

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Northwest Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17600 Cali Dr Houston, TX 77090	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>47722</p> <p>Based on interviews and record review the facility failed to develop and implement written policies and procedures to prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property for 2 of 10 staff (Activities Director, and the Dietary Manager) reviewed for developing and implementing abuse and neglect policies.</p> <p>- The facility failed to ensure employee EMR checks were completed at least once every 12 months for the Activities Director and the Dietary Manager.</p> <p>These failures could place residents at risk of abuse, neglect, and misappropriation of property.</p> <p>The findings included:</p> <p>Record review of the facility's policy and procedure on Abuse, Neglect, and Exploitation (ANE) Prohibition (Revised: 4/2024) read in part: .This policy includes 7 key components: Screening, Training, Prevention, Identification, Investigation, Protection, and Reporting/Response. The Administrator or appointed designee serves as the ANE Prohibition Coordinator, overseeing the policy and investigations .The Facility screens potential employees for a history of abuse, neglect, or mistreatment of residents through licensure verifications and misconduct registry as required by applicable state or federal regulation. The Facility will conduct criminal history checks on applicants who will be offered a position pursuant to applicable state and federal regulations. The facility will review the criminal history reports pursuant to applicable state and federal regulations to determine whether employment is permitted. The Facility will ensure that prospective temporary/agency staff are screened through their employer pursuant to applicable state and federal regulations. The Facility will assess whether an employee's suitability to work aligns with the Facility's standards pursuant to applicable state and federal regulations, particularly in instances where disciplinary action is considered against an employee's professional license/certification due to substantiated cases of abuse, neglect, exploitation, mistreatment of residents, or misappropriation of resident property .</p> <p>Record review of the Activities Director's personnel file revealed she was hired on 10/1/22. Her EMR was checked on 10/21/22. The next time her EMR was checked was on 8/8/24, which was 22 months later.</p> <p>Record review of the Dietary Manager's personnel file revealed she was hired on 10/1/22. Her EMR was checked on 10/19/22. The next time her EMR was checked was on 8/8/24, which was 22 months later.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Northwest Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17600 Cali Dr Houston, TX 77090	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the Human Resources Director on 9/26/24 at 11:30am, he said he started at the facility In August of 2023. He said he completed EMR checks on an annual basis and upon hire, and they were done through a third party. He said he determined when staff were eligible for EMR checks by keeping a complete facility roster, which showed who was due for their annual check, according to their hire date. The HR Director said he ensured all EMR's were completed timely by scanning the system every pay period. He stated he was unsure of when the Activities Director, and Dietary Manager's checks were last completed, but he did an audit when he was hired. He said his audit would have informed him of who was coming due and not who would have been overdue. He was not aware of any errors or anything overdue. He said if a background check was not completed, they would not know if the person had anything bad on their record. The HR Director said when he was hired, he was unsure of when background checks were to be performed and he asked for clarity, but no one really knew how often they were supposed to be done.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Northwest Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17600 Cali Dr Houston, TX 77090	

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 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>47722</p> <p>Based on observation, interview, and record review the facility failed to dispose of garbage and refuse properly for 1 of 2 dumpster reviewed for food and nutrition services.</p> <p>-The facility failed to ensure the dumpster door was closed at all times when no one was dumping garbage.</p> <p>This failure could place residents at risk of infection from improperly disposed garbage.</p> <p>Findings include:</p> <p>Observation on 09-24-24 at 8:45 am, revealed the facility's dumpster area, which was in the lot behind the dietary department had a commercial -size dumpster 3/4 full of garbage and the dumpster door was open.</p> <p>In an interview on 09-24-24 at 8:45 am, with the Food Service Manager, she stated the dumpster door were kept closed when not in use to keep vermin, pests, and insects out of the dumpster and from entering the facility. She stated housekeeping, and nursing also discarded their waste garbage in the dumpster. It was the responsibility of staff from dietary, nursing and housekeeping for ensuring the dumpster doors are kept closed when not in use.