

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675557	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/28/2024
NAME OF PROVIDER OR SUPPLIER Oasis at Pearland		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 E Walnut Pearland, TX 77581	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48605</p> <p>Based on interview, and record review, the facility failed to inform residents in advance of the risks and benefits of proposed care and treatment for 1 of 5 residents (Resident #58) reviewed for resident rights, in that:</p> <p>The facility failed to obtain a signed consent for antipsychotic medication, Olanzapine was administered to Resident #58.</p> <p>The failure affected residents who received psychoactive medications without informed consents and placed them at risk of receiving treatments without informed consent.</p> <p>Findings include:</p> <p>Record review of Resident #58's face sheet dated 02/12/24 revealed he was a [AGE] year-old female who admitted to the facility on [DATE], with diagnoses of unspecified dementia, without behavioral disturbance psychotic disturbance, mood disturbance, and anxiety (group of symptoms that affects memory, thinking and interferes with daily life), anxiety disorder (group of mental illnesses characterized by intense anxiety and fear).</p> <p>Record review of the comprehensive MDS assessment revealed Resident # 58 was unable to complete the BIMS and a staff assessment was conducted. Resident 58's BIMS was 00, indicating resident was unable to complete the interview. The MDS assessment for Resident #58 revealed she had received an antipsychotic 7 days in the 7-day -look -back -period.</p> <p>Record review of Resident #58's care plan dated 01/12/2024 revealed that Focus: Psychotropic medication: Resident# 58 uses psychotropic medication: Resident #58 is currently taking psychotropic medications and is at risk for adverse reactions and (depression, anxiety, and/or psychosis driven) behaviors. Goal: Resident# 58 will not experience adverse reactions and will have minimum/no episodes of behaviors over the next 90 days. Intervention: check for adverse reactions; check for effectiveness of psychotropic medication; monitor for adverse reactions and hypnotic driven behaviors such as tiredness, weakness, lethargy.</p> <p>Record review of Resident #58's physician's order summary report revealed the following order:</p> <p>Olanzapine Oral Tablet 2.5 mg give 1 tablet by mouth two times a day for mood disorder with psychotic disorder, with a start date of 03/26/2024.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #58's MAR revealed that Olanzapine was administered to Resident #58 daily in the seven days look day period.</p> <p>Observation on 04/23/2024 at 9:30am Resident #58 was observed in bed with eyes closed and appeared to be sleeping.</p> <p>Observation on 04/24/2024 at 10:45am Resident #58 was observed in bed with eyes closed and appeared to be sleeping.</p> <p>Interview on 04/24/24 at 1:00 PM, the DON stated the ADON supervised the pharmacy services and appropriate diagnoses for psychotropic medications. The DON stated when a nurse received an order for a psychotropic, they should make sure they have a diagnosis appropriate and consents. If a resident does not have the appropriate diagnosis and consent the nurse should contact the management nurse and the management nurse would let the doctor know. The DON stated that each resident has the rights to informed consent for psychotropic medications. Antipsychotic Medication Use/Consent Policy was requested.</p> <p>Interview on 04/24/24 at 3:05 PM, the ADON stated that she had recently started working at the facility. She stated that she was not aware that Resident #58 was diagnosed with dementia and had been order the medication, Olanzapine. The ADON the stated the Resident #58 was admitted on [DATE] with the diagnosis of dementia. The ADON confirmed that Resident #58 was ordered Olanzapine related to behaviors. The ADON stated that the facility did not have a current consent for treatment. The ADON stated that each resident has the rights to informed consent for psychotropic medications. Antipsychotic Medication Use/Consent Policy was requested. The ADON stated that she was recent hired but was working on a process to ensure that all consent was signed prior to administering for psychotropic medications.</p> <p>Interview on 04/25/24 at 1:09pm, with the provider, the MHNP stated that he was aware of the order of Olanzapine for Resident #58 indicated for Mood Disorder with Psychotic Disorder. The MHNP stated that he was familiar Resident #58 diagnosis of dementia. He confirmed that Olanzapine is an antipsychotic medication used to treat severe agitation associated with certain mental/mood conditions schizophrenia, bipolar mania. The MHNP confirmed that Resident #58 did not have the reference diagnosis. He stated that Resident #58 was receiving the medication due to behavioral previously identified by the facility. He stated that she would follow up with Resident #58 for an evaluation to possibly discontinue the medication. The MHNP stated that dementia was not an appropriate diagnosis for an antipsychotic medication. The DON stated giving a resident an unnecessary antipsychotic medication placed altered mental status and increased the risk for death in elderly residents. The MHNP stated that he was not aware that the facility did not have a signed informed consent. He stated the informed consent from 3713 should be signed by the resident/resident representative prior to administering antipsychotic medication.