

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 07/10/2025
NAME OF PROVIDER OR SUPPLIER Oakmont Healthcare and Rehabilitation of Humble		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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (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

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good grooming and personal hygiene for 1 (Resident# 1) of 6 residents reviewed for activities of daily living in that: The facility failed to provide mouth care to Resident #1 on 6/24/2025. This failure placed residents who need assistance with ADL at risk for psychological embarrassment, sadness, and decrease in quality of life. Record review of Resident #1's face sheet dated 07/10/25 revealed a [AGE] year-old female who was admitted to the facility initially on 02/25/2021 and readmitted on [DATE]. The resident's diagnoses included the following: Alzheimer's Disease (a disease that destroys memory and other important memory function), muscle weakness (decreased strength in the muscle), lack of coordination (impaired balance), hypertension (high blood pressure) constipation (difficulty having bowel movement) hyperlipidemia (high levels of fat in the blood) anemia (inadequate healthy red blood cells), and dementia (loss of memory and thinking skills). Record review of Resident #1's significant change MDS dated [DATE] reflected a BIMS score of 12 indicating that resident cognition was intact. Had no behavior issues. Further review section GG-Functional abilities reflected the resident required supervision or touching assistance with personal hygiene. Record review of Resident #1's Comprehensive Care Plan revised 06/16/2025 with a target date of 9/20/2025 revealed the resident was care planned for ADL self-care performance deficit related to impaired cognition.Goal: Resident will maintain current level of functions in ADL's. Intervention: Personal hygiene and Oral Care: Resident requires extensive assistance with personal care and oral hygiene. Observation on 06/24/2025 at 10:20 AM revealed Resident #1 was sitting up in bed dressed in a gown. Resident #1 was clean with no lingering offensive odors. The call light was observed to be within reached. Interview on 06/24/25 at 10:20 AM Resident #1 said she was doing good. She said the only problem she had was her teeth were not brushed that morning. She said they brushed her hair but not brush her teeth. In an interview and observation on 6/24/2025 at 11:30am with CNA B, she said she got Resident #1 up for breakfast. She said she brushed her hair, but she did not brush her teeth. She said the Hospice Aide gave her a bed bath, but she did not know if the hospice aide brushed her teeth. Further interview with CNA B revealed that when she provided morning care to a resident, she usually got them up, cleaned their face and hands, dressed them and gave them their breakfast. Further interview with CNA B regarding when oral care was done, CNA B said, Oral care was done after breakfast. At that point CNA B asked Resident #1 if she wanted her teeth to be brushed and the resident said yes. CNA B then assisted Resident #1 with brushing her teeth. In an interview on 6/24/2025 at 11:45 am with LVN A, he said the expectation of the CNAs when providing morning care was to check residents for incontinent care, change them, clean their face, brush their teeth and give them a shower if needed. They should dress them, comb their hair, set up their bed at 45 degrees and pass breakfast trays and assist any resident who needed assistance with eating. Interview on 07/10/25 at 4:39 PM the DON said the CNAs and nurses were responsible for keeping the residents groomed. The DON said it was the responsibility of the nurse to ensure the CNAs were keeping the residents groomed by providing ADL care and oral care to residents. The DON said it was important to keep the residents groomed for their dignity and hygiene. The DON said staff were trained on ADL care, abuse and neglect every other week. She said they also have one and one training with the CNAs. Record review of the facility's undated policy on Dressing and Personal Grooming reflected in part: PurposesThe purposes of this procedure are to assist the resident as necessary with dressing and undressing to promote cleanliness. Should be performed according to the resident centered plan od care.</p>		