

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/08/2024
NAME OF PROVIDER OR SUPPLIER  Highland Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8861 Fulton St Houston, TX 77022	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47072</b></p> <p>Based on observations, interviews and record reviews, the facility failed to ensure a resident who was unable to carry out activities of daily living received necessary services to maintain good personal hygiene for 8 (Residents #9, #10, #19, #24, #33, #34, #35, and #37) out of 8 residents reviewed for ADL care.</p> <p>-The facility failed to provide scheduled showers three times a week to Residents #10, #19, #24, #33, and #37.</p> <p>-The facility failed to provide incontinence care to Residents #9, #33, #34, and #35 every 2 hrs and/or as needed.</p> <p>This failure could place residents who were unable to carry out ADLs independently, at risk of skin breakdown and infection.</p> <p>Findings included:</p> <p>Resident #10</p> <p>Record review of Resident #10's undated face sheet revealed she was a [AGE] year-old female admitted on [DATE] with an original admitted [DATE]. She had diagnoses of hemiplegia and hemiparesis after a stroke affecting left side (weakness and paralysis), cognitive communication deficit (difficulty with thinking and language), spastic hemiplegia affecting left side (muscle tightness/involuntary contractions), stiffness of left hand, muscle wasting and atrophy of right and left thigh, and lack of coordination.</p> <p>Record review of Resident #10's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 10 out of 15, which indicated moderately impaired cognition. She had impairment on one side of her upper and lower extremities and utilized a wheelchair. The resident was dependent with toileting, shower/baths, lower body dressing, and putting on/taking off footwear. She was also dependent with rolling left to right, chair/bed to chair transfers, and tub/shower transfers. She was incontinent of bowel and bladder.</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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #10's care plan dated 9/21/22 had a Focus: Resident has a potential for self-care deficit and decline in ADLs r/t stroke or TIA (mini stroke) (Initiated: 6/27/19). Goal: Resident will participate in self-care activities at the highest level of independence and maintain current levels of ADLs, needs/preferences will be met, dignity will be maintained .(Initiated: 6/27/19, Target: 1/26/22). Interventions: Encourage dietary and fluid intake. Provide assistance for mobility, dressing, eating, toileting, personal hygiene, oral care, bathing, etc. as needed. Focus: Resident has an ADL self-care performance deficit r/t confusion, impaired balance, pain (Initiated: 4/1/19, Updated: 3/19/20). Goal: Resident will improve current level of function in bed mobility, transfers, eating, dressing, toilet use and personal hygiene, through the review date (Initiated: 4/1/19, Target: 1/16/22). Interventions: Bathing-Resident requires assistance with bathing/showering (3 x weekly) and as necessary.</p> <p>Record review of Resident #10's March 2024 and April 2024 shower sheets revealed she had 6 days of missed showers/baths and there were no notes of refusals.</p> <p>Record review of Shower Book revealed from 03/14/2024 to 03/19/2024, Resident #10 did not receive a shower or a bed bath;</p> <p>Interview and observation on 4/3/24 at 11:21am with Resident #10, she was sitting up in bed. Her sheets had 2 big reddish colored stains on the right side. She was leaning to her left side and was unable to use the left side of her body and her right hand was contracted. She said she did not receive showers 3 times per week like she was supposed to, and her last shower was several days ago but she was unsure of when.</p> <p>Interview on 4/3/24 at 3:56pm with Resident #10, she said she had not been changed since that morning at shift change. She also said she was supposed to have had a shower today, but she did not receive one.</p> <p>Observation and interview on 4/4/24 at 8:53am with Resident #10, her sheets were still dirty. She said she never received a shower yesterday because the facility did not have a shower tech. She said she was last changed before shift change and she needed to be changed again. She stated they would not change her until after they pick up breakfast trays, which would not be until around 10am.</p> <p>Interview on 4/4/2024 at 9:20am, Resident #10 said the staff only checked on her and they changed her once every night. She said the staff sometimes said they would be back and not return. She said there were times that she had to wait to get a shower only on Monday. When asked why she was not getting her shower, the nurses said they only had one shower tech.