</p> <p>Record review of the facility's policy dated Quarter 3, 2018, titled Administering Medications/Antipsychotic medication use, revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>o Antipsychotic medications shall be used only for the following conditions/diagnoses as documented in the record, consistent with the definition(s) in Diagnostic and Statistical Manual of Mental Disorders (current or subsequent editions): Schizophrenia, Schizoaffective disorder, Schizophreniform disorder, Delusional disorder, Mood disorders (bipolar, depression with psychotic features, and treatment refractory major depression); Psychosis in the absence of dementia Information related to antipsychotic medication informed consent was not included in the facility policy provided.</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>40249</p> <p>Based on observation, interview, and record review, the facility failed to provide a private meeting space for the residents' monthly council meetings for 11 of 11 confidential residents reviewed for resident council.</p> <p>-The facility failed to provide a private space for resident council meetings.</p> <p>This failure could place residents, who attended resident council meetings, at risk of not being able to voice concerns due to a lack of privacy.</p> <p>Findings included:</p> <p>Interview on 4/23/24 at 10:11a.m., Activities Director stated that Resident Council was held in the dining room. When asked if it was private, she stated that she could post a sign and request staff to stay out of that area.</p> <p>Observation of Dining room on 4/24/24 at 11:00a.m., revealed multiple staff, visitors (nursing students), dietary staff, Maintenance director and other residents (using vending machine) going in and out of the dining room from both sides.</p> <p>Observation and interview on 4/24/24 at 11:10 a.m., during a confidential resident group meeting with 11 residents, revealed the resident council meeting were held once a month in the dining room which was an open space and no way to keep staff from walking by or overhearing. The residents further stated they would like the privacy of the meeting so they could speak freely without feeling like they were being overheard by staff.</p> <p>In an interview on 4/24/24 at 2:18 p.m., with the Activity Director stated they had been having the resident council meetings in the dining room. The Activity Director stated there was a room on the south hall, but it was used as dialysis storage room and there were no empty room available. She stated by having meetings out in the open, staff could potentially listen in, and residents would be more hesitant to complain about certain staff members.</p> <p>In an interview on 4/25/24 at 1:06 p.m., the Administrator stated resident council meetings were being held in the dining room. She stated she attended the resident council meeting last month and the Activity Director posted a sign on the door 'don't enter' and no one entered. The Surveyor shared observation from earlier where the nursing staff, visitors (nursing students), dietary staff and maintenance were going in and out of the dining room during the resident council. The Administrator stated there was no empty resident's room and the room on the back hall was used to store dialysis supplies. The Administrator stated, I suppose they can use the conference room which is adjacent to my office, and I could take a lunch break. The meeting does not last more than 30 minutes.</p> <p>Record review of Resident Council Minutes form dated 02/07/24 revealed Resident Council was held in dining room with 8 residents present.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident Council Minutes form dated 03/06/24 revealed Resident Council was held in dining room with 14 residents present.</p> <p>Record review of Resident Council Minutes form dated 04/10/24 revealed Resident Council was held in dining room with 10 residents present.</p> <p>Record review of the facility's Resident Council policy (Revised April 2017) revealed read in part: .Policy Statement: The facility supports residents' rights to organize and participate in the Resident Council. Policy Interpretation and Implementation: 1. The purpose of the Resident Council is to provide a forum for: Residents, families and resident representatives to have input in the operation of the facility; Discussion of concerns and suggestions for improvement; Consensus building and communication between residents and facility staff; and Disseminating information and gathering feedback from interested residents. 3. The council is encouraged to elect a President or Chair to act as a liaison and facilitate communication between the council and a designated staff person who has been approved by the Council. Staff, visitors, or other guests may attend Resident Council meetings if invited by the respective resident group .</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40249</p> <p>Based on observation, interview and record review the facility failed to have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing care to attain or maintain the highest practicable physical, mental, and psychosocial well-being for 8 of 10 residents (Resident #34, Resident #65, Resident #87, Resident #91, Resident #19, Resident #41, Resident #50 and Resident #59) reviewed for sufficient staffing.