

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/31/2026
NAME OF PROVIDER OR SUPPLIER  Ashford Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE  7210 Northline Dr Houston, TX 77076	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews, and record reviews, the facility failed to ensure Resident #1 received treatment and care in accordance with professional stands of practice for one (Resident #1). The facility failed to follow Resident #1's physician order to ensure his legs were wrapped on 3/31/2026. This failure could place residents at risk of neglect and not having their care needs met, a decline in physical and psychosocial health, and worsening of the residents' condition. Findings include: Record Review of Resident #1's face sheet dated 03/31/2026 revealed he was a [AGE] year-old male admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses including cardiac arrhythmia, unspecified symptoms and signs involving the musculoskeletal system, osteitis deformans of multiple sites, disorder of the eye and adnexa (the structures surrounding the eye, which include the eyelids, conjunctiva, lacrimal (tear) glands, and extraocular muscles), lymphedema (cancer that affects the lymphatic system), major depressive disorder, disorder of prostate, other chronic pain, hypokalemia (low blood potassium levels), chronic obstructive pulmonary disease (an ongoing lung condition caused by damage to the lungs), muscle weakness, lack of coordination, localization-related symptomatic epilepsy and epileptic syndromes with complex partial seizures, unsteadiness on feet, and other abnormalities of giant and mobility, and weakness. Record Review of Resident #1's Quarterly MDS dated [DATE] revealed a cognitive BIMS score of 15, indicating his cognition was intact. Resident #1's functional abilities and goals revealed the Resident was dependent assistance toileting hygiene, shower/bathe self, and personal hygiene. Record review of Resident #1's March MAR revealed: Ace wrap to the Bilateral LE every AM, started on 12/01/2024 Remove ace wrap to Bilateral LE, every evening shift, started on 12/1/2024 Tylenol oral tablet 325 mg, one tablet orally every four hours as needed for milk pain (1-3) Start Date-12/18/2024 Simethicone oral tablet 125 mg, one tablet given every 6 hours as needed for bloating -Start Date-12/01/2024 GABAPENTIN CAP 100mg, give 1 capsule orally every 12 hours for neuropathy-Start Date- 01/06/2026 Bumetanide Tablet 2 mg, give 1 tablet by mouth two times a day for fluid retention -Start Date-11/22/2025 Check and Record Edema every shift every shift Check and Document Edema-Start Date-11/06/2025 Cyclobenzaprine HCl Oral Tablet , 10 mg (Cyclobenzaprine HCl) Give 1 tablet orally three times a day for MUSCLE PAIN-Start Date-11/24/2025 Record Review of Resident #1's March 2026 MAR revealed Charge Nurse A revealed Resident #1 am leg wrap treatment was completed but when the surveyor reviewed it at 11:50 am on 3/31/2026, it was not completed, as documented. In an interview and observation on 3/31/2026 at 11:21 a.m. with Resident #1, he was observed sitting in his wheelchair with his legs not wrapped. He stated he had been in the facility since 2018. He stated the care at the facility could be better. He stated he has lymphedema which is severe swelling to the legs. Resident #1 stated his legs are required to be wrapped daily; the last time they were wrapped was a week ago. Resident #1 was asked if he used his call light to request his leg treatment. He stated it depends on who answers his call light, but the facility staff might come back, or they might not. Resident #1 stated the facility actions makes him feel bad when they do not come back to address his treatment. In an interview on 3/31/2026 at 12:32 p.m. with Charge Nurse A, he stated Resident #1 would tell him when he needed a pain pill. He stated it is not (continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>normal nurse practice to document Resident treatment before it is completed. He stated he just wanted to put the Resident into his wheelchair for now. He stated he was waiting for Resident #1 to get a shower. He stated most of the time Resident #1 is in bed. He stated Resident #1 normally gets his treatment after his shower, but that morning Resident #1 had not had his shower yet. He stated it is the nurse's responsibility to ensure Resident #1 receives his leg treatment. He stated he does understand the risk to Resident #1 if his treatment was not done. He stated the risk to the Resident if the treatments was not done is his condition could get worse or their ability to do things can decrease. In an interview on 3/31/2026 at 1:06 p.m. with CNA A, she