</p> <p>Record review of facility's policy and procedure on waste disposal dated 6/2019, reflected trash containers, liners are secured and collected.</p> <p>.5. Cover waste containers and close dumpster at all times.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Northwest Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17600 Cali Dr Houston, TX 77090	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47722</p> <p>Based on observation, interview 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 infections for 2 of 8 residents (Residents #41 and #48) reviewed for infection control.</p> <ul style="list-style-type: none"> - RN C failed to wear PPE when he was giving G-tube meds to Resident #41, when the resident was on EBP. - CNA A and CNA B failed to wear PPE during incontinence care with Resident #48, when the resident was on EBP. <p>These failures could place residents at risk for cross contamination and the spread of infection to other residents.</p> <p>Findings include:</p> <p>1. Record review of Resident #41's undated face sheet revealed he was a [AGE] year-old male admitted on [DATE], with an original admitted [DATE]. He had diagnoses of acute and chronic respiratory failure (body does not get enough oxygen), flaccid hemiplegia affecting the right side (paralysis on the right side), chronic obstructive pulmonary disease (lung disease causing restricted airflow and breathing problems), atherosclerotic heart disease (plaque buildup in the heart), dysphagia (trouble swallowing), aphasia following cerebral infarction (trouble speaking after a stroke), gastrostomy (tube into the stomach for nutrition), cerebral infarction (stroke), and seizures.</p> <p>Record review of Resident #41's Quarterly MDS Assessment from 8/29/24 revealed a BIMS was unable to be performed due to his medical diagnoses. His cognitive skills for daily decision making were severely impaired, which indicated he never/rarely made decisions. He was dependent with all ADLs and mobility. The MDS confirmed the resident had a feeding tube and received 51% or more of his total calories through it, as well as 501 cc/day or more of fluid.</p> <p>Record review of Resident #41's care plan dated 11/21/18, revealed a Focus: Resident is at risk for aspiration AEB receiving total nutrition/hydration via feeding tube (Initiated: 7/1/24, Revised: 7/1/24). Goal: Resident's feeding tube will remain patent and resident will be adequately nourished without evidence of aspiration over the next 90 days (Initiated: 7/1/24, Revised: 7/3/24, Target: 10/2/24). Interventions: Give all feedings/flushes via feeding tube as ordered. Focus: Enhanced Barrier Precautions: Resident required enhanced barrier precautions AEB indwelling medical device (G-tube) (Initiated: 4/2/24, Revised: 4/2/24). Goal: Resident will experience no adverse effects related to the requirements of Enhanced Barrier Precautions through the review date (Initiated: 4/2/24, Revised: 7/3/24, Target: 10/2/24). Interventions: PPE: Gown and gloves during high-contact resident care activities (dressing, bathing/showering, transferring, providing hygiene, changing briefs, assisting with toileting, device care, wound care).</p> <p>Record review of Resident #41's Physician Orders revealed the following orders from MD D:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Northwest Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17600 Cali Dr Houston, TX 77090	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Enhanced Barrier Precautions-PPE: Gloves/Gown during high contact resident care activities, every shift, every day. Ordered on 4/1/24 at 3:49pm.</p> <p>- Enteral Feeding Observation: Monitor Enteral Feeding Site for s/s of infection, increased drainage, odor, changes to stoma (hole to outside of abdomen for g- tube) or s/s of intolerance at site. Notify MD of changes, every shift. Ordered on 4/25/23 at 7:47pm.</p> <p>- Enteral Feeding: Nutren 2.0 @ 50ml/hr with 55ml/hr free water flush via G- tube continuously x 22 hours, every day. Ordered on 7/1/24 at 3:11pm.</p> <p>Record review of Resident #41's September 2024 MAR revealed the resident received Nutren 2.0 @ 50ml/hr with 55ml/hr free water flush via G-tube every day. The MAR also showed staff were signing off that the resident was on EBP every shift, throughout September 2024.</p> <p>In an interview and observation on 9/25/24 at 8:55am with RN C, he was observed giving Resident #41 his medications through his G-tube, wearing only gloves. RN C said the EBP sign on the wall at the head of the bed meant staff were supposed to wear PPE and the PPE was kept on the linen cart. He said he was not sure if he was supposed to wear the PPE only when he was changing the dressing to the g-tube, or if he was supposed to wear it while giving g-tube medications. He said the facility put the signs up but did not tell staff when they were supposed to wear the PPE. He said not wearing the PPE could cause cross contamination.</p> <p>2. Record review of Resident #48's undated face sheet revealed a [AGE] year-old female admitted [DATE], with an original admitted [DATE]. She had diagnoses of pneumonia (lung infection), dysphagia (trouble swallowing), cognitive communication deficit (trouble communicating), anemia (low hemoglobin), heart failure (heart does not pump effectively), chronic kidney disease (kidney do not filter appropriately), urinary retention (unable to urinate), and rheumatoid arthritis (chronic inflammatory disorder usually affecting small joints in the hands and feet).