</p> <p>-The facility failed to ensure there were sufficient staff per the facility assessment, and failed to provide care for residents including blood pressure and blood sugar monitoring, medication administration, repositioning, and incontinent care.</p> <p>- Resident #34, Resident #65, Resident #87, and Resident #91 did not receive their morning and/or afternoon medications.</p> <p>-The facility failed to provide ADL care to residents with bowel/bladder incontinence during the night shift (11pm-7am) on 4/21/24 and 4/22/24.</p> <p>An Immediate Jeopardy (IJ) was identified on 04/24/24. The IJ template was provided to the facility on [DATE] at 5:35 p.m. While the IJ was removed on 04/28/24 at 12:35 p.m., the facility remained out of compliance at a scope of pattern and a severity of no actual harm with potential for more than minimal harm that was not immediate jeopardy, because all staff had not been trained on medication administration and chain of command.</p> <p>These failures could place residents at risk of their needs not being met, injury, skin breakdown, low self-esteem, depression, embarrassment, and psychological harm.</p> <p>Findings included:</p> <p>Record review of the Facility Assessment Tool updated 04/24/2024 revealed the average daily census was 94 residents. The facility had 18 residents with behavioral needs, 11 residents required injections. Tracheostomy care 18 residents and ventilator or Respirator 7 residents. The facility residents break down of ADL care was 32 dependent on bathing, 30 dependent on bed mobility, 20 dependent on eating, 25 dependent on personal hygiene, 24 dependent on toilet use, 26 dependent on transfer. The average number suggested for licensed nurses providing direct care was 5 licensed nurses (Days & Evening), 4 licensed nurses (Nights). Nurse Aides was 7 CNAs on Days and Evenings, 2 Restorative CNA split shift, 7 CNA/CMAs (Days & Evenings), 8 CNAs on Nights.</p> <p>Record review of facility map revealed [NAME] zone 1 was room [ROOM NUMBER] through 112, Dove zone 2 was 114 through 125, Flamingo zone 5 was 126 through 137, Swan zone 6 was 139 through 150, South east wing zone 11 was 201 through 206, and south west wing zone 12 was 207 through 224.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of the facility resident roster dated 04/23/24 revealed [NAME] station rooms 101-112, revealed 17 residents, Dove station rooms [PHONE NUMBER] revealed 13 residents, Flamingo station rooms 126-137 revealed 16 residents, Swan station rooms 138-149 revealed 17 residents and South station rooms 201-224 revealed 33.</p> <p>Resident #34</p> <p>Record review of the Admission Record for Resident #34 (dated 04/25/24) revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, cerebral palsy (a group of movement disorders), type 2 diabetes mellitus, gastrostomy status (has feeding tube), and epilepsy (seizure disorder).</p> <p>Record review of the MDS (ARD 04/11/24) for Resident #34 revealed she had a BIMS score of 0/15, indicative of severe cognitive impairment.</p> <p>Record review of the Care Plan (revised 03/30/24) for Resident #34 revealed she was receiving anticoagulant therapy (Eliquis) and was at risk for increased bleeding or bruising. One of the Interventions read Give medications as ordered.</p> <p>The Care Plan reflected Resident #34 had diabetes. Corresponding Interventions were to monitor blood glucose levels as ordered, and to give medications as ordered.</p> <p>Record review of the April 2024 Order Summary Report for Resident #34 revealed she was to receive Eliquis (anticoagulant) 5 mg twice daily for prevention of pulmonary embolism (blood clot in an artery of the lung). The orders reflected she was to have her blood glucose checked every six hours, with insulin to be administered per sliding scale. The orders reflected Metoprolol Tartrate (Toprol) tablet, 12.5 mg was to be administered twice daily for high blood pressure. The orders reflected the Toprol was to be held if the resident's systolic blood pressure was less than 100 mmhg. The orders reflected Trileptal Oral suspension (300 mg/5 ml) 10 ml was to be administered twice daily for epilepsy.</p> <p>Record review of the April 2024 MAR/TAR for Resident #34 revealed the following medications were not administered on 04/22/24 at 9:00 a.m.:</p> <ul style="list-style-type: none"> -Eliquis 5 mg -Toprol 12.5 mg (blood pressure not documented) -Trileptal Oral suspension (300 mg/5 ml) 10 ml <p>Resident #34's blood glucose levels were not checked at noon or 6:00 p.m. No sliding scale insulin was administered.</p> <p>Record review of the April 2024 Order Summary report revealed Resident #34 was to receive the following Fiasp (100 u/ml) insulin amounts based on her blood glucose level:</p> <ul style="list-style-type: none"> -150 - 200 mg/dl administer 2 units <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-201 - 250 mg/dl administer 4 units</p> <p>-251 - 300 mg/dl administer 6 units</p> <p>-301 - 350 mg/dl administer 8 units</p> <p>-351 - 400 mg/dl administer 10 units</p> <p>If Resident #34's blood glucose level was greater than 400 mg/dl, the nurse was to administer 12 units and notify the NP.</p> <p>Observation on 04/23/24 at 9:00 a.m. revealed Resident #34 was in her room, lying in bed. She did not respond to a verbal greeting. She was receiving enteral nutrition via her g-tube.