

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	

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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35822</p> <p>Based on interview and record review, the facility failed to immediately consult with the physician and notify the resident representative when the resident experienced a change in condition for 1 of 22 residents (CR #1) reviewed for a change of condition:</p> <ul style="list-style-type: none"> -The facility failed to immediately inform CR#1's physician after a change in condition. -The facility failed to notify the Physician when CR #1 had a choking episode on [DATE] and experienced a change in condition. -The facility failed to notify CR #1's RP when she experienced a change in condition - CR #1 passed away on [DATE] at the hospital. <p>An IJ was identified on [DATE]. The IJ template was provided to the facility on [DATE] at 12:54 PM. While the IJ was removed on [DATE] at 12:24PM, the facility remained out of compliance at a scope of isolated and a severity of harm with potential for more than the minimal harm that is not an immediate jeopardy because all staff had been trained on to notify the physician when a resident experience a change in condition.</p> <p>These failures could affect residents in delay of appropriate medical treatment leading to death.</p> <p>Findings included:</p> <p>Record review of CR #1's face sheet dated [DATE] revealed an 83year old female admitted to the NF originally on [DATE] and again on [DATE] with diagnoses that included the following: Alzheimer's Disease (disease that destroys memory) with late onset, dysphagia (difficulty swallowing) diagnosed [DATE], heart disease, and cerebral infarction (disrupted blood flow to the brain).</p> <p>Record review of CR #1's MDS dated [DATE] reflected BIMS score 00 indicating resident cognition was severely impaired. Further review of section K (swallowing/Nutrition Status) reflected that CR #1 had no s/s of possible swallowing disorder. Further review of the MDS section GG reflected that CR #1 required setup or clean-up assistance.</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: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of CR #1's Physician Order Summary Report for the month of [DATE] included the following orders:</p> <ul style="list-style-type: none"> -Dated [DATE] carb controlled no added salt mechanical soft texture, regular consistency. -Dated [DATE] may crush meds/open capsule every 12 hours for safety. -Dated [DATE] SLP evaluation. -Dated [DATE] Comprehensive swallow consult including MBSS to assess aspiration risk, r/o silent aspiration, determine least restrictive diet texture, assess esophageal function and physician consult for dysphagia include appropriate nutritional status. <p>Record review of the Screening Tool done by the NF Rehab Director on [DATE] reflected in part:</p> <p>.DON referred PT for ST services for dysphagia management. No s/s of swallow impairment noted at this time however ST to complete eval and schedule MBSS to r/o silent aspiration .</p> <p>Record review of CR #1's Speech Therapy note dated [DATE] recommended thin liquids and mechanical soft/ground textures, puree (creamy paste) consistencies.</p> <p>Record review of CR #1's Care Plan updated [DATE] did not reflect that CR #1 was being care planned for dysphagia.</p> <p>Record review of CR #1's Nursing Progress Notes dated [DATE] documented by RN B at 19:55 (8:55PM) reflected in part:</p> <p>.CR #1 was wheeled from the dining room to the nurse station by CNA at about 5:30PM with no sign of distress or discomfort. At about 5:45PM, CNA call out that resident was unresponsive on the wheelchair by the nursing station. Code blue activated, CPR done, oxygen connected, AED used, 911called. 911 arrived and took over the resident resuscitation. 911 later transferred the resident to hospital for further management, family member was notified of resident condition. NP also notified .</p> <p>Record review of CR #1's INTERACT Change in Condition dated [DATE]at 19:17 (7:17PM) reflected in part:</p> <p>NO pulse, no respirations2.This condition, symptom or sign has occurred before: H 1. Yes 2. No 3. Unknown3.Other relevant information: HResident was noticed by a CNA/Nurse in the Hallway drooling by mouth, and choking on food. Quickly, resident was assisted to the floor, a sweep of the mouth, the Heimlich maneuver given, nausea and vomiting small amount of food.4.Summarize your observations, evaluation and recommendations: HPt lost consciousness, with no pulse and no respiration. Signaled to call 911 and CPR began, oral suctioning required and AED utilized although no shock required. 1845 EMT arrived assisting with CODE. ET Tube placed with moderate suctioning and IV NS started in right arm. Pt regained pulse but Medic continued to give breaths per Ambu bag. Pt transported to Hospital. MD, DON, Administrator and daughter notified.5.Have you reviewed and acknowledged</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	

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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 2:00PM, the DON said the incident happened on [DATE] around 6:00PM or a little after could not remember the exact time. The DON said CNA A was standing in the hallway calling for help. The DON said when she arrived at the scene, she observed CR #1 had been placed on the floor by staff members. The DON said the nurses had already initiated CPR and that she began to assist with the CODE ensuring that 911 services had been called. The DON said CR #1 had a weak pulse and was not breathing. The DON said CR #1 was not choking and believed that CR #1 had experienced a mini stroke.</p> <p>Interview on [DATE] at 2:11PM, the Administrator said the NF had called the hospital where CR #1 was transferred to and that the hospital informed that CR #1 had to be intubated and placed on a ventilator.</p> <p>Interview on [DATE] at 2:16PM, the RP said he was not notified by the NF that CR #1 had choking episode on [DATE]. Further interview with the RP said he was not notified on [DATE] when CR #1 experienced a change in condition.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 3:06PM, with CNA A said she worked at the NF full time on the 2PM-10PM shift. CNA A said the time was around 5:30PM-6:00PM on [DATE] when CR #1 was being wheeled from the Dining Room by another CNA who's name, she could not recall. CNA A said CR #1 was placed across facing the nurse station. CNA A said CR #1 did not have any front teeth and therefore was unable to chew food well and could not swallow good. CNA A said at one time, CR #1 was on a puree diet, was later upgraded to a mech soft diet. CNA A said on [DATE] CR #1 choked off her food while feeding her in bed during dinner time. CNA A said CR #1 was eating potato soup. CNA A said she tried to help CR #1 when she started choking but was unsuccessful and therefore called LVN W who never came to CR #1's room. CNA A said the oncoming nurse LVN B came to the room and just looked at CR #1. CNA A said it was CNA I that helped by pulling CR #1 forward in bed and began to give hand thrust to CR #1's back. CNA A said the food came up which was some potatoes and other undigested food. CNA A said CR #1 appeared to be okay after that incident. CNA A said she told LVN W and LVN B that CR #1's diet needed to be changed. CNA A said she also told the DON as well that CR #1 had experienced choking on [DATE]. CNA A said she had informed the DON on [DATE] at 7:30PM and that the DON was preparing to leave the NF to go home. CNA A said RN E told her that it was a chain of commands for CR #1 to be assessed by the Speech Therapist which was to inform the ADON. CNA A said she also informed the Speech Therapist who said that he would need an order to assess CR #1. CNA A said RN E told her that she would notify the ADON. CNA A said she went to the Speech Therapist on [DATE] in the evening and told him about CR #1's choking episode on [DATE]. CNA A said the Speech Therapist told her that he would need an order. CNA A said she had informed the Administrator verbally on [DATE] and the Administrator told her to write a statement. CNA A said she wrote a statement at 11:34AM on [DATE] and send it to the Administrator via e-mail regarding CR #1's choking incident on [DATE]. CNA A said she did not want the surveyor to say anything to the Administrator because she did not want to lose her job. CNA A said she went to the kitchen on [DATE] and told them what food to give CR #1. CNA A did not elaborate on the exact food she told them to give CR #1 but told them to give CR #1 soft texture foods that did not require CR #1 to chew a lot. CNA A said the kitchen gave CR #1 a mechanical soft diet. CNA A said on [DATE] at 5:30PM or 6:00PM at the nurse station saw CR #1 leaning to her side drooling at the mouth with food in her mouth. CNA A said nurse LVN C was trying to get the food out of CR #1's mouth. CNA A said LVN C began to hit CR #1 in the back, but CR #1 was not responding. CNA A said herself and LVN C transferred CR #1 on the floor and at this time CR #1 was completely unresponsive. CNA A said she started screaming for help and 911 was called. CNA A said after that she did not know what took place next because she went to see if 911 had arrived so she could direct them to the hall CR #1 was residing on.</p> <p>Interview on [DATE] at 3:45PM CNA I said she worked the first shift 6AM-2PM mainly but did work over sometimes on the evening shift. CNA I said the first time she observed CR #1 choking was on [DATE] after 5:50PM. CNA I said she believed that it was CNA A that called her to come and assist with CR #1's choking episode on [DATE]. CNA I said CNA A was standing in the hallway calling for help. CNA I said there was a new nurse caring for CR #1 who's name she could not recall. CNA I said CR #1 was choking when she entered her room. CNA I said she immediately pulled CR #1 forward in bed trying to relieve the choking. CNA I said the food did come up and that the new nurse was just standing on the side of CR #1's bed looking. CNA I said they continued to let CR #1 sit up in bed and they continued to monitor CR #1 for any further choking. CNA I said CNA A said she was going to report the incident. CNA I said CR #1 appeared to be okay for the remainder of the shift. CNA I said the next morning when she returned to work, she told RN E that CR #1 needed to be gotten out of bed for her meals due to the choking episode on [DATE] and RN E agreed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 5:19PM via phone LVN B said she worked the 6PM-6AM shift PRN. LVN B said the last time she worked at the NF was on [DATE] and [DATE]. LVN B said CR #1 did not have any issues with choking. LVN B said CNA A was feeding CR #1 in bed on [DATE]. LVN B said CR #1 was being fed soup along with some type of salad with chunks of chicken chopped up in it. LVN B said CR #1 was not choking, but just not tolerating the texture of the food. LVN B said CR #1 had tea or apple juice as a beverage. LVN B said she heard CNA A calling for help and when she arrived to CR #1's room, CR #1 was able to follow commands and did spit the food out. LVN B said CNA A was in a complete uproar and got overly excited. LVN B said the incident was mentioned to the DON who came on the unit. LVN B said the DON said she would take care of the matter. LVN B said she did not call the physician because the DON said she would take care of it.