</p> <p>Interview with Resident #10 on 4/8/24 at 8:55am, she said she finally received a shower yesterday (4/7/24).</p> <p>Resident #19</p> <p>Record review of Resident #19's undated face sheet revealed he was a [AGE] year-old male admitted [DATE], with an original admitted [DATE]. He had diagnoses of pneumonia, end stage renal disease (kidneys do not work), type II diabetes (body does not produce insulin or is resistant to it), chronic congestive heart failure (heart does not pump effectively causing fluid back up in lungs), muscle wasting and atrophy, lack of coordination, and urine retention.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #24's care plan dated 12/28/22, revealed a Focus: Resident has an ADL self-care performance deficit r/t musculoskeletal (bones and muscles) impairment (Initiated: 12/28/22). Goal: Resident requires total care for bed mobility, transfers, dressing, and personal hygiene through the review date (Initiated: 12/28/22, Target: 6/16/24). Interventions: Bed Mobility- Resident was totally dependent on staff for repositioning and turning in bed with 2 staff. Personal Hygiene- The resident required total assistance with personal hygiene care of 1 staff. There were no interventions for showers/baths.</p> <p>Record review of Resident #24's March and April 2024 shower sheets revealed she only received a shower on 3/14/24 and 3/26/24 for the month of March. In April, she had a shower on 4/2/24. There were no refusals on any shower sheets for March 2024. In total, she missed 7 showers.</p> <p>Interview and observation of Resident #24 on 4/3/24 at 11:42am, she was laying on her back in bed. She said she did not get showers 3 times per week and maybe received them 1-2 times per week.</p> <p>Interview with CNA K on 4/5/24 on 9:58am, she said Resident #24 would refuse showers sometimes if it was not given at a certain time of the day, but there should be refusals in the shower book. She did not know when the resident last had a shower.</p> <p>Interview with the Treatment Nurse on 4/5/24 at 5:05pm, he said he was looking into what happened with Resident #24's showers.</p> <p>Interview with CNA J on 4/8/24 at 9:26am, she did not remember if she had showered Resident #24 more than twice in March 2024.</p> <p>Resident #33</p> <p>Record review of the Resident #33's face sheet revealed he was a 76-years-old-male admitted to the facility on [DATE] with Quadriplegia (paralysis of all four limbs - feet and arms) - Unspecified, Unspecified Displaced Fracture Of First Cervical Vertebra, Muscle Weakness (Generalized), Contracture Of Muscle, Right Hand, Contracture Of Muscle, Left Hand, Other Obstructive And Reflux Uropathy (urine flow backwards), Peripheral Vascular Disease, Neurogenic Bowel (loss of normal bowel function due to a nerve problem), Thrombocytopenia (low blood platelet count), and Dementia.</p> <p>Review of Resident #33's Care plan initiated on 10/04/2023 stated, Resident #3 has bowel incontinence r/t Neurogenic bowel. Interventions: Check and change me every 2 hours and PRN. Provide peri care for me after each incontinence episode.</p> <p>Review of Resident #33's Quarterly MDS dated [DATE] noted:</p> <p>The resident had a BIMS of 12, which indicated normal cognition. He had a functional limitation of both upper and lower extremities.</p> <p>Record review of the Shower Book read in part . from 03/16/2024 to 03/19/2024, Resident #33 did not receive a shower or a bed bath .</p> <p>Observation on 04/03/2024 at 11:33 AM showed Resident #33 lying on his back with the call light on the left side of his head. He had a pillow on his left side and another under his feet.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 04/03/2024 at 11:34 AM, Resident #33 said he did not receive any showers today, and last week, he only had two showers. He said the brief he had on now had been there since yesterday at 6 PM. He said that he spent the whole night with a soiled brief last Sunday. He said he called the nurses, but they did not come to change him. He said he could only use his head to press the call light because he could not move his arm.</p> <p>Resident #35</p> <p>Record review of Resident #35's face sheet showed that he was an 84-years-old-male admitted to the facility on [DATE] and readmitted on [DATE] with Unspecified Dementia, Chronic Obstructive Pulmonary Disease (Not getting enough oxygen), Hypertension (high blood pressure), Clostridium Difficile (bacteria that causes infection in the colon), Muscle Wasting And Atrophy of Right and Left Thigh, Other Lack Of Coordination, Anemia (low iron), Benign Prostatic Hyperplasia (enlarged prostate), Retention Of Urine, Type 2 Diabetes Mellitus (body does not produce enough insulin or body resists it), Hypo-Osmolality And Hyponatremia (low sodium level), ST Elevation Myocardial Infarction Involving Other Coronary Artery Of Anterior Wall (heart attack), Unspecified Protein-Calorie Malnutrition.