</p> <p>Resident #65</p> <p>Record review of the Admission Record for Resident #65 (dated 04/25/24) revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, type 2 diabetes mellitus, schizophrenia, seizures, stage 4 pressure ulcer of the sacrum, and atherosclerotic heart disease of coronary artery without angina pectoris (chest pain). The resident had a gastrostomy tube (g-tube) for nutrition and medications.</p> <p>Record review of the MDS (ARD 01/24/24) revealed she had memory deficits and moderately impaired cognition .</p> <p>Record review of the April 2024 Order Summary Report for Resident #65 revealed she was to receive the IV antibiotic Ertapenem Sodium Solution reconstituted 1 gm for an infection of the pressure ulcer of her sacrum. The orders also reflected Resident #65 was to have her blood glucose checked at 8:00 a.m., and Glargine insulin (100units/ml) 40 units administered. The orders reflected she was to have her blood glucose checked every six hours, with insulin to be administered per sliding scale, and she was to receive Levetiracetam solution (100 mg/ml) 5 ml twice daily for seizures, Oxcarbazepine 300 mg twice daily for seizures, and Haldol 2 mg twice daily for schizophrenia.</p> <p>Record review of the April 2024 MAR for Resident #65 revealed the following medications with corresponding times were not administered on 04/22/2024:</p> <p>-IV Ertapenem Sodium Solution reconstituted 1 gm scheduled for 8:00 a.m.</p> <p>-Haldol 2 mg scheduled for 8:00 a.m.</p> <p>-Levetiracetam solution (100 mg/ml) 5 ml scheduled for 9:00 a.m.</p> <p>-Oxcarbazepine 300 mg scheduled for 9:00 a.m.</p> <p>Resident #65's blood glucose was not checked as ordered on 04/22/2024 at 8:00 a.m. and 40 units of Insulin Glargine was not given.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Resident #65's blood glucose was not checked as ordered at 6:00 a.m., noon, or 6:00 p.m. on 04/22/2024, and sliding-scale insulin was not given. Record review of the April 2024 Order Summary report revealed Resident #65 was to receive the following Lispro (200 u/ml) insulin amounts based on her blood glucose level:</p> <ul style="list-style-type: none"> -150 - 200 mg/dl administer 2 units -201 - 250 mg/dl administer 4 units -251 - 300 mg/dl administer 6 units -301 - 350 mg/dl administer 8 units -351 - 400 mg/dl administer 10 units <p>If Resident #65's blood glucose level was greater than 400 mg/dl, the nurse was to administer 12 units and notify the physician.</p> <p>Observation and interview on 04/23/24 at 9:13 a.m. revealed Resident #65 was in her room, sitting in her wheelchair. She said she had received her medications today but was unable to recall yesterday (04/22/24).</p> <p>Resident #87</p> <p>Record review of the Admission Record for Resident #87 (dated 04/24/24) revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, type 2 diabetes mellitus, atrial fibrillation, congestive heart failure, hypertension, and history of pulmonary embolism (obstruction of the pulmonary artery by a blood clot or other foreign matter).</p> <p>Record review of the MDS (ARD 03/25/24) revealed she scored 0 of 15 on the BIMS, indicative of severely impaired cognition .</p> <p>Record review of the April 2024 Order Summary Report for Resident #87 revealed she was to receive Apixaban (blood thinner/anticoagulant) 5 mg twice daily to prevent blood clots, Metoprolol Tartrate 12.5 mg twice daily for blood pressure, Amiodarone 200 mg for atrial fibrillation, and she was to have her blood glucose checked before meals, with insulin to be administered per sliding scale. Resident #87 was to receive Mtotoprolol Tartrate 12.5 mg., which had blood pressure parameters instructing to hold the medication if the resident's systolic blood pressure was less than 100 mmHg.</p> <p>Record review of Resident #87's April 2024 MAR revealed she was not administered the 9:00 a.m. doses of Apixaban 5 mg, Amiodarone 200 mg, or the Metoprolol Tartrate 12.5 mg. on 04/22/24. Resident #87's blood pressure was not documented as been checked.</p> <p>Resident #87's blood glucose was not checked as ordered at 11:00 a.m. and 4:00 p.m. on 04/22/2024 and sliding-scale insulin was not administered.</p> <p>Record review of the April 2024 Order Summary report revealed Resident #87 was to receive the following Lispro insulin (100 u/ml) sliding scale amounts based on her blood glucose level:</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-150 - 200 mg/dl administer 1 unit</p> <p>-201 - 250 mg/dl administer 2 units</p> <p>-251 - 300 mg/dl administer 3 units</p> <p>-301 - 350 mg/dl administer 4 units</p> <p>-351 - 400 mg/dl administer 5 units</p> <p>If Resident #87's blood glucose level was greater than 400 mg/dl, the nurse was to administer 6 units and notify the NP.</p> <p>Resident #91</p> <p>Record review of the Admission Record for Resident #91 (dated 04/24/24) revealed he was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, diabetes mellitus, combined systolic and diastolic congestive heart failure, and long-term use of anticoagulants.</p> <p>Record review of the MDS (ARD 04/08/24) revealed Resident #91 scored 15 of 15 on the BIMS, indicative of intact cognition .</p> <p>Record review of the April 2024 Order Summary Report for Resident #91 revealed he had a LVAD (left ventricular assist device). A LVAD is a mechanical pump that is implanted in the chest to assist the resident's heart to pump blood. The orders read, in part, .Please place parameters to hold for SBP less than 110 and hr [heart rate] less than 60 on bp [blood pressure] meds .