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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675078 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Oasis at Galleria LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 2808 Stoneybrook Drive Houston, TX 77063 | |
| 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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37059</p> <p>Based on observations, interviews, and record review the facility failed to ensure that residents received proper treatment and care to maintain mobility and good foot health, and failed to provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) for 1 (Resident #1) of 5 residents reviewed for foot care.</p> <p>The facility failed to ensure Resident #1 had his toenails trimmed by a podiatrist.</p> <p>This failure could place residents at risk of discomfort, poor foot hygiene, or a decline in residents' physical condition.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet dated 6/28/2024 reflected a [AGE] year-old male who admitted to the facility on [DATE] with diagnoses that included: Type 2 diabetes mellitus without complications (high blood sugar), need for assistance for personal care, anemia (reduced healthy red blood cells), muscle wasting, and sepsis (infection of the blood stream).</p> <p>Record review of Resident #1's Care Plan dated 6/28/2024 reflected the following in part:</p> <p>Focus: Anemia [Resident #1] was a risk for increased weakness/fatigue AEB - Dx Anemia. Date initiated 3/18/2024.</p> <p>Goal: [Resident #1] will continue to maintain current ADL functions . will be within normal limits over the next 90 days. Date Initiated 3/18/2024.</p> <p>Interventions: Assist with ADLs as needed. Date Initiated: 3/18/2024.</p> <p>Record review of Resident #1's Quarterly MDS dated [DATE] reflected he had a BIMS score of 7, which indicated severe cognitive impairment. Active diagnoses included: Anemia and Diabetes Mellitus.</p> <p>Record review of Resident #1's progress note dated 6/10/2024 reflected the following: Podiatrist consult needed. Created by NP.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Attempted record review of facility Date of Service for resident podiatry services from January 2024 - June 2024 was not able to be reviewed because the facility staff did not have access to the SW's documentation.</p> <p>Record review of Resident #1's Skin Monitoring: comprehensive CNA Shower Review dated 6/12/2024 reflected: Does the resident need his/her toenails cut? The Yes box was checked. Forward to DON/ADON The Yes box was checked.</p> <p>Record review of Resident #1's Skin Monitoring: comprehensive CNA Shower Review dated 6/21/2024 reflected: . long toenails (handwritten).</p> <p>Record review of Resident #1's Skin Monitoring: comprehensive CNA Shower Review dated 6/11/2024, 6/19/2024, 6/24/2024, and 6/26/2024 reflected the following:</p> <p>6/11/2024 -: Does the resident need his/her toenails cut? Was not checked.</p> <p>6/19/2024 -: Does the resident need his/her toenails cut? The No box was checked.</p> <p>6/24/2024 -: Does the resident need his/her toenails cut? Was not checked.</p> <p>6/26/2024 -: Does the resident need his/her toenails cut? Was not checked.</p> <p>During an observation and interview with Resident #1 on 06/28/2024 at 11:40 a.m. he was in his bed. Resident #1's toenails were extended and curled past his toenail bed on both feet. Resident #1's toenails extended approximately 1/2 inch. The skin on Resident #1's feet was dry and flaky. Resident #1 said he did not want his toenails to be long. He said he asked a person (he described as a podiatrist) if he could get his toenails clipped approximately a month ago and Resident #1 said the podiatrist said he needed to ask the nurse. Resident #1 said he told an unknown nurse but had not received podiatry services. Resident #1 said he wanted his toenails cut and was not use to his toenails being long. He said his toenails had not been cut since admission.</p> <p>During an interview on 6/28/2024 at 1:20 PM LVN A said he completed weekly skin assessments for Resident #1 and the last one was 6/27/2024. He said he saw Resident #1 had long toenails and they needed to be trimmed. He said he saw the consult note and assumed the SW would set up a podiatry appointment for Resident #1 .</p> <p>During an interview on 6/28/2024 at 1:42 p.m. with the SW and MDS RN via phone, the SW said she was responsible for adding residents to the list for podiatry services. The SW said it was a team effort to ensure residents were added to the podiatry service list. The SW said the podiatrist made visits to the facility January 30, 2024, February 2024 (unknown date), April 2, 2024, and June 6, 2024. The SW said Resident #1 had not received podiatry services since admission. The SW said residents received podiatry services once a year, based on insurance, or as needed. The MDS RN said Resident #1 was at risk for infection and skin issues related to elongated toenails. The SW said Resident #1 was at risk for infection because he had long uncut toenails. The SW said there was a podiatry request consult for Resident #1 documented in his progress notes on 6/10/2024, which meant he needed to be placed on the next podiatry service list.</p> <p>(continued on next page)</p> | | |

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| <p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 6/28/2024 at 2:02 p.m. the DON said she was not aware that Resident #1 had requested his toenails needed to be cut. She said there was a consult documented in Resident #1's nurses notes (6/10/2024) so he would be put on the next podiatrist visit. The DON said she observed Resident #1's toenails today and that they needed to be clipped. She said the length of Resident #1's toenails needed to be addressed and the toenails should have not been allowed to get that long. She said Resident #1's toenails were, thick, he had dry skin on his feet. He is diabetic and at risk for wounds because of the curled toenails digging into the skin. She said resident's toenails should be observed during showers, documented on shower sheets, and if nail care was needed, then the nurse should be notified. She said she was not able to explain how Resident #1's toenails had not been trimmed by podiatry since admission.</p> <p>During an interview on 6/28/2024 at 2:04 p.m., the NP said she observed Resident #1 today. The NP said Resident #1 had ingrown toenails on both feet specifically the great toe and third toe. The NP said Resident #1 should have received podiatry services because the facility staff could not trim his toenails because he was diabetic . She said Resident #1 as a diabetic, was at risk for infection from ingrown toenails.</p> <p>During an interview on 6/28/2024 at 3:13 p.m., the ADMIN said nursing should let the SW know if a resident needed podiatry services. She said the Nurses and CNAs should monitor the residents' toenails. She said Resident #1 was a diabetic and he should have received podiatry services to prevent his toenails from becoming overgrown. She said she was not a nurse and did not know if the resident was at risk for the overgrown toenails.</p> <p>Record review of the facility policy titled Podiatry Services (page 56 not dated), reflected the following:</p> <p>Routine and emergency podiatry services are available to meet the resident's health needs in accordance with the resident's assessment and plan of care. Podiatry services are facilitated through the Social Service Department.</p> <p>Record review of facility policy titled Quality of Life (page 62 not dated) reflected the following:</p> <p>.Quality in healthcare means providing person-centered care that meets the needs of the resident in a safe manner . Quality of care is a collaborative effort that involves the resident, the Attending Physician/Nurse Practitioner, family and the community as a whole.</p> | | |