</p> <p>Review of Resident #33's Care plan initiated on 09/21/2022 stated, Resident #33 has Urinary Incontinence characterized by inability to control urination related to impaired mobility.</p> <p>Observation on 04/03/2024 at 11:56 AM showed Resident #35 lying on his bed. His brief was filled with urine. He had a strong urine odor.</p> <p>Interview on 04/03/2024 at 11:58 AM, Resident #35's family member said that on 04/02/2024, she called the staff to change Resident #35's brief because the pull-up was too tight on him. She said she arrived at the facility today, 04/03/2024, and noticed that Resident #35 had not been changed since yesterday when the staff changed his brief, which was wet. She said it was the same brief since yesterday at 4 PM when they changed him. She said the facility only showers Resident #35 twice a week, while it was supposed to be three times weekly.</p> <p>Resident #9</p> <p>Record review of Resident #9's face sheet revealed she was a 71-years-old-female admitted to the facility on [DATE] with Hypotension (low blood pressure) Sepsis (infection involving whole body), Achondroplasia (bone growth disorder), Altered Mental Status, Pressure Ulcer Of Right Hip, Stage 1, Muscle Wasting And Atrophy (wasting of muscle mass) of Left and Right Thigh, Lack Of Coordination, Muscle Weakness (Generalized), Marasmic Kwashiorkor (severe form of protein-energy malnutrition), Pressure Ulcer Of Right Hip, Unstageable, Conversion Disorder With Seizures Or Convulsions (seizures), Guillain-Barre Syndrome (your body's immune system attacks your nerves), Dependence On Supplemental Oxygen, Other Chronic Pain.</p> <p>Record review of Resident #9's Quarterly Minimum Data Set (MDS) assessment, dated 01/14/2024 noted:</p> <p>The resident had a BIMS of 11, which indicated moderate cognition impairment. She had a functional limitation of his lower extremities.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 04/03/2024 at 12:18 PM via the language line, a Spanish interpreter reported that Resident #9 said that sometimes the staff left her in her soiled and wet diaper for 5-6 hours. She said that was why she was itchy and constantly needed the cream.</p> <p>Resident #37</p> <p>Record review of Resident #37's face sheet showed that she was admitted to the facility on [DATE] and readmitted on [DATE] and 09/16/2023. She had the following diagnoses listed: Heart Failure (heart does not pump sufficiently), Acute Respiratory Failure With Hypoxia (Low oxygen in blood), Sepsis (infection in blood), Dependence On Supplemental Oxygen, Acute Kidney Failure (kidneys are not filtering), Abnormal Uterine And Vaginal Bleeding, Mononeuropathy Of Left Lower Limb (nerve pain of left lower leg), Open Wound Of Left Lesser Toe(S) Without Damage To Nail, Cerebral Infarction (stroke), Chronic Kidney Disease, Diabetes Mellitus With Diabetic Neuropathy (body does not produce insulin or resists it and has nerve pain), Weakness, Age-Related Physical Debility, History Of Falling, Fracture Of Unspecified Lower Leg, Need For Assistance With Personal Care, Muscle Wasting And Atrophy of Left Lower Leg, Morbid (Severe) Obesity Due To Excess Calories, Repeated Falls, Encephalopathy (brain disease), Right Lower Leg, Pressure Ulcer Of Other Site, Stage 4, and spinal stenosis (space inside backbone is narrowed).</p> <p>Record review of Resident #37's Quarterly Minimum Data Set (MDS) assessment, dated 03/22/2024 noted:</p> <p>The resident had a BIMS of 12, which indicated normal cognition. She had a functional limitation on one side of her lower extremities.</p> <p>Record review of Shower Book read in part . From 03/14/2024 to 03/19/2024, Resident #37 did not receive a shower or a bed bath .</p> <p>Interview on 04/04/2024 at 9:01 AM, Resident #37 said that last month, in March, the facility did not have hot water and that she did not get a bath for a whole week. She said the staff told her there were some pipes or gas maintenance. She said there were other times when the facility did not have a shower tech or staff to bathe the residents. She said she was not saying it happened every week, but it happened frequently, and the facility did not have a shower tech.