</p> <p>Interview on [DATE] at 5:52PM, the DON said it was CNA A that came to her on [DATE] around 8:00PM telling her that CR #1 was having difficulty swallowing. The DON said she put an order in on [DATE] for CR #1 to be evaluated by the Speech Therapist but did not call the NP or the physician. The DON said she told the NP when she was at the facility on [DATE] and the NP said that was good. The DON said she had not in-serviced the Nursing staff on silent aspiration/choking. The DON said the s/s of silent aspiration were pocketing food, difficulty in breathing, increase heart rate, and change in skin color. Further interview with the DON said the reason she did not call the physician when told that resident had choked on her diet was because she got ahead of herself and just wrote the order. The DON said the physician should have been notified first before she put an order in for CR #1 to be evaluated by Speech Therapist because that was the normal process.</p> <p>Interview on [DATE] at 12:25PM with LVN C, said she worked the 6p-6a shift. LVN C said on [DATE] the incident happened before her shift started. LVN C said the staff were bringing the residents back from the dining Room after eating dinner. LVN C said CNA A asked if CR #1 was choking. LVN C said the time was around 5:30PM. LVN C said she observed CR #1 choking and not breathing. LVN C said her and a CNA (name she could not remember) transferred resident to the floor after removing food from resident mouth and performing the Heimlich maneuver which was unsuccessful. LVN C said CPR was initiated. LVN C said during this time she told a staff member to call 911.</p> <p>Record review of the NF's policy on Change in a Resident's Condition or Status revised [DATE] revealed in part:</p> <p>.Our facility shall promptly notify the resident, his or her attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition .</p> <p>The facility Administrator and DON were notified on [DATE] at 3:16PM that an IJ situation had been identified due to the above failures. The IJ templated was provided to the Administrator on [DATE].</p> <p>Interview on [DATE] at 11:45AM RN E said she worked the 6:00AM-6PM and that she was not aware of CR #1 choking on her food.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 9:46AM, the NP said she was at the NF and saw CR #1 but could not remember the exact date. The NP said CR #1 was fine. The NP said the NF never informed her that CR #1 experienced a choking incident on [DATE]. The NP said she later received a text from RN E on [DATE] informing that CR #1 was unresponsive and 911 had to be called. The NP said the DON's mistake was putting an order in without consulting her first. The NP said had she informed her when the incident happened, she would have put interventions in place such as changing the resident's diet and given further orders to assess resident swallowing to prevent resident from aspirating.</p> <p>Further interview on [DATE] at 11:58AM, with the DON she said when a resident experiences a change in condition the staff were supposed to notify the physician immediately. The DON said she told the primary care nurse LVN B to notify the physician on [DATE]. The DON said if the nurse was unable to get in contact with CR #1's physician, the next step would be to notify the Medical Director.</p> <p>Attempted interview via phone on [DATE] at 12:19PM with the NF Medical Director was unsuccessful. The Medical Director was left a voicemail with a call back number.</p> <p>Interview on [DATE] at 2:30PM with the ADON said she had been working at the facility for a little over a month. The ADON said none of the nurses or CNA's had informed her that CR #1 choked on her food. The ADON said if they had, she would have called the doctor or NP to get an order for a swallow evaluation and notified the family.</p> <p>Interview on [DATE] at 1:13PM, CNA N said she had taken care of CR #1 in the past and had observed CR #1 pocketing her food in her mouth at times. CNA N said she did report these happenings to RN E.</p> <p>Interview on [DATE] at 1:34PM with CR #1's primary care doctor via phone said the NF never notified her that CR #1 had a choking episode on [DATE]. The Doctor said CR #1 was on a mechanical soft diet and was high risk for choking. The Dr. said if the facility had notified her of resident choking episode on [DATE], she could have given prophylactic orders that consisted of the following: place CR #1 on NPO or liquid diet until a barium swallow test was done, placed CR #1 on antibiotics, and started breathing treatments. The doctor said CR #1 may have aspirated on [DATE] and that these would have been the measures she would have considered because aspiration could lead to pneumonia.</p> <p>Interview on [DATE] at 3:22PM via phone CNA D said she worked at the NF PRN. CNA D said CR #1 had a choking episode on a Sunday prior to the incident on [DATE]. CNA D said the nurse on duty was RN E. CNA D said she notified RN E but did not know what she had done about it.</p> <p>Interview on [DATE] at 2:30PM LVN W said no one ever told her that CR #1 was choking on her food.</p> <p>Further interview on [DATE] at 12:12PM the DON said she believed the reason the NF received an IJ was because of the facility failing to follow-up with the physician immediately when CR#1 experienced a choking episode on [DATE].</p> <p>The following plan of removal was accepted on [DATE] at 7:22PM.</p> <p>PLAN OF REMOVAL</p> <p>Date: [DATE]</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	

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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The facility failed to immediately inform CR #1's physician after a change in condition.</p> <p>The facility failed to notify the Physician when resident had a choking episode on [DATE].</p> <p>What corrective actions have been implemented for the identified residents?</p> <p>On [DATE] resident CR#1 involved in failed practice was discharged to the hospital per MD orders on [DATE].</p> <p>On [DATE] at 4:00pm the Facility Administrator notified the Medical Director, and the attending physician of failed practice.</p> <p>Change of condition policy/ Procedure was reviewed by IDT, no changes were made: Completed [DATE]</p> <p>The DCO completed audit of all residents with change of condition in the last 30 days, the physicians were notified of all changes: Completed [DATE]</p> <p>In-services provided to DCO.</p> <p>On [DATE] the following in-service was provided to the Director of Clinical Services (DCO) by the Regional Director of Clinical services (RDCO)</p> <ol style="list-style-type: none"> 1. Notifying the Physician Immediately of Change of Condition Occurs and Obtaining Orders from the Physician before treating the Resident. 2. On notifying resident's responsible party on changes of condition and new intervention that was put in place, completion date [DATE]. <p>In-services provided to Licensed Nurses</p> <p>On [DATE] the DCO initiated in-services for facility charge Nurses on the following:</p> <ol style="list-style-type: none"> I. Change of condition in relation to swallowing/aspiration difficulties or choking episode, and to notify resident's attending physician of these changes immediately completion date [DATE]. II. 1:1 in-service conducted with LVN B by the DCS regarding physician notification completion date [DATE] <p>CNA education provided are below.</p> <p>C N A 's in-service on notifying License Nurses concerning change in conditions and documentation in POC documentation. completion date [DATE]</p> <p>Nursing staff will be in-service on the plan before the start of their shift.</p> <p>Validation/Monitoring</p> <p>The DCS/Designee reviewed residents' last SLP referrals no corrections as of [DATE].</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Facility IDT reviewed policy/procedure of aspiration, swallowing precautions, therapy referrals, no revisions needed. Completion date [DATE].</p> <p>What does the facility need to change immediately to keep residents safe and ensure it does not happen again.</p> <p>A. The DCN/Designees will review all changes in condition and therapy referral in daily clinical meetings and ensure follow is completed timely, staff monitoring is in place, the RP/MD is notified of changes and new recommendation if followed. Completed [DATE].</p> <p>B. The Director of Clinical Services will ensure Licensed Nurses notify the Physician Immediately of Change of Condition Occurs and Obtaining Orders from the Physician before Treating the Resident completed: [DATE].</p> <p>C. Newly hired nurses will be in-serviced by the Director of Nursing or designee on immediately notifying the attending physician of residents change of conditions, obtaining orders for therapy screening and evaluations as needed.</p> <p>Quality Assurance</p> <p>An Ad Hoc Quality Assurance and Performance Improvement review of the plan of removal was completed on [DATE] with the Medical Director. The Medical Director has reviewed and agrees with this plan.</p> <p>-----</p> <p>The surveyors confirmed the plan of removal had been implemented sufficiently to remove IJ by the following:</p> <p>Note: Due to initial IJ being called on [DATE] at 3:16PM, the NF had begun the process in in-servicing staff on notification of change in a resident condition by [DATE], therefore the surveyors began the monitoring process as follow:</p> <p>Interview on [DATE] at 11:25AM with RN E said she worked on Station B 6AM-6PM. RN E said she had just received in-service on notify the physician as well as the RP when a resident experience a change in condition.</p> <p>Observation on [DATE] at 11:35AM of Station B across from the nurse station revealed residents sitting in their w/c's dressed in street clothing with no concerns identified.</p> <p>Interview on [DATE] at 11:42AM with CNA F on Station B said that she worked the morning shift 6AM-2PM. CNA F said she had received in-service on what to do if a resident began to choke while eating. The CNA said she would call for help and would begin to try and clear the resident airway by providing the Heimlich maneuver. The CNA said some s/s/ of silent aspiration was resident having difficulty breathing, change in their facial appearance and skin color. The CNA said if she observed a resident having difficulty swallowing their food or pocketing their food, she would notify the nurse right away so that the resident could be assessed. The CNA said she was in-serviced to notify the nurse whenever she noticed a change in resident condition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 11:50AM with CNA Y said she worked the 6AM-2PM full time. CNA Y said she had been in-serviced on notifying the nurse when residents had a change in condition, s/s of silent aspiration were discoloration in the face, change in facial expression, and difficulty breathing. CNA Y said if the resident was choking, she would give them the Heimlich maneuver to try and help the resident clear the air way. CNA Y said she had been in-serviced to review the resident POC in the computer.</p> <p>Interview on [DATE] at 11:58AM with the Wound Care Nurse said she worked at the NF Monday through Friday and did assist with monitoring the residents during mealtimes. The Wound Care Nurse said she had been in-serviced on choking and how to apply the Heimlich maneuver. The Wound Care Nurse said if the resident became unresponsive, CPR had to be initiated immediately and call 911. The Wound Care Nurse said s/s of silent aspiration were drooling at the mouth, skin discoloration of the face, difficulty breathing, and perspiring. The Wound Care Nurse said the physician and the RP had to be notified immediately when a resident experiences a change in condition and the care plan had to be updated.