</p> <p>Record review Resident #91's Care Plan (initiated 04/10/24) revealed, in part, ._____ [Resident #91] requires the use of an LVAD r/t Cardiomyopathy [disorder of the heart muscle], Acute/Chronic CHF, . An 'Intervention' was for the resident to receive all medications as ordered.</p> <p>Record review of the April 2024 MAR for Resident #91, for Monday 04/22/24, revealed he was not administered Coumadin (blood thinner/anticoagulant) 3 mg at 5:00 p.m. as ordered. The resident was to have a PT/INR lab drawn to monitor the Coumadin. The lab was not initialed as drawn. The MAR revealed his blood glucose was not checked as ordered at 7:00 a.m. or 11:00 a.m. and sliding-scale insulin was not given. The resident was not administered Hydralazine HCl (for high blood pressure) 50 mg at 6:00 a.m. or 2:00 p.m. The resident's blood pressure was not documented for 6:00 a.m. or 2:00 p.m. Resident #91 was not administered Carvedilol (for CHF) 6.25 mg at 9:00 a.m.</p> <p>Observation on 04/23/24 at 3:00 p.m. revealed there were three nurses on the South Hall.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Oasis at Pearland		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 E Walnut Pearland, TX 77581	
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 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/23/24 at 3:30 p.m., RN M revealed the nurses on the South Hall work 12-hour shifts, from 7:00 a.m. to 7:00 p.m. She said the South Hall was usually divided for three nurses; South 1 was from room [ROOM NUMBER] to room [ROOM NUMBER]. South 2 was from room [ROOM NUMBER] to room [ROOM NUMBER]. South 3 was from room [ROOM NUMBER] to room [ROOM NUMBER]. RN M said she worked on 04/22/24, and there were two nurses. RN M said LVN N was assigned to South 1, and she was assigned South 2. She said there was supposed to be a third nurse, but one had called off. She said she and LVN N did not redistribute care of the South 3 residents because there were two admissions. She said since they were short-handed, they did not complete the medication administration. RN M presented a text dated 04/22/24 at 11:00 a.m. to the DON that reflected she informed the DON there was no nurse for South 3. The DON replied that South 3 should be divided between the two nurses. RN M had responded that she could not handle the additional residents. RN M said neither the DON, ADON, or any other nurses came in to assist.</p> <p>In an interview via telephone on 04/23/24 at 3:50 p.m. LVN N said she worked on 04/22/24 on the South Hall. She said she worked on South 1 and RN M worked on South 2. She said they did not notice until 11:00 a.m. that there was no third nurse.</p> <p>In an interview on 04/23/24 at 4:05 p.m., the DON said there had been some issues with staffing. She said there were three nurses scheduled for the South Hall on 04/22/24, but one had called off. She said the hall should have been split between the two nurses. She said she was responsible for finding replacement staffing. She said the nurse who canceled texted her at 4:22 a.m. and she did not see it until 6:50 a.m. She said she called the facility and told a nurse to adjust the schedule but did not recall who she spoke with. She said 'WNBI' should have been scribed next to the name of the nurse who called off. She said she found out fifteen minutes ago that residents missed their medications on 04/22/24 .</p> <p>In an interview on 04/23/24 at 4:20 p.m., the Administrator said a staffing coordinator had recently resigned, so the DON was currently responsible for staffing. She said the two nurses should have split the hall on 04/22/24. She said she was at the facility from 8:00 a.m. to 6:00 p.m., and no one informed her they were 'struggling' on the South Hall. She said she was not aware residents missed their medications.</p> <p>In an interview on 04/23/24 at 4:40 p.m., the DON said that if a resident missed a dose of Coumadin (Resident #91) the PT/INR lab result could change. It would place the resident at higher risk for blood clots. She said if a resident missed a dose of Levetiracetam and/or Oxcarbazepine (Resident #65) they would be at greater risk for seizures. She said she had not informed the doctor because NP Q was at the facility on 04/22/24.</p> <p>In an interview on 04/23/24 at 4:55 p.m., RN M said NP Q was at the facility on 04/22/24. She said she told NP Q they were short of staff, but did not tell the NP that residents missed medications. She said she had not spoken with the NP or physician regarding the medications.</p> <p>In an interview on 04/24/24 at 9:35 a.m., the Corporate RN said she called the physician and received orders to monitor the residents. She said RN M should have divided the residents between her and LVN N. She said she provided 1:1 education for RN M, and that she would be making a referral to the Board of Nursing.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/24/24 at 11:50 a.m., NP Q said she was not made aware the residents missed their medications on 04/22/24 until yesterday (04/23/24). She said she was told only the evening medications were missed. The surveyor informed her that residents missed their morning medications as well. She said the resident on Coumadin would need to have his next PT/INR lab watched. She said the facility would need to make sure vital signs and blood sugars were monitored. She said a missed dose of Keppra (Levetiracetam) or Oxcarbazepine would make the resident more prone to have a seizure, but missing a dose would probably not cause a seizure. She said Resident #91 was in the transitioning phase of attaining a therapeutic range for Coumadin, and he was not there yet. Missing the dose was a setback. She said Resident #91 has a LVAD device, and if he had a clot, it could be fatal.