit Manager.</p> <p>In an interview on 11/27/24 at 10:12 a.m., with the Unit Manager, she said she provided CNAs/nurses in-service alternating between hand hygiene one month and peri-care the next in a classroom on a manikin or at bedside.</p> <p>Record review of facility's Hand Hygiene Care Audit signed by CNA A and Unit Manager dated 11/19/24 revealed read in part: .3. Hand washing is done every time you remove gloves.9. washes hands every time gloves are removed .</p> <p>Record review of facility's Infection control policy (dated November 1, 2017) revealed read in part: . Policy statement: This center's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. Policy interpretation and implementation: 1. This center's infection control policies and practices apply equally to all team member. 2. The objectives of our infection control policies and practices are to: a. prevent, identify, detect, investigate, report and control infections in the center .</p> <p>Record review of facility's Handwashing/Hand Hygiene policy (dated November 1, 2017) revealed read in part: .Policy: This center considers hand hygiene the primary means to prevent the spread of infections. 5. Use an alcohol-based hand rub or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: k. After removing gloves .</p>		