</p> <p>Interview on [DATE] at 12:07PM with CMA K said she worked the Memory Care Unit and worked the morning and evening shift. CMA K said she had been in-serviced on choking and silent aspiration. CMA K said s/s of silent aspiration was drooling at the mouth, perspiring, difficulty breathing, and change in skin color. CMA K said if a resident was choking, she would call for the nurse and apply several back blows, if that was unsuccessful, she would do the Heimlich maneuver. CMA K said the incident must be reported to the nurse immediately as any change in condition. CMA K said when feeding a resident, she had to feed them slowly being careful to offer them fluids in between eating.</p> <p>Interview on [DATE] at 12:14PM with CNA L said she worked the Memory Care Unit 6AM-2PM and been in-serviced reviewing the resident plan of care in POC, monitoring the residents for choking or s/s of silent aspiration and that all changes in condition were to be reported to the nurse. CNA L said resident had to be observed closely during mealtimes and if notice a resident choking call the nurse immediately and do the Heimlich maneuver to help dislodge what was blocking the resident airway. CNA L said s/s of silent aspiration was drool at the mouth, difficulty breathing, bulging of the eyes, change in skin color, and grabbing their neck. CNA L said the incident had to be reported to the nurse so that the nurse could call the doctor as well as the family.</p> <p>Interview on [DATE] at 12:20PM with RN M said she worked the 6AM-6PM shift and had been in-serviced on notifying the physician whenever a resident experience a change in condition. RN M said she had been in-serviced on the s/s of silent aspiration (drooling at the mouth, difficulty breathing, change in the color of resident skin) and choking. RN M said if a resident experienced this, the doctor had to be notified right away to get an order for a swallow evaluation and possible diet change. RN M said the resident care plan also had to be updated and the RP notified.</p> <p>Observation on [DATE] at 12:32PM in the Dining Room revealed lunch being provided to the residents with over 6 staff members being present, one being the Wound Care Nurse. There were no concerns identified.</p> <p>Observation on [DATE] at 1:05Pm in the MCU revealed the residents eating their lunch with staff members being present. There were no concerns identified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 1:13PM with CNA N said she normally worked the morning shift. CNA N said she had been in-serviced on when a resident was choking to give the Heimlich maneuver. CNA N said s/s of silent aspiration was difficulty breathing, watering of the eyes, drooling at the mouth, and possible reaching for their throat. CNA N said she would try and clear resident airway by giving thrust in the back and then proceed with the Heimlich maneuver. CNA N said she would notify the nurse on all changes in a resident condition. CNA N said she was in-serviced to review the resident care plan.</p> <p>Interview on [DATE] at 2:38PM with LVN O said he was in orientation and was hired to be a Unit Manager. LVN O said he had received in-service on checking the crash cart, that if the resident was choking to perform the Heimlich maneuver. LVN O said if the resident lost consciousness, he would have someone call 911 and he would start CPR right away. LVN O said some s/s of silent aspiration were the following: short of breath, wheezing, eyes bulging, perspiring, trying to clear their throat, drooling at the mouth, pocketing food. LVN O said the doctor had to notified in both incidents as well as the RP. LVN O said resident care also had to be updated regarding the incident.</p> <p>Interview on [DATE] at 2:47PM with CNA I said she worked the morning and evening shifts and had been in-serviced on how to do the Heimlich maneuver, chest thrust if a resident was choking. CNA I said the nurse had to be notified of all changes in a resident condition. CNA I said she was in-serviced on recognizing some s/s of silent aspiration (change in a resident facial expression, drooling at the mouth, wheezing or difficulty breathing). CNA I said she was in-serviced that when having to feed a resident, to take her time and feed them slowing being aware to provide resident their beverage between feeding during meal service. CNA I said she was also in-serviced to review resident care plan in POC.</p> <p>Interview on [DATE] at 8:00PM with CNA P via phone said he worked the night shift 10PM-6AM. CNA P said he had been in-serviced in the following: POC regarding the resident plan of care, choking and how to apply the Heimlich maneuver, back blows and chest thrust, and reporting change in condition. CNA P said the nurse had to be notified if he witnessed a resident choking. CNA P said he was also in-serviced on silent aspiration.</p> <p>Interview on [DATE] at 8:08PM with CNA J said she worked the night shift 10PM-6AM. CNA J said she received in-service on silent aspiration and choking, checking resident care plan in POC, and when feeding the resident to feed slowly observing for signs of choking and reporting to the nurse immediately all changes in a resident condition. CNA J said she had received in-service on resident plan of care that could be found in the computer.</p> <p>Interview on [DATE] at 5:00AM with LVN S said she worked the 6:00PM to 6:00AM shift. LVN S said she had been in-serviced on choking and silent aspiration, the importance of notifying the physician when a resident experience a change in condition and making sure resident care plan was updated.</p> <p>Interview on [DATE] at 9:14PM with LVN R said they worked the night shift 6PM-6AM. LVN R said they had been in-serviced on s/s of silent aspiration, choking and to notify the doctor and the RP. LVN R said they were also in-serviced on making sure that the resident care plan was updated whenever a resident experience a change in condition and checking the crash cart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 10:30AM with LVN Q said he worked the 6AM-6PM shift and received in-service making sure a resident care plan was updated when there was a change in condition, notifying the doctor and the RP if the resident experience a change in condition, how to intervene if a resident experience choking, if the resident lose consciousness call for help and began CPR, the s/s of silent aspirations, and checking the crash cart each shift.</p> <p>Interview on [DATE] at 11:25AM with CNA T said she worked the 6am to 2pm shift on the MCU. CNA T said she had been in-serviced on choking, performing the Heimlich maneuver, abuse and neglect, s/s of silent aspiration, reporting to the nurse when she observed a change in resident, and reviewing the resident plan of care in POC.</p> <p>[DATE] at 11:32AM Interview with the ADON said she was in-serviced on choking/silent aspiration, notifying the doctor and RP when there was a change in resident condition, updating the care plan right away when a resident have a change in condition.</p> <p>Interview on [DATE] at 2:11PM with the MDS Nurse said she was in-serviced on care planning on how and what to care plan to ensure that each resident care plan was individualized and personalized. The MDS Nurse said she was also in-serviced on care planning for dysphagia, updating the resident care plan when a change in condition has occurred, notifying the physician of the change, s/s of silent aspiration.</p> <p>Interview on [DATE] at 2:18PM CNA U said they worked 6AM-2PM received in-service on different techniques to open a resident airway when choking which were back and chest thrust, and Heimlich maneuver, s/s of silent aspiration and to report to the nurse all changes in a resident condition.</p> <p>Interview on [DATE] at 2:30PM with LVN W said she worked the 6AM-6PM shift. LVN W said she had been in-serviced on abuse and neglect, choking, checking the crash cart each shift, notifying the physician if a resident experience a change in condition, and updating the care plan when there was a change in resident condition.</p> <p>Interview on [DATE] at 4:28PM with CNA V said she worked the 2PM-10PM shift. CNA V said the NF had in serviced her on choking and s/s of silent aspiration (discoloration of the face, difficulty in breathing, and drooling of the mouth). CNA V said if a resident was choking, she would perform the Heimlich or thrust resident on the back. CNA V said she was in-serviced to let the nurse know if she witnesses this and to always look in POC for resident plan of care, and when feeding resident to feeding resident slowing making sure resident was not choking. CNA V said she was also informed to use any recommended utensil when feeding a resident that was high risk for choking.</p> <p>Interview on [DATE] at 4:38PM with RN X said he worked the 6AM-6PM shift full time on Station C. RN X said he had received in-service on the following: s/s of silent aspiration (resident unable to speak, eyes watering, discoloration of skin to the face, drooling from the mouth, difficulty breathing). RN X said he would apply the Heimlich maneuver if a resident was choking and if the resident loss consciousness, he would have to begin CPR signaling someone else to call 911. RN X said if a resident experience the above, it was considered a change in condition and therefore, the physician as well as the RP had to be not [TRUNCATED]</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	

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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35822</p> <p>Based on interview and record review, the facility failed to develop and implement comprehensive care plans that included measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 22 residents (CR #1) reviewed for care plans.</p> <ul style="list-style-type: none"> - The facility failed to ensure CR #1 had a Comprehensive Care Plan to address her diagnosis of dysphagia (difficulty swallowing). -The facility failed to have interventions in place when CR #1 experienced a choking episode on [DATE]. On [DATE] CR #1 experienced another choking episode and was transferred to the hospital. - CR #1 passed away on [DATE] at the hospital. <p>An IJ was identified on [DATE]. The IJ template was provided to the facility on [DATE] at 1:07PM. While the IJ was removed on [DATE] at 5:17PM. While the IJ was removed on [DATE], the facility remained out of compliance at a scope of isolated and a severity of harm because all staff had not been trained on the importance of all residents having a comprehensive care plan that is updated when a resident experience a change in condition.</p> <p>This failure placed residents at risk for not receiving comprehensive care to address their diagnoses and medical needs.</p> <p>Findings:</p> <p>Record review of CR #1's face sheet dated [DATE] revealed an 83year old female admitted to the NF originally on [DATE] and again on [DATE] with diagnoses that included the following: Alzheimer's Disease with late onset, dysphagia (difficulty swallowing) diagnosed on [DATE], heart disease, and cerebral infarction (disrupted blood flow to the brain).</p> <p>Record review of CR #1's MDS dated [DATE] reflected BIMS score 00 indicating resident cognition was severely impaired. Further review section K (swallowing/Nutrition Status) reflected that CR #1 had no s/s of possible swallowing disorder.</p> <p>Record review of CR #1's Physician Order Summary Report for the month of [DATE] included the following orders:</p> <ul style="list-style-type: none"> -Dated [DATE] carb controlled no added salt mechanical soft texture, regular consistency. -Dated [DATE] may crush meds/open capsule every 12 hours for safety. -Dated [DATE] Comprehensive swallow consult including MBSS to assess aspiration risk, r/o silent aspiration, determine least restrictive diet texture, assess esophageal function and physician consult for dysphagia include appropriate nutritional status. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	