</p> <p>Resident#19</p> <p>Record review of the admission sheet (undated) for Resident #19 revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included dementia (a group of thinking and social symptoms that interferes with daily functioning), other abnormalities of gait and mobility (weakness of the hip and lower extremity muscles commonly cause gait disturbances) and other lack of coordination (impaired balance or coordination).</p> <p>Record review of Resident #19's Quarterly MDS, dated [DATE], revealed she had a BIMS score of 12 out of 15, indicative of moderately impaired cognitively. She required partial/moderate assistance from staff with toileting hygiene, shower/bathe, upper/lower body dressing and personal hygiene. Further review of section H0300 and H0400 coded always incontinent of bladder and bowel.</p> <p>Record review of Resident #19's care plan, initiated 01/27/2023 and revised on 02/21/2023 revealed the following:</p> <p>Focus: ADL FUNCTIONAL DEFICITS: [Resident#19] is at risk for decline in ADL functions and injury r/t age related osteoporosis Polyosteoarthritis abnormalities of gait mobility malaise lack of coordination muscle wasting. Goal: [Resident#19] will be well dressed, groomed, clean, odor free and will have no decline in ADL functioning over the next 90 days. Target Date: 02/14/2024. Interventions: Toileting: Provide extensive assistance of 2 persons for toileting</p> <p>Observation and interview on 04/23/24 at 9:32 a.m., revealed Resident #19 was sitting on the side of the bed. The fitted sheet and the towel used as a draw sheet were soaking wet. Resident #19 mumbled for about 5 minutes while being interviewed and could not respond appropriately to the questions asked.</p> <p>In an interview on 04/23/24 at 10:54 a.m., CNA I said she came to work late at 7:45 a.m, and did not have a chance to change residents from last night (4/22/24) because she was busy passing out breakfast trays.</p> <p>Resident #41</p> <p>Record review of the admission sheet (undated) for Resident #41 revealed a [AGE] year old male admitted to the facility on [DATE] with diagnoses which included sleep terrors (episodes of screaming, intense fear, and flailing while still asleep, often paired with sleepwalking) and restless legs syndrome (a condition characterized by a nearly irresistible urge to move the legs, typically in the evenings).</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #41's Quarterly MDS, dated [DATE], revealed he had a BIMS score of 15 out of 15, indicative of intact cognitively. He required partial/moderate assistance from staff with toileting hygiene, shower/bathe, upper/lower body dressing and personal hygiene. Further review of section H0300 and H0400 coded always incontinent of bladder and bowel.</p> <p>Record review of Resident #41's care plan, initiated 08/09/2022 and revised on 04/03/2023 revealed the following:</p> <p>Focus: ADL FUNCTIONAL DEFICITS: [Resident#41]</p> <p>is at risk for decline in ADL functions and injury r/t</p> <p>Parkinson disease, Restless Leg syndrome, Muscle weakness, repeated falls, Unwitnessed fall-3/31/23 per resident</p> <p>Goal: [Resident#41] will be well dressed, groomed, clean, odor free and will have no decline in ADL functioning over the next 90 days. Target Date: 05/04/2024</p> <p>Interventions: Toileting: Provide extensive assistance of 2 persons for toileting.</p> <p>In an interview on 4/23/24 at 9:23 a.m., Resident #41 said there was no CNA last night (4/22/24) and the night before (4/21/24) on 11-7am shift. He said he was incontinent of bowel and bladder. He said his bed had been soaking wet when morning shift CNA changed him. He said, I can have skin breakdown and pressure ulcer from laying in urine.</p> <p>Resident #50</p> <p>Record review of the admission sheet (undated) for Resident #50 revealed an [AGE] year old male admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included acute respiratory failure with hypoxia (a condition where you don't have enough oxygen in the tissues in your body), congestive heart failure(a chronic condition in which the heart doesn't pump blood as well as it should) and functional quadriplegia (complete immobility due to severe disability or frailty from another medical condition without injury to the brain or spinal cord).</p> <p>Record review of Resident #50's Quarterly MDS, dated [DATE], revealed he had a BIMS score of 15 out of 15, indicative of intact cognitively. He required Substantial/maximal assistance from staff with toileting hygiene, shower/bathe, upper/lower body dressing and personal hygiene. Further review of section H0300 and H0400 coded always incontinent of bladder and bowel.</p> <p>Record review of Resident #50's care plan, initiated 04/21/2023 and revised on 05/29/2023 revealed the following:</p> <p>Focus: ADL FUNCTIONAL DEFICITS: [Resident#50] is at risk for decline in ADL functions and injury r/t resp failure.