</p> <p>Record review of Resident #48's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 1 out of 15 which indicated severely impaired cognition. The indwelling catheter (tube into bladder for urine to come out) and G-tube were ordered after the last MDS was performed.</p> <p>Record review of Resident #48's Care Plan dated 12/16/23 revealed a Focus: Feeding Tube: The resident requires the use of a feeding tube for nutrition and is at risk for aspiration (Initiated: 9/3/24). Goal: The resident's feeding tube will remain patent and the resident will receive nutrition as ordered without aspiration through the review date (Initiated: 9/3/24, Revised: 9/17/24, Target: 9/29/24). Intervention: Follow Physician orders for feedings and water flushes.</p> <p>Record review of Resident #48's Physician Orders revealed the following orders from MD D:</p> <p>- Enhanced Barrier Precautions-PPE: Gloves/Gown during high contact resident care activities, every shift, every day. Ordered on 9/3/24 at 12:57pm.</p> <p>- Urethral urinary catheter (tube into bladder to drain urine): 16Fr with (10) cc NS balloon using a closed drainage system. Change monthly and as needed. Ordered on 9/3/24 at 1:24pm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Northwest Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17600 Cali Dr Houston, TX 77090	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Enteral Feeding: Nutren 2.0 @ 33ml/hr with 45ml/hr free water flush via G- tube continuously x 22 hours, every day. Ordered on 9/11/24 at 3:48pm.</p> <p>Record review of Resident #48's September 2024 MAR revealed the resident received Nutren 2.0 @ 33ml/hr with 45ml/hr free water flush via G-tube every day, starting on 9/11/24. The MAR also showed staff were signing off that the resident was on EBP every shift, throughout September 2024, starting on 9/3/24.</p> <p>In an interview and observation on 9/24/24 at 9:25am, CNA A and CNA B were observed providing incontinence care to Resident #48 who had a foley catheter and g-tube and did not wear gowns. The CNAs said the EBP sign at the head of the bed meant it was for residents on isolation. They were not sure if the resident was on isolation because there was not any PPE outside of the resident's door. They said they knew residents were on isolation if they had signs on their door and PPE was outside of the door. Neither CNA knew what EBP was for or when to wear PPE. After explanation, they understood it was to protect themselves and the resident from cross contamination.</p> <p>In an interview on 9/25/24 at 9:15am with Med Aide E, she said if she saw the EBP sign in a resident's room, she would ask the resident what they needed and if they wanted a pillow under their head. She said, Oh, Enhanced Barrier Precautions when asked if she would wear any PPE. She said the EBP sign would be on the door, and she would wear PPE in the room. She said the PPE would be outside of the room, next to the door. She said the EBP signs were always posted on the door.</p> <p>In an interview on 9/25/24 at 2:39pm with the Infection Preventionist, she said they had in-services at least monthly but sometimes weekly on infection control or EBP. She said she expected staff to wear gowns and gloves when they were changing, bathing, providing incontinent care, and giving G-tube meds. She said if they did not wear PPE they could transfer bacteria, body fluids, and spread infection to the residents. She said she felt staff were fully trained on infection control and EBP and they should have known what to do and what to wear in each situation. She said the in-services were given in person and a flyer was given with the sign in sheet that explained what EBP was, so they should not have signed unless they knew what it was.</p> <p>In an interview on 9/25/24 at 2:50pm with the DON and the Administrator, they were surprised staff were unsure of when to wear PPE for EBP because they had in-services all the time. The DON said the Infection Preventionist had already spoken to her, and they were already starting in-services on EBP.</p> <p>Record review of the facility's policy and procedure on Enhanced Barrier Precautions (Revised 3/2024) read in part: Enhanced Barrier Precautions is an infection control intervention designed to reduce the transmission of multidrug-resistant organisms and employs targeted gown and glove use during high-contact resident care activities for targeted residents. Enhanced Barrier Precautions (EBP) are used in conjunction with standard precautions and expands the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. EBP are indicated for residents with any of the following: .Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with MDRO . Examples of indwelling medical devices: central lines, urinary catheters, feeding tubes, and tracheostomies . When EBP are indicated, EBP should be employed for the following high-contact resident care activities: Dressing, bathing/showering, transferring, providing hygiene, changing briefs, assisting with toileting, device care, and wound care .</p>		