stated she has been working at the facility for almost 2 months. She stated she worked with Resident #1. She stated Resident #1 is calm and nice to talk to. She stated she does know that Resident #1 had lymphedema and it is hard for him to turn his legs. She stated the wraps are always on him when she gets his bed bath. She stated she did not bathe him on 3/31/2026. In an interview on 3/31/2026 at 1:11 p.m. with CNA B, she stated she has been working at the facility since October 2024. She stated she works with Resident #1 all the time. She stated Resident #1 is nice and is totally dependent, but is able to feed himself. She stated sometimes Resident #1 has his legs wrapped, but sometimes the wrapping is too tight and she has to get a nurse to loosen them. She stated that day Resident #1 legs were not wrapped. She stated Resident #1's legs were wrapped yesterday. She stated she gave Resident #1 a bed bath that morning. She stated the night shift usually takes the wraps off. She stated she thinks Resident #1's legs were not wrapped that day because he got up into his chair. She stated Resident #1 is normally in bed. In an interview on 3/31/2026 at 1:16 p.m. with CNA C, she stated she had been working at the facility for 3 1/2 years. She stated she is familiar with Resident #1. She stated Resident #1 is alert, very nice, and friendly. She stated Resident #1 hits the call light when he wants to get changed and lets staff know the days he wishes to get up. She stated Resident #1's legs are swollen a lot. She stated the nurse wraps his legs. She stated the nurse will wrap Resident #1's legs after his baths. She stated Resident #1 does get bed baths, shaves and hair washes. She stated there was no time when his legs was unwrapped. She states she has never had to take the wrap off. In an attempted interview on 3/31/2026 at 1:21 p.m. with Primary Physician, the clinic representative stated she was unable to provide his direct number. In an interview on 3/31/2026 at 1:23 p.m. with the Nurse Practitioner, he stated the importance of the wrap was to enhance the circulation because of the lymphedema. He stated he does not know the stage of Resident #1's lymphedema, maybe it was a 4 (is when cancer has spread to at least one body organ outside the lymphatic system), almost max, but Resident #1 received potassium. He stated Resident #1 receives Bumetanide, 2 tablets twice a day for fluid retention. He stated Resident #1 barely complained of any pain. In an interview on 3/31/2026 at 1:53 p.m. with the Director of Nurses, she stated Resident #1 was alert and oriented. She stated Resident #1 does have lymphedema. She stated Resident #1 is being treated with bi lateral leg wraps in the am and bilateral leg wraps off in the pm. She stated her expectation of staff documenting treatment is it should be done as directed, and will sign it was complete or the Resident declined, after the fact. She stated she was advised, around at 12 pm, that the Resident #1's legs were not wrapped. She stated Charge Nurse A informed her that Resident #1's legs were not wrapped because the Resident was waiting on a bed bath. She stated it is the charge nurse's responsibility to ensure the Resident's legs are wrapped. She states the risk to the resident if he did not receive his leg wrap treatment was he can get further swelling. She stated she educated the staff and did a one-on-one education with them about documenting treatment. In an interview on 3/31/2026 at 2:05 p.m. with the Administrator, she stated Resident #1 is nice and moves around in his scooter. She stated she is not familiar with the issues with his legs. She stated they are wrapped, but she does not know why. She stated her expectation of staff document treatment is to look at the orders, perform the treatment, and then document. She states she does not know why Resident #1's treatment was documented, but was not done. She stated the DON informed her that he had a shower but they did not wrap his legs. She stated the charge nurses or DON is responsible for ensuring Resident #1's legs are wrapped. She (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>states she understands the risk to the residents was it may cause an infection if his legs are not wrapped. Record review of the facility's policy titled, Documentation In Medical Records, dated 11/1/2025 revealed, Documentation shall be completed at the time of service but no later than the shift in which the assessment, observation, or care service occurred. Documentation shall be accurate, relevant, and complete, containing sufficient details about the resident's care and/or responses to care. False information shall not be documented.</p>