

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

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No. 0938-0391

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 07/04/2026
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)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understood for 1 of 5 residents (CR #1) reviewed for discharge.-The facility failed to provide CR #1 with a written discharge notice before discharging her on 7/3/26.This failure could place residents at risk of not knowing their discharge rights. Findings included: Record review of CR #1's face sheet dated 7/4/26 revealed a [AGE] year-old female who readmitted to the facility on [DATE]. Her diagnoses included atherosclerosis of native arteries of left leg with ulceration of calf (the buildup of fats, cholesterol and other substances in and on artery walls), neuralgia (severe, shooting pain along a nerve) and neuritis (inflammation of a nerve that can cause pain, numbness, or weakness), peripheral vascular disease (narrowed arteries that reduce blood flow to the limbs), acquired absence of other left toe, and infection of amputation stump, right lower extremity. The admission record revealed she discharged to an acute care hospital on 7/3/26.Record review of CR #1's quarterly MDS assessment dated [DATE] revealed a BIMS score of 12 out of 15 which indicated moderate cognitive impairment. She required assistance from staff with ADL care. Active discharge planning was not already occurring for the resident to return to the community. She did not want to talk to someone about the possibility of leaving the facility or returning to live and receive services in the community. Record review of CR #1's order summary report revealed an order for: may discharge with skilled nursing, home health services, OT/PT to evaluate and treat. DME: wheelchair. Wound care if wounds present upon discharge, order date 6/19/26.Record review of CR #1's social services note dated 7/2/26 written by the Director of Social Services read in part, .SW, Discharge Planner and Admin had a d/c meeting with Resident. SW explained that her days had been extended through the VA and the BOM explained last week, that her d/c date was 7/3. Resident stated that she didn't want to go home. SW asked if she was able to go home and resident stated yes, but she is refusing. SW asked about the PCH homes that were presented a couple of weeks ago. Resident stated that she didn't want to pay. Resident was asked about resident's ability to pay her co-pay. Resident stated that her [family member's] insurance should pay it. SW and Discharge planner asked about a d/c address so that follow up care can visit. Resident stated that she doesn't have an address. Resident asked what time was she supposed to d/c. SW explained that she doesn't have a specific time however, the Nursing team would like to be prepared. Resident stated that she will decide tomorrow.Record review of CR #1's nursing note dated 7/3/26 at 11:08 a.m. read in part, .Patient D/C via transportation from facility, paperwork and patient education on medication reconciliation effective with understanding, patient AOX4 no complaints of pain or any needs. LEFT @ 11:08.Record review of CR #1's discharge instruction form dated 7/3/26 revealed she was being discharged home (continued on next page)		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with family member/caregiver. She was referred and accepted to a home health company. She was to follow up with a PCP within 7-10 days for continuation of care. She was discharged from the facility on 7/3/26 at 11:04 a.m. In an interview on 7/4/26 at 11:08 a.m. the Director of Social Services said discharge planning started upon admission. She said when CR #1 admitted to the facility she and her family member were unsure if she would be long term or discharge home. She said CR #1 wanted to stay in the facility and was unsure if she wanted to go home because she liked that the facility was taking care of her. She said the resident was discharged because there was no skillable need (a medical or therapeutic requirement that necessitates the expertise of a licensed nurse or therapist to ensure proper care, recovery, and patient safety), and the resident did not provide financial information to apply for Medicaid. She said CR #1 was able to do a lot for herself and would leave the facility at times. She said CR #1 was given other options such as a personal care home in case she did not want to go home. In an interview on 7/4/26 at 11:20 a.m. the Discharge planner said CR #1 was discharged from the facility because she stayed over her 100 days and there was no skillable need and services could be done at home per the MDS nurse and BOM. She said CR #1 knew for a while that she was discharging but there was no set date. She said the BOM would be the staff to provide the discharge notice. The Discharge planner said she ordered a wheelchair, set up home health and wound services for CR #1 and informed her of the agency names that would provide care. In an interview on 7/4/26 at 11:42 a.m. the BOM said CR #1's discharge was a facility-initiated discharge because on 6/30/26 some members of the IDT team had a meeting and made the decision that she no longer had a skilled need. She said if there was no longer a skilled need, the facility could discharge the resident to the prior level of care. She said CR #1's insurance plan covered her stay based on skilled needs and did not require that a notice of non-coverage be provided to the resident. She said she spoke with resident on 6/30/26 and gave a 48-hour notice of discharge. She said a written 30-day discharge letter was not needed if the resident had insurance and the insurance was the entity that said she had to go. She said the resident did not meet the criteria to stay in the nursing home. The BOM was responsible to issue a notice if the resident did not have a payor service. She said a 30-day discharge letter would be provided for residents with behaviors or non-payment and was unsure if the facility should have issued one to CR #1. She said she was unsure what information the discharge notice had on it. She said there was no opportunity given to CR #1 to appeal the discharge due to no written notice given to her. She said if a notice was required, the appeal option would be given. She said she had no documentation regarding the discharge of the resident. In an interview on 7/4/26 at 12:06 p.m. the Regional Director of Clinical Services said the Administrator and Social Worker would issue a 30-day written discharge notice to residents who were non-compliant. In an interview on 7/4/26 at 12:19 p.m. the DON said CR #1's insurance did not issue notice of non-coverages and there was no appeal option with her insurance. She said they provided a 48-hour notice to CR #1 and her insurance no longer covered her stay. In an interview on 7/4/26 at 1:27 p.m. the Regional Director of Clinical Services said the written discharge form was only provided when the facility initiated the discharge of the resident. He said CR #1's insurance initiated the discharge, not the facility. In an interview on 7/4/26 at 1:41 p.m. CR#1 said the facility did not provide her with a written discharge letter but gave her a paper that said she was discharged and listed her medications. She said she was discharged from the facility too soon and was not told why. She said the facility told her on Thursday (7/2/26) that her time was up and provided two places she could discharge to. She said the BOM and Social Worker informed her that her insurance stopped paying for her services, would not cover her stay, and the insurance was \$52,000 in the hole. She tried to make a verbal appeal with the Social Worker and Case Worker but it was denied and the staff did not hear her (continued on next page)		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Care Ombudsman.i. For nursing facility residents with intellectual and developmental disabilities (or related disabilities) or with mental illness (or related disabilities), the notice will include the name, mailing and e-mail addresses and phone number of the state agency responsible for the protection and advocacy of these populations.4. Generally, the notice must be provided at least 30 days prior to a transfer or discharge of the resident. Exceptions to the 30-day requirement apply when the transfer or discharge is effected because: b. The resident's health improves sufficiently to allow a more immediate transfer or discharge. 7. The facility will not discharge a resident based solely on resident's payment source or change in the resident's payment source. In situations where a resident's Medicare coverage may be ending, and the resident continues to need long-term care services, the facility will offer the resident the ability to remain, which may include:a. Offering the resident an option to remain in the facility by paying privately for a bed.		