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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of CR #1 Speech Therapy note dated [DATE] recommended thin liquids and mechanical soft/ground textures, puree (creamy paste) consistencies.</p> <p>Record review of CR #1's Care Plan updated [DATE] did not reflect that CR #1 was being care planned for dysphagia.</p> <p>Record review of CR #1's Nursing Progress Notes did not have any documentation of CR #1 experiencing a choking episode on [DATE].</p> <p>Record review of CR #1's Nursing Progress Notes dated [DATE] documented by RN B at 19:55 (8:55PM) reflected in part:</p> <p>.CR #1 was wheeled from the dining room to the nurse station by CNA at about 5:30PM with no sign of distress or discomfort. At about 5:45PM, CNA call out that resident was unresponsive on the wheelchair by the nursing station. Code blue activated, CPR done, oxygen connected, AED used, 911called. 911 arrived and took over the resident resuscitation. 911 later transferred the resident to hospital for further management, family member was notified of resident condition. NP also notified .</p> <p>Interview on [DATE] at 2:11PM the Administrator said the NF called the hospital and that the hospital said resident had to be intubated and placed on a ventilator.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 3:06PM with CNA A, said she worked at the NF full time on the 2PM-10PM shift. CNA A said the time was around 5:30PM-6:00PM on [DATE] when CR #1 was being wheeled from the Dining Room by another CNA whose name, she could not recall. CNA A said CR #1 was placed in her w/c facing the nurse station. CNA A said CR #1 did not have any front teeth and therefore was unable to chew food well and could not swallow good. CNA A said at one time, CR #1 was on a puree diet and was later upgraded to a mech soft diet. CNA A said on [DATE] CR #1 choked off her food while feeding her in bed during dinner time. CNA A said CR #1 was eating potato soup. CNA A said she tried to help CR #1 when she started choking but was unsuccessful and therefore called LVN W who never came to CR #1's room. CNA A said the oncoming nurse LVN B came to the room and just looked at CR #1. CNA A said it was CNA I that helped by pulling CR #1 forward in bed and began to give hand thrust to CR #1's back. CNA A said the food came up which was some potatoes and other undigested food. CNA A said CR #1 appeared to be okay after that incident. CNA A said she told LVN W and LVN B that CR #1's diet needed to be changed. CNA A said she also told the DON that CR #1 experienced choking on [DATE]. CNA A said she had informed the DON on [DATE] at 7:30PM when the DON was preparing to leave the NF to go home. CNA A said RN E told her that it was a chain of command for CR #1 to be assessed by the Speech Therapist. CNA A said RN E said the ADON also had to be notified. CNA A said she also informed the Speech Therapist who said that he would need an order to assess CR #1. CNA A said RN E told her that she would notify the ADON. CNA A said she went to the Speech Therapist on [DATE] in the evening and told him about CR #1 choking episode on [DATE]. CNA A said the Speech Therapist told her that he would need an order to assess CR #1. CNA A said she had informed the Administrator verbally on [DATE] regarding CR #1's choking episode on [DATE]. CNA A said the Administrator told her to write a statement. CNA A said she wrote a statement at 11:34AM on [DATE] and send to the Administrator via e-mail of CR #1's choking incident on [DATE]. CNA A said she did not want the surveyor to say anything to the Administrator because she did not want to lose her job. CNA A said she went to the kitchen on [DATE] and told them what food to give CR #1. CNA A did not elaborate on the exact food she told them to give CR #1 but told them to give CR #1 soft texture foods that did not require CR #1 to chew a lot. CNA A said the kitchen gave CR #1 a mechanical soft diet. CNA A said the kitchen gave CR #1 a mechanical soft diet. CNA A said [DATE] at 5:30PM or 6:00pm at the nurse station she saw CR #1 leaning to her side drooling at the mouth with food in her mouth. CNA A said LVN C was trying to get the food out of CR #1's mouth. CNA A said LVN C began to hit CR #1 in her back, but CR #1 was not responding. CNA A said herself and LVN C transferred CR #1 on the floor and at this time CR #1 was completely unresponsive. CNA A said she started screaming for help and 911 was called. CNA A said after that she did not know what took place next because she went to see if 911 had arrived so she could direct them to the hall CR #1 was residing on.</p> <p>Interview on [DATE] at 5:19PM via phone LVN B, said she worked the 6PM-6AM shift PRN. LVN B said the last time she worked at the NF was on [DATE] and [DATE]. LVN B said CR #1 did not have any issues with choking. LVN B said CNA A was feeding CR #1 in bed on [DATE]. LVN B said CR #1 was being fed soup along with some type of salad with chunks of chicken chopped up in it. LVN B said CR #1 was not choking, but just not tolerating the texture of the food. LVN B said CR #1 had tea or apple juice as a beverage. LVN B said she heard CNA A calling for help and when she arrived to CR #1's room, CR #1 was able to follow commands and did spit the food out. LVN B said CNA A was in a complete uproar and got overly excited. LVN B said the incident was mentioned to the DON who came on the unit. LVN B said the DON said she would take care of the matter. LVN B said she did not call the physician because the DON said she would take care of it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 2:40PM with the MDS Nurse said she had been working at the NF for almost a month. The MDS Nurse said she was not aware that CR #1 was not being care planned for dysphagia. The MDS Nurse said she had not reviewed CR #1's care plan because she had not been working for the facility long. The MDS Nurse said if she had known that CR #1 was not being care planned for a having a diagnosis of dysphagia, she would have care planned CR #1 for dysphagia.</p> <p>Interview on [DATE] at 5:52PM with the DON, said it was CNA A that came to her on [DATE] around 8:00PM telling her that CR #1 was having difficulty swallowing. The DON said she put an order in on [DATE] for CR #1 to be evaluated by the Speech Therapist. The DON said she had not in-serviced the Nursing staff on silent aspiration/choking. The DON said the s/s of silent aspiration were pocketing food, difficulty in breathing, increase heart rate, and change in skin color. The DON revealed that she was unaware that CR #1 was not being care planned for dysphagia and that CR #1 should have been care planned for dysphagia. The DON said it was herself and the Regional MDS Nurse that were responsible for ensuring that all resident's had a comprehensive care and that the care plan was being updated whenever there was change in a resident condition.</p> <p>Record review of the NF policy for Care Planning-Interdisciplinary Team revised [DATE] reflected in part:</p> <p>.Our facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident .A comprehensive care plan for each resident is developed within seven (7) days of completion of the resident assessment (MDS) .The care plan is based on the resident's comprehensive assessment and is developed by a Care Planning/Interdisciplinary Team which includes, but is not necessarily limited to the following personnel: The resident's attending physician, registered nurse who has the responsibility for the resident, Dietary Manager/Dietician, Social Services, Activity Director, Therapist (speech, occupational, recreational, etc.), Director of Nursing, charge nurse, nursing assistant, and others as appropriate or necessary .</p> <p>The facility Administrator and DON were notified on [DATE] at 1:07PM that an IJ situation had been identified due to the above failures. The IJ templated was provided to the Administrator.</p> <p>The following plan of removal was accepted on [DATE] at 4:54PM.</p> <p>PLAN of REMOVAL</p> <p>Date: [DATE]</p> <p>The facility failed to ensure a CR#1 had a Comprehensive Care Plan to address her diagnosis of dysphagia (difficulty swallowing).</p> <p>The facility failed to care plan CR#1 for dysphagia (difficulty swallowing).</p> <p>What corrective actions have been implemented for the identified resident.</p> <p>On [DATE] at 4:00pm the Facility Administrator notified the Medical Director, and the attending physician of failed practice.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	

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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The care plans were updated for residents with a diagnosis of Dysphagia and at risk for aspiration by the CRC's and Completion date [DATE], completed by the CRC, ADON's.</p> <p>The Care Plan Policy and procedure was reviewed on [DATE] policy concerning care planning was reviewed no changes to current policy needed CRC's educated by RCRC (Regional Clinical Reimbursement Coordinator), training completed on [DATE]. The DCO is responsible for to make sure care plans are completed in the absence of the CRC. DCO in-serviced on [DATE]. The person responsible CRC's and DCO.</p> <p>The Charge Nurse will communicate changes in the clinical meetings and updates will be reviewed at that time. Address change in conditions in the morning meeting and update the care plan as needed. System reviewed no changes needed reviewed on [DATE] and completed on [DATE].</p> <p>In-services provided to CRC's (Clinical Reimbursement Coordinators) on [DATE] and completed on [DATE] concerning diagnosis of Dysphagia and residents at risk for aspiration.</p> <p>Validation/Monitoring</p> <p>The CRC's to review residents with swallowing difficulty and completion of care plan during morning meeting. Completion date [DATE]</p> <p>CRC's will ensure a comprehensive care plan is completed by day 21 of the admission per RAI manual. The CRC's was educated on Rules and Regulations of Care planning according to the RAI manual upon hire on [DATE] Regional Clinical Reimbursement Coordinator</p> <p>completed in-service on [DATE]. Will be implemented by CRC's to obtain order listing report daily to ensure items listed are care plan timely if needed. Order listing reviewed daily by CRC's trained on [DATE] and completed on [DATE] on order listing auditing.</p> <p>What does the facility need to change immediately to keep residents safe and ensure it does not happen again.</p> <p>A. The Director of Nursing/designee will ensure residents with a diagnosis of Dysphagia order listing to be obtained to audit residents with diagnosis of Dysphagia have a care plan completed for Dysphagia and at risk for Aspiration. The audit was initiated on [DATE] and completed on [DATE]. Care plans updated.</p> <p>B. Facility License Nurses and Certified Nursing Assistants receive in-service training as new care plans are implemented and tasks initiated on the Kardex. The facility Nurses and Nurses Aides were educated on [DATE] and completed on [DATE] by the Director of Nursing/designee.</p> <p>C. All Charge Nurses and Nurse Aides will be in-serviced on the plan before the start of the next shift.</p> <p>Quality Assurance</p> <p>An Ad Hoc Quality Assurance and Performance Improvement review of the plan of removal was completed on [DATE] with the Medical Director. The Medical Director has reviewed and agrees with this plan.