</p> <p>Goal: [Resident#50] will be well dressed, groomed, clean, odor free and will have no decline in ADL</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>functioning over the next 90days. Interventions: Toileting: Provide total assistance of (1) person(s) for toileting</p> <p>In an interview on 4/23/24 at 9:28 a.m., Resident #50 said there was no can last night (4/22/24) and the night before (4/21/24) on 11-7 a.m. shift. He said he had a bowel movement around 10 p.m. and he pressed his call light. He said no one came to the room to change him till 8 a.m. the next day (4/23/24). He said he had a heart attack in 2005 and knows the symptoms. He said, what if I was having a heart attack; nobody came to check on me.</p> <p>In an interview on 4/23/24 at 9:50 a.m., LVN C said she was the nurse for Swan Hall. She said she received a report from the night nurse that Swan Hall did not have a CNA on 4/21/24 during the 11-7 a.m. shift and a CNA left at 3 am on 4/22/24 during the 11-7 am shift. When asked if the DON or the Administrator were notified. LVN C said the management was aware of short staffing with CNAs calling in last minute or no show. She said she was trying to help CNA I change residents from last night along with doing her assigned duties.</p> <p>In an interview on 4/24/24 at 9:01 a.m., Resident #50 said there was no CNA this morning (4/24/24). He said, I have a bowel movement and need to be changed.</p> <p>In an interview on 4/24/24 at 9:07 a.m., with LVN C, this surveyor notified the Nurse in charge of Swan Hall that Resident #50 was requesting to be changed. LVN C said Resident #50 told her he needed to be changed but she was in the middle of passing meds and there was no CNA on the hall.</p> <p>Resident #59</p> <p>Record review of the admission sheet (undated) for Resident #59 revealed a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included functional quadriplegia (complete immobility due to severe disability or frailty from another medical condition without injury to the brain or spinal cord).</p> <p>Record review of Resident #59's Quarterly MDS, dated [DATE], revealed she had a BIMS score of 15 out of 15, indicative of intact cognitively. She was dependent on staff with toileting hygiene, shower/bathe, upper/lower body dressing and personal hygiene. Further review of section H coded having indwelling catheter and section H0400 coded always incontinent of bowel.</p> <p>Record review of Resident #59's care plan, initiated 02/24/2023 and revised on 03/07/2023 revealed the following:</p> <p>Focus: ADL FUNCTIONAL DEFICITS [Resident #59] is at risk for decline in ADL functions and injury r/t Quadriplegia Max assist to 1-2 persons with ADL'S W/C mobility. Goal: [Resident #59] will be well dressed, groomed, clean, odor free and will have no decline in ADL functioning over the next 90 days. Interventions: Toileting: Provide extensive assistance of 1 person for toileting.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Observation and interview on 4/23/24 at 11:35 a.m., Resident #59's hair was oily, and she had dry flaky skin. She had food stains on her shirt. Her nails were about 3/4-inch-long with brown substance in between. Resident #59 said she had not received a shower in 6 days due to short staff. She said she required 2 people assist with showers. She said the facility was short staffed especially during the 11-7 am shift. She said she had to call the fire department to come turn and reposition her. She said the Administrator was aware of her missing showers. Resident #59 showed this Surveyor the text she had sent to the Administrator.</p> <p>Record review and interview on 4/24/24 at 2:14 p.m., with ADON A this surveyor request ADLs/shower sheets for Resident #59 for the month of April 2024. ADON A returned after few minutes and said she was unable to find the shower sheets for the Resident #59.</p> <p>In an interview on 4/24/24 at 1:05 p.m., the Administrator said Resident #59 had texted her regarding not receiving showers. The Administrator said, I made sure she received a shower yesterday (4/23/24).</p> <p>In an interview on 4/24/24 at 11:10 a.m., during a confidential resident group meeting 11 out of 11 residents complained about short staffing, not getting changed, nor receiving showers on their assigned days.</p> <p>In an interview on 4/24/24 at 1:05 p.m., the Administrator said staffing was determined by skill level of the hall. There were 5 CNAs (7-3pm), 4 CNAs (3-11pm) and 4 CNAs night shift (11-7am). She said she found out on Monday morning (4/21/24) that there was no CNAs during the night shift. She said the facility did not use agency staff that was corporate decision. She said the risk of staff shortage was high risk fall, residents not taken care of. She said nurses were allowing CNAs to leave. She said she came to the facility at night and the CNAs were scheduled but she was unable to find them. The Administrator said she was new and was trying to hire more staff.</p> <p>In an interview on 04/24/24 at 1:22 p.m., the DON said she was unaware the facility was short staffed on 4/21/24 and 4/22/24 during 11pm-7am shift. She said if CNA was late or no show the charge nurse needed to notify her by calling the staffing phone. She said she had the staffing phone, but she did not receive any calls.</p> <p>In an interview on 04/25/2024 at 4:10 p.m., with Cook A, she said the facility used disposable dishes and plasticware a lot last week for the resident's for some lunches, but mostly for their dinners. She said she had worked 11 days straight because the kitchen staff was short and they were unable to wash dishes to reuse again for the residents.