

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/11/2026
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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure that a resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion for 1 (Resident # 4) of 5 residents reviewed for quality of care. -Resident #4's right hand splint was not put on in the AM of 06/11/26. This failure could place residents at risk for a decline in movement. The findings included: Record review of Resident #4's admission Record, dated 06/11/26, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included hemiplegia and hemiparesis (hemiplegia is paralysis of one side of the body, while hemiparesis is weakness on one side) following cerebral infarction (ischemic stroke and requiring targeted rehabilitation for recovery) affecting right dominant side, contracture right hand (condition where the muscles in the right hand become tight and stiff, making it difficult to move; this can significantly impact a person's ability to perform daily activities and may lead to deformity in the hand), and cognitive communication deficit (occurs when a person struggles to communicate effectively because of impairments in cognitive processes such as attention, memory, and executive function rather than problems with speech or language itself). Record review of Resident #4's physician orders, start date: 04/06/26, revealed an order for splint to right hand to be donned in the AM and removed in the PM or as tolerated. Complete hand hygiene prior to donning. Monitor for skin irritation, skin breakdown, swelling and/or pain. Directions for order read every night shift. Record review of Resident #4's June 2026 Treatment Administration Record, dated 06/11/26, revealed order for splint to right hand to be donned in the AM and removed in the PM or as tolerated. Complete hand hygiene prior to donning. Monitor for skin irritation, skin breakdown, swelling and/or pain. Every night shift. Further review revealed order was scheduled for June 2026, Hours: Night, and was checked off splint was removed every night. Record review of Resident #4's Quarterly MDS Assessment, dated 05/23/26, revealed a BIMS score of 5, indicating severely impaired cognition. Further review revealed resident was dependent (helper does all of the effort. Resident does none of the effort to complete the activity) when completing oral hygiene, toileting, shower/bathe, upper and lower body dressing, and personal hygiene. Resident #4 also had a functional limitation in range of motion with upper extremity (shoulder, elbow, wrist, hand). Record review of Resident #4's Care Plan, undated, revealed resident had an alteration in musculoskeletal status r/t pain in right upper extremity and swelling in right hand. Intervention included encourage/supervise/assist with the use of splints as recommended. Resident had right splint with interventions including to follow orders. Observation and interview on 06/11/26 at 9:09 a.m. revealed, Resident #4 was not in her room or currently in the building. MA A said resident was out on a medical appointment. Observation and interview on 06/11/26 at 12:58 p.m. revealed Resident #4 was sitting in her wheelchair and watching television in an area located in front of the nursing station. She had a white hand towel rolled up in her right hand. An interview was attempted but responses were not understood. During a telephone interview on 06/11/26 at 9:53 a.m., revealed a family member of Resident #4 met resident at her medical appointment today and resident was not wearing her splint. The family member said they (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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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	spoke to someone (date and name unknown) in rehabilitation and was told they did not know when she should be wearing her splint. The family member said Resident #4's right hand was now clenched tight. During an interview on 06/11/26 at 10:32 a.m., the Director of Rehabilitation said Resident #4 received an order to wear a splint in the AM and to be removed in the PM. She said the resident was evaluated on 03/11/26, the authorization for OT was received on 03/31/26, and resident received services until 05/08/26. She said by 05/08/26, Resident #4 was able to tolerate her splint. She said resident has a hard custom splint that she wears during the AM and is off at PM. She said nursing staff is responsible for putting on and removing the splint. She said resident is not receiving OT at this time because the splint has taken its place. During an interview on 06/11/26 at 11:13 a.m., the DON said the CNAs put Resident #4's splint on but it is the nurses' responsibility to ensure that it is put on. She said the resident's order is for splint to be placed on in the AM and removed in PM. During an interview on 06/11/26 at 11:30 a.m., CNA A said Resident #4 was sent to her morning medical appointment today without her splint. She said it was a busy morning, and she did not put the splint on after she got the resident up this morning. She said the resident's hand could become more contracted if the splint was not worn as ordered. During an interview on 06/11/26 at 11:52 a.m., Nurse A said it is the responsibility of the nurses to make sure the splint is put on and taken off per orders. She said she did not put the splint on the resident this morning because she did not believe the order was still there. During an interview on 06/11/26 at 3:00 p.m., the DON said she started working at the facility on 03/24/26 and was not aware Resident #4 did not have her splint placed on her this morning. She said it could cause further contraction or further immobilization.		