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The surveyors confirmed the plan of removal had been implemented sufficiently to remove IJ by the following:</p> <p>Note: Due to initial IJ being called on [DATE] at 3:16PM, the NF had begun the process in in-servicing staff on notification of change in a resident condition by [DATE], therefore the surveyors began the monitoring process as follow:</p> <p>Interview on [DATE] at 11:25AM with RN E said she worked on Station B 6AM-6PM. RN E said she had just received in-service on making sure that resident care plans were comprehensive addressing the resident diagnosis and updated when a resident condition changed.</p> <p>Interview on [DATE] at 11:42AM with CNA F on Station B said that she worked the morning shift 6AM-2PM. CNA F said she had received in-service on notify the nurse whenever she noticed a change in resident condition so that the nurse could assessed the resident.</p> <p>Interview on [DATE] at 11:50AM with CNA Y said she worked the 6AM-2PM full time. CNA Y said she had been in-serviced on notifying the nurse when resident have a change in condition. CNA Y said she had been in-serviced to review the resident POC in the computer.</p> <p>Interview on [DATE] at 11:58AM with Wound Care Nurse said she worked at the NF Monday through Friday and did assist with monitoring the residents during mealtimes. The Wound Care Nurse said she had been in-serviced on choking and how to apply the Heimlich maneuver. The Wound Care Nurse said if the resident became unresponsive, CPR had to be initiated immediately and call 911. The Wound Care Nurse said s/s of silent aspiration were drooling at the mouth, skin discoloration of the face, difficulty breathing, and perspiring. The Wound Care Nurse said the physician and the RP had to be notified immediately when a resident experience a change in condition and the care plan had to be updated.</p> <p>Interview on [DATE] at 12:07PM with CMA K said she worked the Memory Care Unit and worked the morning and evening shift. CMA K said she had been in-serviced on choking and silent aspiration. CMA K said s/s of silent aspiration was drooling at the mouth, perspiring, difficulty breathing, and change in skin color. CMA K said if a resident was choking, she would call for the nurse and apply several back blows, if that was unsuccessful, she would do the Heimlich maneuver. CMA K said the incident must be reported to the nurse immediately as any change in condition. CMA K said when feeding a resident, she had to feed them slowly being careful to offer then fluids in between eating.</p> <p>Interview on [DATE] at 12:14PM with CNA L said she worked the Memory Care Unity 6Am-2PM and been in-serviced on reviewing the resident plan of care in POC, monitoring the residents for choking or s/s of silent aspiration and that all changes in condition were to be reported to nurse. CNA L said resident had to observed closely during mealtimes and if notice a resident choking call the nurse immediately and do the Heimlich maneuver. CNA L said s/s of silent aspiration was drooling at the mouth, difficulty breathing, bulging of the eyes, change in skin color, and grabbing their neck. CNA L said the incident had to be reported to the nurse so that the nurse could call the doctor as well and the family.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 12:20PM with RN M said she worked the 6AM-6PM shift and had been in-serviced on notifying the physician whenever a resident experience a change in condition. RN M said she had been in-serviced on the s/s of silent aspiration (drooling at the mouth, difficulty breathing, change in the color of resident skin) and choking. RN M said if a resident experienced this, the doctor had to be notified right away to get an order for a swallow evaluation and possible diet change. RN M said the resident care plan also had to be updated and the RP notified.</p> <p>Interview on [DATE] at 1:13PM with CNA N said she normally worked the morning shift. CNA N said she had been in-serviced on when a resident was choking to give the Heimlich maneuver. CNA N said s/s of silent aspiration was difficulty breathing, watering of the eyes, drooling at the mouth, and possible reaching for their throat. CNA N said she would try and clear resident airway by giving thrust in the back and then proceed with the Heimlich maneuver. CNA N said she would notify the nurse on all changes in a resident condition. CNA N said she was in-serviced to review resident care plan.</p> <p>Interview on [DATE] at 2:38PM with LVN O said he was in orientation and was hired to be a Unit Manager. LVN O said he had received in-service on checking the crash cart, if a resident was choking to perform the Heimlich maneuver. LVN O said if the resident lost consciousness, he would have someone call 911 and he would start CPR right away. LVN O said some s/s of silent aspiration were the following: short of breath, wheezing, eyes bulging, perspiring, trying to clear their throat, drooling at the mouth, pocketing food. LVN O said the doctor had to be notified in both incidents as well as the RP. LVN O said resident care plan also had to be updated regarding the incident.</p> <p>Interview on [DATE] at 2:47PM with CNA I said she worked the morning and evening shifts and had been in-serviced on how to do the Heimlich maneuver, chest thrust if a resident was choking. CNA I said the nurse had to be notified of all changes in a resident condition. CNA I said she was in-serviced on recognizing some s/s of silent aspiration (change in a resident facial expression, drooling at the mouth, wheezing or difficulty breathing). CNA I said she was in-serviced that when having to feed a resident, to take her time and feed them slowly being aware to provide resident their beverage between feeding during meal service. CNA I said she was also in-serviced to review resident care plan in POC.</p> <p>Interview on [DATE] at 8:00PM with CNA P via phone said he worked the night shift 10PM-6AM. CNA P said he had been in-serviced in the following: POC regarding the resident plan of care, choking and how to apply the Heimlich maneuver, back blows and chest thrust, and reporting change in condition. CNA P said the nurse had to be notified if he witnessed a resident choking. CNA P said he was also in-serviced on silent aspiration.</p> <p>Interview on [DATE] at 8:08PM with CNA J said she worked the night shift 10PM-6AM. CNA J said she received in-service on silent aspiration and choking, checking resident care plan in POC, and when feeding the resident to feed slowly observing for and signs of choking and reporting to the nurse immediately all changes in a resident condition. CNA J said she had received in-service on resident plan of care that could be found in the computer.</p> <p>Interview on [DATE] at 10:30AM with LVN Q said he worked the 6AM-6PM shift and received in-service making sure a resident care plan was updated when there was a change in condition, notifying the doctor and the RP if the resident experience a change in condition, how to intervene if a resident experience choking, if the resident lose consciousness call for help and began CPR, the s/s of silent aspirations, and checking the crash cart each shift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 5:00AM with LVN S said she worked the 6:00PM to 6:00AM shift. LVN S said she had been in-serviced on choking and silent aspiration, the importance of notifying the physician when a resident experience a change in condition and making sure resident care plan was updated.</p> <p>Interview on [DATE] at 9:14PM with LVN R said they worked the night shift 6PM-6AM. LVN R said they had been in-serviced on s/s of silent aspiration and choking and to notify the doctor and the RP. LVN R said they were also in-serviced on making sure that the resident care plan was updated whenever a resident experience a change in condition and checking the crash cart.</p> <p>Interview on [DATE] at 11:25AM with CNA T said she worked the 6am to 2pm shift on the MCU. CNA T said she had been in-serviced on choking, performing the Heimlich maneuver, abuse and neglect, s/s of silent aspiration, reporting to the nurse when she observed a change in resident, and reviewing the resident plan of care in POC.</p> <p>Interview on [DATE] at 11:32AM with the ADON said she was in-serviced on choking/silent aspiration, notifying the doctor and RP when there was a change in resident condition, updating the care plan right away when a resident have a change in condition.</p> <p>Interview on [DATE] at 2:11PM with MDS Nurse said she was in-serviced on care planning on how and what to care plan to ensure that each resident care plan was individualized and personalized. MDS Nurse said she was also in-serviced on care planning for dysphagia, updating the resident care plan when a change in condition has occurred, notify the physician of the change, s/s of silent aspiration.</p> <p>Interview on [DATE] at 2:18PM CNA U work 6AM-2PM received in-service on different techniques to open a resident airway when choking which were back and chest thrust, and Heimlich maneuver, s/s of silent aspiration and to report to the nurse all changes in a resident condition.</p> <p>Interview on [DATE] at 2:30PM with LVN W said she worked the 6AM-6PM shift. LVN W said she had been in-serviced on abuse and neglect, choking, checking the crash cart each shift, notifying the physician if a resident experience a change in condition, and updating the care plan when there was a change in resident condition.</p> <p>Interview on [DATE] at 4:28PM with CNA V said she worked the 2PM-10PM shift. CNA V said the NF had in serviced her on choking and s/s of silent aspiration (discoloration of the face, difficulty in breathing, and drooling of the mouth). CNA V said if a resident was choking, she would perform the Heimlich or thrust resident on the back. CNA V said she was in-serviced to let the nurse know if she witnesses this and to always look in POC for resident plan of care, and when feeding resident to feeding resident slowing making sure resident was not choking. CNA V said she was also informed to use any recommended utensil when feeding a resident that was high risk for choking.</p> <p>Interview on [DATE] at 4:38PM with RN X said he worked the 6AM-6PM shift full time on Station C. RN X said he had received in-service on the following: s/s of silent aspiration (resident unable to speak, eyes watering, discoloration of skin to the face, drooling from the mouth, difficulty breathing). RN X said he would apply the Heimlich maneuver if a resident was choking and if the resident loss consciousness, he would have to begin CPR signaling someone else to call 911. RN X said if a resident experience the above, it was considered a change in condition and therefore, the physician as well as the RP had to be notified and the residents care plan had to be updated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 9:02AM with CMA AA said she worked the morning shift 7AM-8:30PM. CMA AA said she had been in-serviced on choking and aspiration. CMA AA said if a resident started choking, she would call for help and immediately apply one of the following, Heimlich maneuver, chest or back blows. CMA AA said some s/s of silent aspiration were drooling of the mouth, difficulty breathing, wheezing, discoloring of the skin, and unable to speak). CMA AA said she would inform the nurse for resident change in condition. CMA AA aid when feeding a resident, she had to observed for any of these signs especially residents with swallowing issues.