

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Oakmont Healthcare and Rehabilitation Center of Hu		STREET ADDRESS, CITY, STATE, ZIP CODE 8450 Will Clayton Pkwy Humble, TX 77338	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37059</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program for 3 of 5 residents (Residents #1, #2, #3) reviewed for pests, in that:</p> <ul style="list-style-type: none"> <li>-Resident #1 had multiple gnats flying around his face and room.</li> <li>-Resident #2 had multiple gnats flying around her bed and room.</li> <li>- Resident #3 had a fly on her walker in her room.</li> </ul> <p>This deficient practice could place residents at risk of residing in an environment with pests.</p> <p>Findings included:</p> <p>Resident #1</p> <p>Record review of Resident #1's face sheet dated 6/7/24 revealed a [AGE] year-old male admitted on [DATE] and readmitted on [DATE]. His diagnoses included burns involving 50-59% of body surface with 0%-9% third degree burns, burned third degree (left lower limb, forehead, cheek, abdominal wall, right and left thigh) exposure keratoconjunctivitis -bilateral (condition that occurs when your eyelids don't close all the way, exposing your eye to the air), major depressive disorder, anxiety disorder, unspecified open wound-lower leg, muscle weakness (generalized), lack of coordination.</p> <p>Record review of Resident #1's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 7 out of 15 which indicated severe cognitive impairment. Resident #1 Section GG - Functional Limitation in Range of Motion - Impairment on both sides (Upper and Lower extremities). Functional Abilities - Total Dependent for Self-Care.</p> <p>Record review of Resident #1's care plan last reviewed 5/1/24 revealed the following:</p> <p>Focus: [Resident #1] has limited physical mobility related to third degree burns all over my body, bed bound status, prefers to stay in bed. Revised 4/13/22.</p> <p>Goal: [Resident #1] will increase level of mobility by increasing wheelchair mobility to limited assistance. Revised 7/27/21.</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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Intervention: Provide supportive care, assistance with mobility as needed .</p> <p>Resident #2</p> <p>Record review of Resident #2's face sheet dated 6/7/24 revealed a [AGE] year-old female admitted on [DATE] and readmitted on [DATE]. Her diagnoses included diabetes mellitus with hyperglycemia (disorder in which the body has high sugar levels for prolonged periods of time), muscle weakness, lack of coordination, cognitive communication deficit.</p> <p>Record review of Resident #2's Annual MDS assessment dated [DATE] revealed a BIMS score of 6 out of 15 which indicated severe cognitive impairment. Resident #2 - Section GG - Total Dependent for sit to lying in bed, bed to chair transfer.</p> <p>Record review of Resident #2's care plan last reviewed 5/8/24 revealed the following:</p> <p>Focus: [Resident #2] has communication problems related to impaired cognition, confusion at times, hx of stroke, fluctuations in cognition. Revision 10/12/22.</p> <p>Goal: The resident will maintain current level of communication function through the review date. Revised 5/18/22</p> <p>Interventions: Anticipate and meet needs.</p> <p>Resident #3</p> <p>Record review of Resident #3's face sheet dated 6/7/24 revealed a [AGE] year-old female admitted on [DATE] and readmitted on [DATE]. Her diagnoses included Unspecified Dementia (group of symptoms affecting memory), Anemia (condition of low red blood cells), major depressive disorder, diabetes mellitus (disorder in which the body has high sugar levels for prolonged periods of time), blindness right eye, muscle weakness.</p> <p>Record review of Resident #3's Annual MDS assessment dated [DATE] revealed a BIMS score of 11 out of 15 which indicated moderate cognitive impairment.</p> <p>Observation and Interview on 6/7/24 at 9:11 a.m. of Resident #1 revealed he was lying in bed. Resident #1 had multiple gnats flying around his head. Resident #1 had a light-yellow discharge leaking from his left eye. One gnat landed on Resident #1's forehead. Resident #1 said he was not able to see the gnats but could feel them when they have landed on his nose area in the past. He said it made him feel uncomfortable when the gnats have landed on him.</p> <p>Observation and Interview on 6/7/24 at 9:55 a.m. of Resident #2 revealed she was lying in bed. Resident #2 had multiple gnats flying around the room. Resident #2 said she did not like the gnats in her room and it makes her feel bad. She said she had complained in the past but did not feel the problem had been solved.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and Interview on 6/7/24 at 11:07 a.m. of Resident #3 revealed she was sitting up in the bed reading. A fly swatter was observed next to her in the bed. A fly was observed on her walker next to her bed. Resident #3 said she kept the fly swatter next to her to kill flies. She said she ate in her room and had to wave off flies occasionally while she ate.</p> <p>Interview on 6/7/24 at 11:17 a.m. the Administrator said he did see gnats in Resident #2's room today. He said he was aware of the gnats and flies in the building . He said he thought the monthly pest control took care of the issue. He said he was not sure of the risk to resident who had gnats and flies around them or if they landed on them. He said if pests were found in resident rooms, the resident is moved, the room is deep cleaned and treated by pest control and the resident is returned to the room. He said the facility should be pest free and it is facility staff that are responsible to keep the facility clean and free of pests. He said gnats increased because of the time of year.</p> <p>Interview on 6/7/24 at 12:05 p.m. with Police Officer A said she observed Resident #2 while she ate lunch and observed gnats in Resident #2's room. Police Office A said the Administrator was present and observed the gnats as well.</p> <p>Interview on 6/7/24 at 1:45 p.m. with the DON said there had been a few residents who had insects in their room. She said Resident #1 had insects in his room and he is not able to move to swat away insects when they are on or near him. She said Resident #2 had insects in her room and had to be moved from the room to deep clean and treat the room. She said the facility staff make rounds to observe and look for insects daily. DON said residents are at risk of being bit and possible infection.</p> <p>Record review of the facility's pest control policy titled Insect and Rodent Control not dated revealed the following in part:</p> <p>The facility will maintain an effective pest control program in order to provide an insect and vermin free .</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. Arrangements are made with a reputable company for regular spraying for insects which includes rodent control when required.</li> <li>2. Facility will maintain appropriate screens, close fitting doors, properly sealed water/sewer pipes, structurally maintained walls, baseboards, etc. to prevent entrance access of insects and rodents.</li> <li>3. Sanitation of facility will be maintained per other stated sanitation policies to prevent food sources, breeding places, etc. for insects or rodents.</li> </ol> <p>Record review of facility May 2024 Pest Control Service Notification dated 5/10/24 revealed the following in part:</p> <p>. completed your monthly service for the month of May . they had some ants in these rooms . [Residents #1 and #2's rooms] .</p> <p>Targeted issues: Flies, Fruit flies, ants (several types)</p>