STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455703	A. Building B. Wing	10/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakmont Healthcare and Rehabilitation Center of Ka	1525 Tull Dr Katy, TX 77449

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. (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
	455703	A. Building B. Wing	10/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakmont Healthcare and Rehabilitation Center of Ka	1525 Tull Dr Katy, TX 77449

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	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to ensure the assessment accurately reflected the resident's status for 1 (Resident #1) of 5 residents reviewed for accuracy of assessments. The facility failed to ensure Resident #1's weight was accurately documented on the admission MDS dated [DATE]. This failure could place residents with weight loss or gain at risk by not receiving care and intervention that could meet their weight needs. Record review of Resident #1's face sheet dated 09/17/2025 reflected Resident #1 was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident#1's diagnoses included intracranial injury with loss of consciousness (a brain injury that causes a person to lose awareness of their surrounding and body), traumatic subdural hemorrhage with loss of consciousness status unknown (a serious medical condition where a collection of blood forms between the brain and the inner layer of the [NAME] (dura mater) causing pressure on the brain and loss of conscious), epidural hemorrhage with loss of consciousness status unknown (bleeding between the skull and outer lining of the brain followed by loss of consciousness), personal history of other disease of the respiratory system (condition that affect the lungs and airways making it difficult to breath), initial encounter, contusion and laceration of left cerebrum with loss of conscious of 30 minutes or less (severe traumatic brain injury involving a physical tear of the tissue in the left largest part of the brain associated with temporary or prolong loss of awareness), acute cystitis with hematuria (inflammation of the bladder lining caused by bacteria and blood in the urine), pain (physical discomfort ranging from mild to severe), lack of coordination (pattern walking or moving on foot), hypertension (high blood pressure), hyponatremia, (low levels of sodium in the blood), seizure (uncontrolled jerking, loss of consciousness and blank stares), moderate protein calorie malnutrition (a condition that occurs when a person does not consume enough protein and calories to meet their body needs), dysphagia (difficulty swallowing), hypo-osmolality (a condition where the concentration of solutes such as sodium, potassium and glucose is lower than normal), atelectasis (complete collapse of the lung or a section of a lung), paralytic gait (abnormal walk resulting from paralysis or weakness of the leg), muscle weakness (muscle weakness (decrease strength in the muscle)and other symbolic dysfunction (language impairments caused by an underlying medical condition). Record review of Resident #1's admission MDS dated [DATE] revealed the following:C1000: Cognitive Skills for Decision MakingResident #1 was coded as severely impaired for cognition indicating he was cognitively unaware.Section K0200 Swallowing and Nutrition. Section K: 200 coded Resident #1 63 inches and weighs 154 pounds.Section K: 300 coded Resident #1 had no weight loss.Section K:310 and 310 coded Resident #1 had no weight gain Record review of Resident #1's care plan dated 9/1/2025 revealed: CognitionFocus: Resident has impaired cognition or thought process Goal: To improve cognition level through the next review date.Intervention: Administered medications as ordered.Communicate with residentUse resident preferred name, identify self at each interaction.Face resident when speaking and make eye contact. NutritionFocus: Resident has a diet order other than Regular and is at risk for unplanned weight loss or gain.Goal: Resident will maintain ideal weight and receive proper nutrition daily x 90 days.Intervention: Determine food preferences and provide within dietary limitations. Encourage meal completion and document amount consumed. Monitor weight per facility protocol. Offer substitute, if resident eats less than 50% or dislikes meal and offer supplement if a resident continues to eat less than 50%. Praise resident for eating well. RD assess per facility protocol. Serve diet and snacks as ordered. ST eval and Tx per Physicians orders as condition warrants. The resident has a pureed diet. Record review of nurse's notes dated 8/29/2025 revealed admission assessment done for weight, it was documented as zero (no documented weight). Record review of Resident #1's weight record done at the facility revealed weight done on 9/9/2025 was 138 pounds. Record review of the hospital discharge notes dated 8/29/2025 revealed the last weight prior to discharge was done 8/26/2025 was 154 pounds. In an interview on 9/16/2025 at 4:00pm the MDS Coordinator said she must have gotten the weight from the hospital records. She said she had to close the MDS for billing purpose, and she just use the hospital weight. In an interview on 9/17/2025 at 1:15pm with LVN G she said she was the nurse who admitted Resident #1. She said Resident #1 was very agitated and she was not able to do his weight. She said she asked the person who does the weight to weigh him in the morning. She said she was not aware that the weight was not done. In an interview on 9/17/2025 at 1:20pm the MDS Coordinator said she should weigh the resident or have one of the staff to weigh him to ensure his weight was correctly documented on the MDS. She said