</p> <p>Resident #34</p> <p>Record review of Resident #34's face sheet revealed she was a 72-years-old-female admitted to the facility on [DATE] with Burns Involving Less Than 10% Of Body Surface, Unspecified Dementia, Acute Pain Due To Trauma, Benign Intracranial Hypertension (high blood pressure in the brain), Urinary Tract Infection, Type 2 Diabetes Mellitus With Diabetic Neuropathy (body does not produce insulin or resists it), Cognitive Communication Deficit (unable to communicate), Mild Cognitive Impairment, Age-Related Physical Debility, Muscle Weakness (Generalized), Muscle Wasting And Atrophy of Right and Left Thigh, Other Lack Of Coordination, Essential (Primary) Hypertension (high blood pressure), Alzheimer's Disease With Early Onset, and Morbid (Severe) Obesity Due To Excess Calories.</p> <p>Record review of Resident #34's Quarterly Minimum Data Set (MDS) assessment dated [DATE] noted a BIMS of 11, which indicated moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 04/04/2024 at 9:32 AM Resident #34 stated it depended on who was working sometimes they changed her at night and sometimes they do not. She said last month the nurses told her that something was getting fixed, and they did not get showered or a bed bath for almost a week.</p> <p>A record review of the shower book read in part, . 03/09/2024 Saturday, Shower Techs off. Staff does own showers in their section . 03/10/2024 Sunday: No showers unless needed . 03/16/2024: No shower . 03/17/2024: 1 shower . 03/18/2024: No shower . 03/19/2024: No shower .</p> <p>Interview on 04/05/2024 at 9:05 AM, the Activity Director said she started as a CNA, became a restorative Aide in 2023, and was now the activity Director as of February 2024. They were working on the gas or water heater if they did not receive a shower. It has never been a week, maybe a couple of days. She said if the Resident refused to shower, it would be on the shower sheet. If there was no shower tech, the aid would shower them. Any time you give a shower, you were supposed to do a shower sheet.</p> <p>Interview with the Staffing Coordinator on 4/5/24 at 9:17am, she said she worked as a CNA sometimes also. She said she worked as a CNA last week for 3 days on the 300 hall. She said staff were supposed to change residents every 2hrs and PRN, and that was what she did. She said she thought maybe some staff did not change residents that often and if residents were not changed frequently enough, they could have skin break down. She said the facility had 2 shower techs and they performed showers on Mon/Wed/Fri for even rooms and Tue/Thur/Sat for the odd rooms. She said the shower techs would do both A and B beds but would only do showers and not bed baths. The Staffing Coordinator said the afternoon floor CNAs would perform the bed baths. She said if a resident refused the shower, the nurse was informed and the nurse spoke to the resident and if they still refused it was recorded in the shower book. She said she had not heard of any residents not receiving showers or baths.</p> <p>Interview with the Maintenance Director on 4/5/2024 at 9:26am, he said there was a time in March they were doing a gas test for a city inspection for the Fire Marshall, so there was not any hot water. He said the Inspector was supposed to come on 03/19/2024 but could not, so the inspector rescheduled the following day and came on the third day 03/21/2024. He said as soon as he had found out the inspector would not come on 03/19/2024 and 03/20/2024 around 1-2 PM, he said he turned the gas and the water heater back on and notified the staff in the group chat and let the staff know everything was back connected. He said showers and dinner service could proceed after that time.</p> <p>Interview with the Treatment Nurse on 4/5/24 at 9:37am, he said they have plenty of staff to perform all duties. He said staff are supposed to change residents at least every 2hrs, but staff changed residents less than every 2hrs, and when needed. He said it would never happen when asked what could happen if residents were not changed. He said there are no residents who go longer than 2hrs without being changed. He said either himself, management, the nurses, or the CNAs would change the resident. He said he did not believe the residents who were saying they had not been changed. He said the shower techs handled the showers and filled out the shower sheets. Then they gave the shower sheets to him so he could see if there were any skin issues. He said he gave them to the Charge Nurse after he looked at them. He said if the resident refused a shower, it would be noted on the sheet and in the shower binder. He said there was no chance of any of the residents not being showered or changed because if the staff could not get to it, he would do it or the ADON or DON would assist.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with Med Aide L on 4/5/24 at 9:49am, she said the nurses would just sit at the nurse's station and would not help answer call lights or assist with resident care at all. She said the CNAs were left to do everything and it was too much work for them. She said she never saw the DON tell them anything because the nurses continued to sit there and not help.