</p> <p>Interview on [DATE] at 9:33 with CNA BB said she worked the morning shift and had been in-service on choking and silent aspiration. CNA BB said a resident that may have aspirated she would observe for the following: possible wheezing or difficulty breathing, drooling at the mouth. CNA BB said if she observed this, she could either give the resident back thrust, chest thrust or the Heimlich to try and clear the resident airway and have someone to call for 911. CNA BB said she would also tell the nurse right away. CNA BB said she was in-serviced on checking the POC for residents she provided care for. CNA BB said she was instructed when feeding a resident to feed resident slowing one bite at a time to prevent choking. CNA BB said if she noticed a resident not tolerating diet texture, she had to notify the nurse immediately because that was a change in the resident condition.</p> <p>Interview on [DATE] at 11:27AM with LVN BB said she worked at the NF PRN on the night shift. LVN BB said she had been in-serviced on abuse and neglect, checking crash cart each shift, updating a resident care plan when there had been a change in resident condition, notifying the physician and the RP when resident experience a change in condition, choking and aspiration precautions, and recognizing the signs of silent aspiration (drooling at the mouth, difficulty breathing, discoloration of the skin).</p> <p>Interview on [DATE] at 11:32AM with LVN C said she worked the night shift and had been in-serviced choking, silent aspiration and how to intervene by doing the Heimlich maneuver, back blows or chest thrust, notifying the doctor whenever resident have a change in condition and the RP. LVN C said the care plan had to be updated when a resident has a change in condition.</p> <p>Interview on [DATE] at 12:17PM with RN CC said he was the NF Weekend Supervisor. RN CC said he had received the following in-services: choking and silent aspiration, abuse /neglect, notifying the physician and RP when a resident has a change in condition, and updating the care plan when there was a change in a resident condition.</p> <p>The Administrator was informed the Immediate Jeopardy was removed on [DATE] at 4:54PM. The facility remained out of compliance at a severity level of isolated and a scope of harm due to the facility's need to evaluate the effectiveness of the corrective systems that were put into place.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35822</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents received adequate supervision and assisted device to prevent accidents for 1 of 22 residents (CR #1) reviewed for accidents.</p> <p>-The facility failed to intervene by putting interventions in place when CR #1 began having choking episode during eating on [DATE].</p> <p>-The facility failed to in-service staff on the s/s of silent aspiration and choking.</p> <p>-The facility failed to monitor CR #1 during meals after she had a choking episode on [DATE]. CR #1 experienced another choking episode on [DATE] and had to be transferred to the hospital via 911services. CR #1 passed away at the hospital on [DATE].</p> <p>This failure could place residents at risk for choking/silent aspiration that could lead to death.</p> <p>An IJ was identified on [DATE]. The IJ template was provided to the facility on [DATE] at 1:07PM. While the IJ was removed on [DATE] at 12:24PM, the facility remained out of compliance at a scope of isolated and a severity of harm because all staff had not been trained on the importance of monitoring residents with dysphagia to prevent choking/ silent t aspiration.</p> <p>Findings:</p> <p>CR #1</p> <p>Record review of CR #1's face sheet dated [DATE] revealed an 83year old female admitted to the NF originally on [DATE] and again on [DATE] with diagnoses that included the following: Alzheimer's Disease with late onset, dysphagia (difficulty swallowing) diagnosed on [DATE], heart disease, and cerebral infarction (disrupted blood flow to the brain).</p> <p>Record review of CR #1's MDS dated [DATE] reflected BIMS score 00 indicating resident cognition was severely impaired. Further review section K (swallowing/Nutrition Status) reflected that CR #1 had no s/s of possible swallowing disorder. Further review of the MDS section GG reflected that CR #1 required setup or clean-up assistance.</p> <p>Record review of CR #1's Physician Order Summary Report for the month of [DATE] included the following orders:</p> <p>-Dated [DATE] carb controlled no added salt mechanical soft texture, regular consistency.</p> <p>-Dated [DATE] may crush meds/open capsule every 12 hours for safety.</p> <p>-Dated [DATE] SLP evaluation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Dated [DATE] Comprehensive swallow consult including MBSS (procedure to determine whether food or liquid is entering a person's lungs) to assess aspiration risk, r/o silent aspiration, determine least restrictive diet texture, assess esophageal function and physician consult for dysphagia include appropriate nutritional status.</p> <p>Record review of Screening Tool done by the NF Rehab Director on [DATE] reflected in part:</p> <p>.DON referred PT for ST services for dysphagia management. No s/s of swallow impairment noted at this time however ST to complete eval and schedule MBSS to r/o silent aspiration .</p> <p>Record review of CR #1 Speech Therapy note dated [DATE] recommended thin liquids and mechanical soft/ground textures, puree (creamy paste) consistencies.</p> <p>Record review of CR #1's Care Plan updated [DATE] did not reflect that CR #1 was being care planned for dysphagia.</p> <p>Record review of CR #1's Nursing Progress Notes dated [DATE] documented by RN B at 19:55 (8:55PM) reflected in part:</p> <p>.CR #1 was wheeled from the dining room to the nurse station by CNA at about 5:30PM with no sign of distress or discomfort. At about 5:45PM, CNA call out that resident was unresponsive on the wheelchair by the nursing station. Code blue activated, CPR done, oxygen connected, AED used, 911called. 911 arrived and took over the resident resuscitation. 911 later transferred the resident to hospital for further management, family member was notified of resident condition. NP also notified .</p> <p>Interview on [DATE] at 2:00PM the DON said he incident regarding CR #1 happened around 6:00PM or a little after on [DATE] but could not remember the exact time. The DON said CNA A was standing in the hallway calling for help. The DON said when she arrived at the scene, she observed CR #1 had been placed on the floor by staff members. The DON said the nurses had already initiated CPR and that she began to assist with the CODE ensuring that 911 services had been called. The DON said CR #1 had a weak pulse and was not breathing. The DON said CR #1 was not choking and believed that CR #1 had experienced a mini stroke.</p> <p>Interview on [DATE] at 2:11PM the Administrator said the NF had called the hospital where CR #1 was transferred to. The Administrator said the hospital informed that CR #1 had to be intubated and think placed on placed on a ventilator.</p> <p>Interview on [DATE] at 2:40PM with the MDS Nurse said she had been working at the NF for almost a month. The MDS Nurse said she was not aware that CR #1 was not being care planned for dysphagia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 3:06PM with CNA A said she worked at the NF full time on the 2PM-10PM shift. CNA A said the time was around 5:30PM-6:00PM on [DATE] when CR #1 was being wheeled from the Dining Room by another CNA (who name she could not recall). CNA A said CR #1 was placed facing the nurse station sitting in w/c. CNA A said CR #1 did not have any front teeth and therefore was unable to chew food well and could not swallow good. CNA A said at one time, CR #1 was on a puree diet and was later upgraded to a mech soft diet. CNA A said on [DATE] CR #1 choked off her food while feeding her in bed during dinner time. CNA A said CR #1 was eating potato soup. CNA A said she tried to help CR #1 when she started choking but was unsuccessful and therefore called LVN W who never came to CR #1's room. CNA A said the oncoming nurse LVN B came to the room and just looked at CR #1. CNA A said it was CNA I that helped CR #1 by pulling CR #1 forward in bed. CNA A said the food came up which was some potatoes and other undigested food. CNA A said CR #1 appeared to be okay after the choking incident on [DATE]. CNA A said she told LVN W and LVN B that CR #1's diet needed to be changed. CNA A said she also told the DON that CR #1 had experienced choking on [DATE]. CNA A said she had informed the DON on [DATE] at 7:30PM and that the DON was preparing to leave the NF to go home. CNA A said RN E told her that it was a chain of command for CR #1 to be assessed by the Speech Therapist. CNA A said RN E said the ADON had to be informed. CNA A said RN E told her that she would notify the ADON. CNA A said she went to the Speech Therapist on [DATE] in the evening and told him about resident choking episode on [DATE]. CNA A said the Speech Therapist told her that he would need an order. CNA A said she had informed the Administrator verbally on [DATE] and the Administrator told her to write a statement. CNA A said she wrote a statement at 11:34AM on [DATE] and send to the Administrator via e-mail regarding CR #1's choking incident on [DATE]. CNA A said she did not want the surveyor to say anything to the Administrator because she did not want to lose her job. CNA A said she went to the kitchen on [DATE] and told them what to give CR #1. CNA A did not elaborate on the exact food she told the kitchen to serve CR #1 but told them to give CR #1 soft texture foods that did not require CR #1 to chew a lot. CNA A said the kitchen gave CR #1 a mechanical soft diet. CNA A said [DATE] at 5:30PM or 6:00pm at the nurse station she saw CR #1 leaning to her side drooling at the mouth with food in her mouth. CNA A said nurse LVN C was trying to get the food out of CR #1's mouth. CNA said LVN C began to hit CR #1 in back, but CR #1 was not responding. CNA A said herself and LVN C transferred CR #1 on the floor and at this time CR #1 was completely unresponsive. CNA A said she started screaming for help and 911 was called. CNA A said after that she did not know what took place next because she went to see if 911 had arrived so she could direct them to the hall CR #1 was residing on.</p> <p>Interview on [DATE] at 3:45PM CNA I said she worked the first shift 6AM-2PM mainly but did work over sometimes on the evening shift. CNA I said the first time she observed CR #1 choking was on [DATE] after 5:50PM. CNA I said she believed that it was CNA A that called her to come and assist with CR #1 choking episode on [DATE]. CNA I said CNA A was standing in the hallway calling for help. CNA I said there was a new nurse caring for CR #1 who name she could not recall. CNA I said CR #1 was choking when she entered her room. CNA I said she immediately pulled CR #1 forward in bed trying to relieve the choking. CNA I said the food did come up and that the new nurse was just standing on the side of CR #1's bed looking. CNA I said they continued to let CR #1 sit up in bed and they continued to monitor CR #1 for any further choking. CNA I said CNA A said she was going to report the incident. CNA I said CR #1 appeared to be okay for the remainder of the shift. CNA I said the next morning when she returned to work, she told RN E that CR #1 needed to be gotten out of bed for her meals due to the choking episode on [DATE] and RN E agreed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 4:33PM CNA H said she worked from 2PM-10PM full time. CNA H said on [DATE] she was assigned to CR #1. CNA H said CR #1 was in the Dining Room sitting at the table of residents that needed to be fed. CNA H said CR #1 was able to feed herself just had to help her at times. CNA H said CR #1 was served for dinner chopped sausage in a bun, beets, and potato fries. CNA H said CR #1 was always choking or coughing when eating her food and that her choking was silent with her eyes watering. CNA H said in the past, she told this to LVN W and RN E. CNA H said RN E said nothing was wrong and just patted CR #1 on her back. CNA H said after dinner on [DATE], she pushed CR #1 in her w/c back to the nurse station. CNA H said as they were leaving the dining room, CR #1 took a bite of her hot dog bun and her beets. CNA H said when she arrived at the nurse station with CR #1, LVN C was at the nurse station. CNA H said later she heard CNA A and CNA D saying CR #1 was choking. CNA H said CR #1 was lowered to the floor from the w/c. CNA H said LVN C told her to call 911. CNA H said when 911 arrived, they suctioned CR #1 mouth, and food came out of CR #1's mouth.