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455703	A. Building B. Wing	10/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakmont Healthcare and Rehabilitation Center of Ka	1525 Tull Dr Katy, TX 77449

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455703	A. Building B. Wing	10/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakmont Healthcare and Rehabilitation Center of Ka	1525 Tull Dr Katy, TX 77449

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure each resident received adequate supervision and assistive devices to prevent accidents for 1 of 5 (Resident #1) residents reviewed for accidents and supervision. The facility failed to ensure that CNA B provided the necessary care and supervision to Resident #1 by ensuring CNA B did not sleep when providing 1:1 supervision to Resident #1 who has a history of falls with injury, including a recent subdural hematoma, CT scan done on 9/12/2025 showed the worsening as indicative by the findings as it noted significant interval change developed of hemorrhage since prior examination, there is a mixed density left subdural hematoma overlying the left cerebral convexity measuring up to 1.0 cm in thickness increased in size compared to 8/21/25 when measure 0.7 cm.The noncompliance was identified as Past Non-Compliance. The PNC IJ began on 09/12/2025 and ended on 09/12/2025. The facility corrected the noncompliance before the survey began. This failure could place dependent residents at risk for falls to experiencing serious injury, pain and hospitalization. Record review of Resident #1's face sheet dated 09/17/2025 reflected Resident #1 was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1's diagnoses included intracranial injury with loss of consciousness (a brain injury that causes a person to lose awareness of their surroundings and body), traumatic subdural hemorrhage with loss of consciousness status unknown (a serious medical condition where a collection of blood forms between the brain and the inner layer of the skull (dura mater) causing pressure on the brain and loss of conscious), epidural hemorrhage with loss of consciousness status unknown (bleeding between the skull and outer lining of the brain followed by loss of consciousness), personal history of other disease of the respiratory system (condition that affect the lungs and airways making it difficult to breath), initial encounter, contusion and laceration of left cerebrum with loss of conscious of 30 minutes or less (severe traumatic brain injury involving a physical tear of the tissue in the left largest part of the brain associated with temporary or prolong loss of awareness), acute cystitis with hematuria (inflammation of the bladder lining caused by bacteria and blood in the urine), pain (physical discomfort ranging from mild to severe), lack of coordination (pattern walking or moving on foot), hypertension (high blood pressure), hyponatremia, (low levels of sodium in the blood), seizure (uncontrolled jerking, loss of consciousness and blank stares), moderate protein calorie malnutrition (a condition that occurs when a person does not consume enough protein and calories to meet their body needs), dysphagia (difficulty swallowing), hypo-osmolality (a condition where the concentration of solutes such as sodium, potassium and glucose is lower than normal), atelectasis (complete collapse of the lung or a section of a lung), paralytic gait (abnormal walk resulting from paralysis or weakness of the leg), muscle weakness (decrease strength in the muscle) and other symbolic dysfunction (language impairments caused by an underlying medical condition). Record review of Resident #1's admission MDS dated [DATE] revealed the following: C1000: Cognitive Skills for Decision Making Resident #1 was coded as severely impaired for cognition indicating he was cognitively unaware. Section G0130: Functional Abilities For eating Resident#1 was coded as needing supervision. For oral hygiene, toileting hygiene, shower/bathe, upper/lower body dressing, putting on and taking off shoes and personal hygiene he was coded as needing substantial or maximal assistance. Section J: Health Condition J- 1700 coded Resident #1 as having falls in the last 2-6 months. J- 1800 coded Resident #1 as having 1 fall since admission. J- 1900 coded Resident #1 as having no injuries from the fall at the facility. J- 2100 coded Resident #1 as having recent major surgery. J- 2688 coded Resident #1 as having major neurological surgery. Record review of Resident #1's care plan dated 9/1/2025 revealed: Cognition Focus: Resident has impaired cognition or thought process Goal: To improve cognition level through the next review date. Intervention: Administered medications as ordered. Communicating with residents Use resident preferred name, identify self at each interaction. Face resident when speaking and making eye contact. Activities of Daily Living Focus:The resident has ADL care performance deficit.Goal:The resident will maintain or improve current level of functioning in bed mobility, transfer, dressing, eating, toilet use and personal hygiene.Intervention:For bed mobility and transfer the resident need 1 staff for assistance. For eating he needs supervision. For personal hygiene, bathing/showering and dressing he needs 1 staff assistance. Praise resident for all efforts. Focus : Falls Resident #1 had actual fall and remains at risk for injury d/t falls r/t cognitive impairment and noncompliance with callingfor assistance. Resident risk for injury will be minimized through IDT intervention through next