

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER West Oaks Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 Green Crest Dr Houston, TX 77082	
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents who were incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 3 residents (Resident #1) reviewed for incontinence. The facility failed to ensure Resident #1 did not have feces in her private area after she was provided incontinent care on 07/29/26 from 3:29 p.m. through 3:41 p.m. This failure could place residents at risk for pain, infection, injury, and hospitalization. Findings included: Record review of Resident #1's face sheet, dated 07/29/26, revealed a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included: hypertension (when the blood pushing against the artery walls is constantly too high), hemiplegia (total or partial paralysis affecting only one side of the body), and cerebral infarction (breakdown of brain cells causing a serious decline in memory, thinking, and ability to do daily tasks). Record review of Resident #1's admission assessment MDS, dated [DATE], revealed a BIMS of 02 out of 15, which indicated severely impaired cognition. It also showed Resident #1 was dependent on staff with ADL care. Further review revealed the resident was incontinent of bowel and bladder. Record review of Resident #1's care plan, initiated 06/23/26, read the resident had incontinence related to self-care deficit. Intervention: check and change during rounds and as needed. During an interview on 07/29/2026 at 3:00 p.m., Resident #1 said she was provided incontinent care that day but could not remember when the care was provided. Resident #1 touched the front part of her incontinent brief and said she was itching there. During an interview on 07/29/2026 at 3:06 p.m., CNA A said she arrived to work around 2:03 p.m., and she was Resident #1's CNA. She said she had not checked on Resident #1 since she got to work. CNA A said aides made rounds every 2 hours to check residents for incontinent care. During an observation on 07/29/2026 between 3:29 p.m. and 3:41 p.m., CNA A provided incontinent care for Resident #1 and the Staffing Coordinator assisted with care. When CNA A opened Resident #1's incontinent brief it revealed the brief was clean and dry in the front. CNA A cleaned Resident #1's peri area (external region of the body located directly between the genitals and the anus), the wipe had a substantial amount of feces, from Resident #1's vagina area. She wiped the same area again, and the wipe still had feces, and she cleaned two more times and there was still substantial amounts of feces. When CNA A cleaned the fifth time there were faint feces on the wipe, and when she wiped the sixth time the wipe was clean. When she turned Resident #1 to her left side, it revealed the back of the incontinent brief with three faint streaks of feces and Resident #1 was not having a bowel movement at the time of the observation. CNA A cleaned Resident #1's rectum and there were no feces, she wiped both buttocks four times and there were faint feces on the wipe two times and on the third and fourth times the wipe was clean. During an interview on 07/29/26 at 3:49 p.m., the Staffing Coordinator said Resident #1 had a lot of bowel (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 675454 If continuation sheet Page 1 of 2

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	movement in her peri area and CNA A cleaned Resident #1's peri area about six times before the area was clean. Staffing Coordinator said the resident did not have an active bowel movement during this provided incontinent care. She said it could have happened earlier when Resident #1 was provided with incontinent care after she had a bowel movement. Staffing Coordinator said if Resident #1 was not cleaned properly the resident would have UTI (Urinary tract infection) or some kind of infection. During an interview on 07/29/26 at 4:01 p.m., CNA A said when she unfastened Resident #1's incontinent brief the front of the incontinent brief was clean and dry, and the back of the incontinent brief had light streaks of bowel movement. CNA A said she wiped Resident #1's peri area about 6 times before there was no bowel movement on the wipes. She said there was no bowel movement on Resident #1's rectum. She said she wiped Resident #1's buttocks six times and there was faint bowel movement and on the fifth and sixth times the wipes were clean. CNA A said Resident #1 was not wiped properly when she had a bowel movement before her shift. She said Resident #1's peri area could have itching, irritation, and infection if the bowel movement was not clean completely from the resident private area. During an interview on 07/29/26 at 5:12 p.m., ADON A said Resident #1 could have had an episode of bowel movement after the resident was provided incontinent care, and maybe she was not cleaned properly when she had a bowel movement. He said if Resident #1 had feces in her private area, it could lead to infection. When ADON A was asked if Resident #1 had a bowel movement after she was cleaned, why did she not have bowel movement on the incontinent brief and rectum and he did not respond. During an interview on 07/29/26 at 5:16 p.m., the DON said she expected the aides to follow the facility policy and protocol for incontinent care when any resident was provided care. She said if Resident #1 had feces in her private area it could lead to infection, and she could not say the staff did not clean the resident properly because she could not prove it. Record review of the facility policy titled, 2.7.3 Procedural Guideline #20 - Perineal Care/Incontinent Care Female revised 03/2024, read in part, . purpose.to clean the female perineum(between genitals and anus) without contaminating the urethral area(region surrounding the tiny opening where pee leaves the body with germs from the rectal area.emphasizing clean to dirty.		