</p> <p>Interview on [DATE] at 5:19PM via phone LVN B said she worked the 6PM-6AM shift PRN. LVN B said the last time she worked at the NF was on [DATE] and [DATE]. LVN B said CR #1 did not have any issues with choking. LVN B said CNA A was feeding CR #1 in bed on [DATE]. LVN B said CR #1 was being fed soup along with some type of salad with chunks of chicken chopped up in it. LVN B said CR #1 was not choking, but just not tolerating the texture of the food. LVN B said CR #1 had tea or apple juice as a beverage. LVN B said she heard CNA A calling for help and when she arrived to CR #1's room, CR #1 was able to follow commands and did spit the food out. LVN B said CNA A was in a complete uproar and got overly excited. LVN B said the incident was mentioned to the DON who came on the unit. LVN B said the DON said she would take care of the matter. LVN B said she did not call the physician on [DATE] because the DON said she would take care of it.</p> <p>Interview on [DATE] at 5:52PM the DON said it was CNA A that came to her on [DATE] around 8:00PM telling her that CR #1 was having difficulty swallowing. The DON said she put an order in on [DATE] for CR #1 to be evaluated by the Speech Therapist but did not call the NP or the physician. The DON said she told the NP when she was at the facility on [DATE] and the NP said that was good that she put an order in for CR #1 to be assessed by the Speech Therapist. The DON said she had not in-serviced the Nursing staff on silent aspiration/choking. The DON said the s/s of silent aspiration were pocketing food, difficulty in breathing, increase heart rate, and change in skin color. Further interview with the DON revealed that she was not aware that CR #1 was not being care planned for dysphagia. The DON said herself and the Regional MDS Nurse was responsible in ensuring all residents had a comprehensive care plan and updated whenever there was a change in a resident condition. The DON said the reason she did not call the physician when told that resident had choked on her diet was because she got ahead of herself and just wrote the order. The DON said the physician should have been notified first before she put an order in for CR #1 to be evaluated by Speech Therapist because that was the normal process.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 12:25PM LVN C said she worked the 6PM-6AM shift. LVN C said on [DATE] the incident happened before her shift started. LVN C said the staff were bringing the residents back from the dining room after eating dinner. LVN C said CNA A asked if CR #1 was choking and the time was around 5:30PM. LVN C said she observed CR #1 choking. LVN C said she removed food from CR #1's mouth and performed the Heimlich maneuver but was unsuccessful. LVN C said her and a CNA name she could not remember transferred CR #1 from her w/c to the floor and told another staff to call 911. LVN C said she initiated CPR. LVN C said at this time, CR #1 was not breathing. LVN C said CR #1's primary care nurse at the time was RN E. LVN C said she never suction CR #1 because she could not see any food after removing food out of her mouth initially. LVN C said when EMS arrived, they had to intubate CR #1 and that was when she saw EMS suctioning food from CR #1's mouth. LVN C said when EMS transferred CR #1 to the hospital, she was not breathing, and her pulse was weak. LVN C said CR #1 did not have any teeth. LVN C said when the staff assisted CR #1 from the dining room to the nurse station, CR #1 had food in her mouth because she pulled out of CR #1's mouth what appeared to be oranges and beets. LVN C said she never received in-service on silent aspiration/choking but because she was also a Respiratory Therapist and that she knew the signs and symptoms of silent aspiration/ choking.</p> <p>Interview on [DATE] at 11:45AM RN E said she was CR #1's primary care nurse on the day CR #1 coded. RN E said no one had told her that CR #1 had been choking on her food. RN E said CR #1 was able to feed herself just had to be monitored. RN E said she was the nurse assigned to the dining room during dinner time on [DATE]. RN E said she was going around monitoring the residents and that CR #1 ate her dinner like she normally done. RN E said CR #1 was on mechanical soft diet. RN E said she could not recall exactly what CR #1 had on her dinner plate on [DATE], but believed it was some meat inside of bread. RN E said CR #1 fed herself for dinner. RN E said when CR #1 was removed from the dining room, she did not know if resident was still eating or pocketing food in her mouth. RN E said she was the only nurse in the dining room along with ,d+[DATE] CNA's. RN E said she was supervising over 40 residents in the dining room at dinner time on [DATE]. RN E said during her supervision, she was supposed to be assessing for signs and symptoms of choking and that it would be nice if the facility had more than one nurse in the dining room to help supervise the residents.</p> <p>Interview on [DATE] at 9:46AM the NP said she was at the NF and saw CR #1 but could not remember the exact date. The NP said CR #1 appeared okay. The NP said the NF never informed her that CR #1 experienced a choking incident on [DATE]. The NP said she later received a text from RN E on [DATE] informing that CR #1 was unresponsive and 911 had to be called. The NP said the DON's mistake was putting an order in without consulting her first. The NP said had she informed her when the incident happened, she would have put interventions in place such as changing resident diet and given further orders to assess resident swallowing to prevent resident from aspirating.</p> <p>Interview via phone on [DATE] at 11:08AM the Speech Therapist said he was told by the Director of Rehab that CR #1 had a choking incident on [DATE] and was in need of an assessment. The Speech Therapist said he did a swallow assessment on CR #1 on [DATE] at 7:15AM. The Speech Therapist said he gave CR #1 crackers and thin liquids. The Speech Therapist said he did not identify any concerns, but because there were concerns, he recommended that CR #1 be further evaluated by doing a MBSS (a procedure done to determine whether food or liquid is entering a person's lungs). The Speech Therapist said he put the order in on [DATE]. The Speech Therapist said he did not at the time of CR #1's assessment recommend changing CR #1's diet because he did not see any issues and he used his own clinical judgement. The Speech Therapist said no one from the Nursing Department informed him verbally about CR #1 had experienced on [DATE] choking when eating her dinner.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview [DATE] at 2:30PM the ADON said she was the ADON for Station B. The ADON said she had been working at the facility for a little over a month. The ADON said none of the nurses or CNA's had informed her that CR #1 was choking on her food. The ADON said if they had, she would have called the doctor or NP to get an order for a swallow evaluation and notified the family.</p> <p>Interview on [DATE] at 1:10PM the DON said during meal services, the dining room was supposed to be staffed with 8 staff members that consisted of 2 nurses, 4 CNA's, and 2 Department heads to monitor the residents while eating.</p> <p>Interview [DATE] at 1:13PM Interview with CNA N said she had taken care of CR #1 and noticed CR #1 would pocket her food at times. CNA N said she did report these happenings to RN E.</p> <p>Interview via phone on [DATE] at 1:34PM with CR #1 Primary Care Physician said the NF never notified her that CR #1 had a choking episode on [DATE]. The PCP said CR #1 was on a mechanical soft diet and was at high risk for choking. The PCP said had the facility notified her of CR #1 choking episode on [DATE], she could have given prophylactic orders that consisted of the following: place resident on NPO or a liquid diet, ordered a MBSS, placed resident on antibiotics, and started breathing treatments because resident may have aspirated on [DATE] that could lead to pneumonia.</p> <p>Interview on [DATE] at 2:30PM LVN W said no one ever told her that CR #1 was choking on her food. LVN W said whenever she worked at the NF from 6AM-6PM, she assisted in the Dining Room. LVN W said CR #1 sat on the feeder table but was able to feed herself. LVN W said CR #1 ate her food really slow and you could not rush her. LVN W said she never observed CR #1 choking when she ate her food or drank beverages.</p> <p>Record review of the NF policy on Incident and Accident dated [DATE] reflected in part:</p> <p>.Accident and incidents involving residents shall be investigated and reported to the Administrator .complete an incident/accident report when staff is aware that an incident occurred. Review incident at daily clinical meeting .</p> <p>The facility Administrator and DON were notified on [DATE] at 1:07PM that an IJ situation had been identified due to the above failures. The IJ templated was provided.</p> <p>The following plan of removal was submitted by [DATE] and accepted on [DATE] at 4:54PM.</p> <p>PLAN of REMOVAL</p> <p>Date: [DATE]</p> <p>The facility failed to ensure each resident received adequate supervision and assistive devices to prevent accidents.</p> <p>The facility failed to notify the Physician when resident had a choking episode on [DATE].</p> <p>The facility failed to intervene by putting interventions in place when CR #1 began having choking episode during eating on [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The facility failed to in-service staff on the s/s of silent aspiration and choking.</p> <p>The facility failed to monitor CR#1 who had a choking episode on [DATE].</p> <p>What corrective actions have been implemented for the identified residents?</p> <p>On [DATE] resident CR#1 involved in failed practice was discharged to the hospital per MD orders on [DATE].</p> <p>On [DATE] the facility Director of Clinical Services/designee reviewed all residents with a diagnosis of dysphagia and updated resident care: completed [DATE].</p> <p>On [DATE] at 4:00pm the Facility Administrator notified the Medical Director, and the attending physician of failed practice.</p> <p>In-services provided to DCO.</p> <p>On [DATE] the following in-service was provided to the Director of Clinical Services (DCO) by the Regional Director of Clinical services (RDCO)</p> <p>3. Notifying the Physician Immediately of Change of Condition Occurs and Obtaining Orders from the Physician before treating the Resident.