</p> <p>Interview with CNA K on 4/5/24 at 9:58am, she said she thought the shower techs were able to get all the showers done. She said some of the nurses helped and some did not. She said she felt like there was enough help to perform her duties.</p> <p>Interview with CNA J on 4/8/24 at 9:26am, she said the facility had 2 shower techs and she was one of them. She said residents were supposed to receive showers 3 times a week. She said she provided showers on Mon/Wed/Fri for even beds, and she would do A and B beds. She said on Tue/Thu/Sat she would do odd beds, and she did A and B beds. She said if a shower tech was out, they would only do A beds and the afternoon CNAs would do their own B beds. If a resident refused, she told the nurse and then the nurse talked to the resident. She said if the resident still refused, the shower tech made a shower sheet and wrote refused on it. She said they tried to accommodate if the resident wanted a shower on another day. She also said bed baths were done by the floor aides, that A beds were done in the morning and B beds were done in the afternoon. CNA J said if a resident did not get showered, they could get sick or get an infection.</p> <p>Interview with the Administrator on 4/8/24 at 11:37am, she said it was her expectation that the residents received a shower 3 times a week because she hired 2 shower techs specifically for that reason. She said there was no reason why all the residents could not receive their showers, because the shower techs came in and only showered residents from when they started at 6am until they left at 2pm. She said it was unacceptable that residents were not receiving showers and she was going to look into it.</p> <p>Record review of the January 2024 Grievance Log revealed on 1/25/24 a family member complained about a resident being in the same clothes for several days in a row and their brief was not changed.</p> <p>Record review of the February 2024 Grievance Log revealed on 2/8/24 a family member complained about sheets not being changed. On 2/12/24, 2/15/24, and 2/16/24 there were complaints about showers not being given. On 2/16/24 and 2/19/24 there were complaints about residents not being changed often enough on day shift.</p> <p>Record review of the March 2024 Grievance Log revealed on 3/21/24 a resident requested his own linens.</p> <p>A review of the city Building Code Enforcement showed an approved inspection for gas and annual gas dated 03/21/2024.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Highland Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8861 Fulton St Houston, TX 77022	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the facility's policy and procedure on Activities of Daily Living, Supporting (revised March 2018) read in part: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care) .4. If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time, or having another staff member speak with the resident may be appropriate .</p> <p>Record review of the facility's policy and procedure on Quality of Care (no revision date) read in part: To provide the appropriate care and services needed for each resident admitted to the facility. The facility must ensure that residents receive treatment and care, based on the comprehensive assessment of a resident, and in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47072</b></p> <p>Based on observations, interviews, and record review, the facility failed to provide pharmaceutical services, including procedures that assure the accurate acquiring and administering of all drugs to meet the needs of the residents, for one Resident (Resident #9) of one resident reviewed for PRN medication use.</p> <p>-Resident #9 was not administered her prescribed hydrocortisone PRN for 3 months and 8 days.</p> <p>This failure could cause the Resident's condition to worsen.</p> <p>Findings included:</p> <p>Record review of Resident #9's face sheet revealed she was a 71-years-old-female admitted to the facility on [DATE] with Hypotension (low blood pressure), Sepsis (infection through whole body), Achondroplasia (bone growth disorder), Altered Mental Status, Pressure Ulcer Of Right Hip, Stage 1, Muscle Wasting And Atrophy (wasting of muscle mass) of Left and Right Thigh, Lack Of Coordination, Muscle Weakness (Generalized), Marasmic Kwashiorkor (severe form of protein-energy malnutrition), Pressure Ulcer Of Right Hip, Unstageable, Short Stature Due To Endocrine Disorder, Conversion Disorder With Seizures Or Convulsions (seizures), Guillain-Barre Syndrome (your body's immune system attacks your nerves), Dependence On Supplemental Oxygen, and Other Chronic Pain.