</p> <p>4. Ensure monitoring during and after meal intake is put in place while waiting on speech therapy to screen/ evaluate resident and to ensure monitoring is conducted and documented on the TAR by the License Nurse. DCO/designee will check the 24 hour report to ensure documentation is correct and necessary is in place. Will be discussed in morning clinical meetings.</p> <p>5. On notifying resident's responsible party on changes of condition and new intervention that was put in place, completion date [DATE].</p> <p>In-services provided to Licensed Nurses</p> <p>On [DATE] the DCO initiated in-services for facility charge Nurses on the following</p> <p>III. Complete assessment when there is a change of condition noted during meal service and document using SBAR assessment, to document on the TARS by the License monitoring of meal and follow up with a progress note for follow of any concerns completion date: [DATE].</p> <p>IV. To notify resident's attending physician of the change and obtain order for therapy screenings/evaluations needed completion date [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>V. Aspiration precaution on resident with difficulty in swallowing that includes pocketing food, Charge Nurses to monitor resident during meal intake. Charge Nurses to ensure resident's meal is provided according to order. Charge Nurses to ensure resident's mouth is brushed post meal intake to remove left over food from the mouth. Charge Nurses to ensure residents are provided with fluids in between meals. Charge Nurses to ensure residents are provided with meal intake small bite at a time. Charge Nurses to notify MD of increase difficulty with swallowing for possible texture change, completion date [DATE].</p> <p>VI. Charge Nurses to notify resident's RP of texture change and change of condition, as changes are made, no revisions needed completion date [DATE].</p> <p>VII. On [DATE] The Director of Clinical Services/Designee in-serviced license Nurses on auditing crash cart ensuring items are present has listed per documented worksheet: completion date [DATE].</p> <p>VIII. 1:1 in-service conducted with LVN B by the DCS regarding physician notification completion date [DATE] CNA education provided are below.</p> <p>On [DATE] The C N A's in-service on Aspiration precautions; choking, secretions from the mouth pocketing food not swallowing and notification to the License Nurse immediately completion date [DATE].</p> <p>C N A 's in-service on notifying License Nurses concerning change in conditions and documentation in POC documentation. completion date [DATE]</p> <p>Therapy in-service listed below.</p> <p>The SLP was in-service by the facility administrator to ensure referrals made on resident's swallowing concerns are addressed and recommendations are reviewed with license Nurses and communicated with resident's attending physician: Completion date [DATE].</p> <p>The facility administrator provided in-service to Therapy Director on completion of Therapy screen documentation with recommendations noted on screening tool. Completion date [DATE]</p> <p>Validation/Monitoring</p> <p>The DCS/Designee reviewed residents' last SLP referrals no corrections as of [DATE].</p> <p>Facility IDT reviewed policy/procedure of aspiration, swallowing precautions, therapy referrals, no revisions needed. Completion date [DATE].</p> <p>On [DATE] the Director of Clinical Services/designee reviewed all residents with a diagnosis of dysphagia and updated resident care: completion date [DATE].</p> <p>What does the facility need to change immediately to keep residents safe and ensure it does not happen again.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>D. The DCN/Designees will review all changes in condition and therapy referral in daily clinical meetings and ensure follow is completed timely, staff monitoring is in place, the RP/MD is notified of changes and new recommendation if followed. Completed [DATE].</p> <p>E. The Director of Clinical Services will ensure Licensed Nurses notify the Physician Immediately of Change of Condition Occurs and Obtaining Orders from the Physician before Treating the Resident completed: [DATE].</p> <p>F. Newly hired nurses will be in-serviced by the Director of Nursing or designee on immediately notifying the attending physician of residents change of conditions, obtaining orders for therapy screening and evaluations as needed, signs and symptoms of Aspiration Precautions, residents with diagnosis of Dysphagia care plan interventions, checking facility crash carts daily to ensure items needed are available on the cart and document results with correction if needed.</p> <p>G. Facility License Nurses and Certified Nursing Assistants will be in-service on the training courses listed in the plan before the start of their next shift.</p> <p>Quality Assurance</p> <p>An Ad Hoc Quality Assurance and Performance Improvement review of the plan of removal was completed on [DATE] with the Medical Director. The Medical Director has reviewed and agrees with this plan.</p> <p>The surveyor confirmed the plan of removal had been implemented sufficiently to remove IJ by the following:</p> <p>Interview on [DATE] at 11:25AM with RN E said she worked on Station B 6AM-6PM. RN E said she had just received in-service on checking crash cart, signs and symptoms of choking and silent aspiration which were the following: grasping at the neck, apprehension, coughing and noisy breathing. RN E said she would intervene by giving several back blows between the shoulders to try and clear the resident airway. RN E said if this was unsuccessful, she would perform the Heimlich maneuver. RN E said if the resident became un-responsive, she would call for help and start CPR. RN E said some s/s of silent aspiration were the resident being unable to speak, tearing of the eyes, drooling of the mouth, and skin color. RN E said all were a change in condition and that she would notify the physician as well as the RP and make sure resident care plan got updated.</p> <p>Observation on [DATE] at 11:35AM revealed on Station B across from the nurse station was residents sitting in their w/c's dressed in street clothing with no concerns identified.</p> <p>Interview on [DATE] at 11:42AM with CNA F on Station B said that she worked the morning shift 6AM-2PM. CNA F said she had received in-service on what to do if a resident began to choke while eating. The CNA said she would call for help and began to try and clear the resident airway by providing the Heimlich maneuver. The CNA said some s/s/ of silent aspiration was resident having difficulty breathing, change in their facial appearance and skin color. The CNA said if she observed a resident having difficulty swallowing their food or pocketing their food, she would notify the nurse right away so that the resident could be assessed. The CNA said she was in-service to notify the nurse whenever she noticed a change in resident condition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 11:50AM with CNA Y said she worked the 6AM-2PM full time. CNA Y said she had been in-serviced on notifying the nurse when resident had a change in condition, s/s of silent aspiration were discoloration in the face, change in facial expression, and difficulty breathing. CNA Y said if the resident was choking, she would give them the Heimlich maneuver to try and help the resident clear the air way. CNA Y said she had been in-serviced to review the resident POC in the computer.</p> <p>Interview on [DATE] at 11:58AM with Wound Care Nurse said she worked at the NF Monday through Friday and did assist with monitoring the residents during mealtimes. The Wound Care Nurse said she had been in-serviced on choking and how to apply the Heimlich maneuver. The Wound Care Nurse said if the resident became unresponsive, CPR had to be initiated immediately and call 911. The Wound Care Nurse said s/s of silent aspiration were drooling at the mouth, skin discoloration of the face, difficulty breathing, and perspiring. The Wound Care Nurse said the physician and the RP had to be notified immediately when a resident experience a change in condition and the care plan had to be updated.</p> <p>Interview on [DATE] at 12:07PM with CMA K said she worked the Memory Care Unit and worked the morning and evening shift. CMA K said she had been in-serviced on choking and silent aspiration. CMA K said s/s of silent aspiration was drooling at the mouth, perspiring, difficulty breathing, and change in skin color. CMA K said if a resident was choking, she would call for the nurse and apply several back blows, if that was unsuccessful, she would do the Heimlich maneuver. CMA K said the incident must be reported to the nurse immediately as any change in condition. CMA K said when feeding a resident, she had to feed them slowly being careful to offer them fluids in between eating.</p> <p>Interview on [DATE] at 12:14PM with CNA L said she worked the Memory Care Unit 6Am-2PM and been in-serviced on reviewing the resident plan of care in POC, monitoring the residents for choking or s/s of silent aspiration and that all changes in condition were to be reported to nurse. CNA L said resident had to be observed closely during mealtimes and if they notice a resident choking call the nurse immediately and do the Heimlich maneuver to dislodge what was blocking the resident airway. CNA L said the s/s of silent aspiration was drooling at the mouth, difficulty breathing, bulging of the eyes, change in skin color, and grabbing their neck. CNA L said the incident had to be reported to the nurse so that the nurse could call the doctor as well and the family.</p> <p>Interview on [DATE] at 12:20PM with RN M said she worked the 6AM-6PM shift and had been in-serviced on notifying the physician whenever a resident experience a change in condition. RN M said she had been in-serviced on the s/s of silent aspiration (drooling at the mouth, difficulty breathing, change in the color of resident skin) and choking. RN M said if a resident experienced this, the doctor had to be notified right away to get an order for a swallow evaluation and possible diet change. RN M said the resident care plan also had to be updated and the RP notified.</p> <p>Observation on [DATE] at 12:32PM in the Dining Room of lunch being provided to the residents revealed over 6 staff members being present one being the Wound Care Nurse. There were no concerns identified.</p> <p>Observation on [DATE] at 1:05Pm in the MCU of the residents eating their lunch with staff members being present. There were no concerns identified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Beechnut		STREET ADDRESS, CITY, STATE, ZIP CODE 12777 Beechnut St Houston, TX 77072	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 1:13PM with CNA N said she normally worked the morning shift. CNA N said she had been in-serviced on when a resident was choking to give the Heimlich maneuver. CNA N said s/s of silent aspiration was difficulty breathing, watering of the eyes, drooling at the mouth, and possible reaching for their throat. CNA N said she would try and clear resident airway by giving thrust in the back and then proceed with the Heimlich maneuver. CNA N said she would notify the nurse on all changes in a resident condition. CNA N said she was in-serviced to review resident care plan.</p> <p>Interview on [DATE] at 2:38PM with LVN O said he was in orientation and was hired to be a Unit Manager. LVN O said he had received in-service on checking the crash cart, choking that if the resident was choking to perform the Heimlich maneuver. LVN O said if the resident lost consciousness, he would have someone call [TRUNCATED]</p>