</p> <p>Record review of Resident #9's Quarterly Minimum Data Set (MDS) assessment, dated 01/14/2024 showed that Resident #9 had a BIMS of 11, which indicated the resident had moderate cognition impairment.</p> <p>Record review of Resident #9's care plan initiated on 03/24/2023 noted, Resident #9 has bowel incontinence immobility r/t Guillain-Barre Syndrome. Resident #9 will be free of skin issues due to incontinent through the review date. Check Resident #9 every two hours/prn and assist with incontinence care as needed, Observe resident for pattern of incontinence, and initiate toileting schedule if indicated; Provide Resident #9 pericare (with zinc oxide) after each incontinent episode. Resident #9 is incontinent of urine, . check Resident #9 for episodes of incontinence (with zinc oxide) approximately q2 hours and prn.</p> <p>Review of a doctor progress notes dated 03/21/2024 stated, the patient is found in wheelchair she [NAME] severe muscular atrophy on bilateral lower extremities, she is in the wheelchair. The patient reports she is wheelchair/bedbound and she is not able to ambulate. She has history of the Guillain-Barre virus which left her incapacitating a wheelchair. The patient reports she [NAME] severe neuropathy and pain in the past taking Norco and gabapentin and developed allergy to this. She is unable to take this medication and she as severe itching. Pruritus (itchiness), Continue with hydrocortisone.</p> <p>Review of a doctor progress notes dated 03/29/2024 stated, Pruritus (itchiness), Continue with hydrocortisone.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #9 orders stated, Hydrocortisone External Cream 1 % (Hydrocortisone (Topical), Apply to BLE topically every 12 hours as needed for Itching with s start date of 03/07/2023.</p> <p>Record review of Resident #9's January 2024 MAR (Medication Administration Record) revealed the following order: Hydrocortisone External Cream 1 % (Hydrocortisone (Topical), apply to BLE topically every 12 hours as needed for</p> <p>Itching. Order date - 3/07/2023 1245.</p> <p>Record review of Resident #9's February 2024 MAR revealed the following order:</p> <p>Hydrocortisone External Cream 1 % (Hydrocortisone (Topical), apply to BLE topically every 12 hours as needed for</p> <p>Itching. Order date - 3/07/2023 1245.</p> <p>Record review of Resident #9's March 2024 MAR revealed the following order:</p> <p>Hydrocortisone External Cream 1 % (Hydrocortisone (Topical), apply to BLE topically every 12 hours as needed for</p> <p>Itching. Order date - 3/07/2023 1245.</p> <p>Record review of Resident #9's April 2024 MAR revealed the following order:</p> <p>Hydrocortisone External Cream 1 % (Hydrocortisone (Topical), apply to BLE topically every 12 hours as needed for</p> <p>Itching. Order date - 3/07/2023 1245.</p> <p>Resident #9's Hydrocortisone was not administered from 01/01/2024 to 04/08/2024.</p> <p>Observation on 04/03/2024 at 12:15 PM showed Resident #9 sitting on her bed and scratching her right leg with a bamboo back scratcher.</p> <p>Interview on 04/03/2025 at 12:16 PM, Resident #9 stated that she asked the nurses for a cream, but they did not give it to her. An additional interview was conducted with Resident #9 at 12:18 PM via the language line. A Spanish interpreter reported that Resident #9 said she had an itchy spot on her leg. She said the staff gave her lotion for it, but not anymore. She said she was itchy on both legs, but the staff refused anything.</p> <p>Interview on 04/05/2024 at 4:54 PM, the Treatment Nurse said he didn't know why the nurses did not give the medication to Resident #9 but would put her under wound care residents and apply the cream himself. He said Resident #9 was also receiving pills for the itchiness. He said he understood there should be a note explaining why the medication was not administered.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/08/2024 at 9:14 AM, LVN N said she did not know that Resident #9 was on hydrocortisone cream and would call the doctor to order it. She said the medication was not on her MAR. LVN verified that Resident #9's medication was on the MAR on her medication cart and acknowledged that Hydrocortisone External Cream 1 % Hydrocortisone (Topical), apply to BLE topically every 12 hours as needed for Itching. Order date - 3/07/2023 1245 was on April 2024 MAR. LVN N said Resident #9's itchiness could worsen because she did not receive the medication when requested.</p> <p>Record review of the facility's policy named Administering Medications revised on 12/2012 read in part, . 3. Medications must be administered in accordance with orders, including any required time frame. 21. Topical medications used in treatments must be recorded on the residents' treatment record (TAR).</p>		