</p> <p>Record review of facility's Staffing policy dated (Revised October 2017) revealed read in part: .Policy Statement:</p> <p>Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Policy Interpretation and Implementation: 2. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>residents based on each resident ' s plan of care .</p> <p>It was determined an Immediate Jeopardy (IJ) existed on 04/24/24 at 5:35 p.m., the Administrator was notified and the IJ template was provided.</p> <p>The following Plan of Removal was submitted by the facility was accepted on 04/25/26 at 6:47 p.m. and indicated the following:</p> <p>_____ [Facility name]</p> <p>Plan of Removal</p> <p>Immediate Jeopardy</p> <p>On 04/24/2024 the HHSC Health and Human Services Commission surveyor provided an Immediate Jeopardy (IJ) Template notification that the Regulatory Services has determined that the condition at the facility constitutes an immediate jeopardy of resident health and safety.</p> <p>The notification of Immediate Jeopardy states as follows: F725 - Sufficient Nursing Staffing: The facility failed to a). ensure there were sufficient staff per the facility assessment; b). the facility failed to provide sufficient nursing staffing to ensure residents received their medications; and c). the facility failed to provide ADL care to residents with bowel/bladder incontinence during the night shift (11 pm - 7 am).</p> <p>All facility residents have the potential to be affected by deficient practice.</p> <p>1). Action: Medication Error Reports were completed for R#91, R#65, R#87, R#34, and R#37 were assessed for adverse events. There were no adverse events observed. The assessment results were shared with the nurse practitioner, and facility staff consulted the nurse practitioner to address the care needs of residents identified in the identified deficient practice. The Nurse Practitioner gave instructions to monitor residents' vital signs, including blood sugar, for residents as ordered and to call for concerns. An audit was completed to determine if other residents missed medications due to staffing shortages; a Medication Error Report will be completed, residents assessed, and medical provider notification will be completed for those resident identified and interventions as per medical provider instructions.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/24/2024</p> <p>Responsible: Director of Nursing</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>2). Action: Skin checks were completed for R#19, R#41, R#50, and R#59. No skin breakdown and/or pressure ulcers were assessed. The facility's Chief Nursing Officer (CNO) completed Safe Surveys with cognitively intact facility residents; survey questions included the following questions: Do you feel there is sufficient staffing to meet your needs?; Do you receive your medication timely?; Does staff answer call lights timely? Do the employees appropriately help you with activities of daily living?; Does the facility help you feel safe and secure in your home?; Do you feel comfortable reporting any concerns to the proper staff member?; Do you have any concerns to report at this time? All facility residents verbalized they felt safe; no change in demeanor was observed in cognitively impaired residents.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Director of Nursing and Chief Nursing Officer</p> <p>3). Action: The facility Administrator reviewed the Facility Assessment as it relates to staffing needs for medication administration and direct care. The facility Assessment has been updated. Comprehension will be assessed via completing the staffing matrix to demonstrate an understanding of minimum staffing needs. The staffing matrix will be reviewed daily by the facility administrator and nursing director during the Monday-Friday morning meeting for actual and potential needs; and by the Weekend Supervisor on Saturdays and Sundays. The facility Administrator will provide additional education as deemed necessary to maintain ongoing compliance. Compliance checks will be completed during the monthly Quality Assurance and Performance Improvement (QAPI) process.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Administrator</p> <p>4). Action: Additionally, the Director of Nursing educated nursing staff (Licensed Nurses (RNs/LVNs), Certified Medication Aides (CMAs), and Certified Nursing Assistants (CNAs) on duty on the facility policy as it relates to a). Supporting Activities of Daily Living (ADLs) and b). Peri Care. The Director of Nursing emphasized the importance of timely response to 1). Residents call for assistance, 2). Provision of assistance with ADLs to include turning and repositioning, timely incontinent care, and showering per facility-established showering schedule to ensure residents are provided with care, treatment, and services as appropriate to maintain good personal hygiene and to prevent skin irritation. Licensed Nurses (RNs/LVNs) not on duty during [TRUNCATED]</p>		

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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16989</p> <p>Based on observation, interview, and record review, the facility failed to provide pharmaceutical services, including dispensing and administering of all drugs and biologicals, to meet the needs of 4 residents (Residents #34, #65, #87, and #91) of 10 residents reviewed for medication administration.</p> <p>-Facility staff did not redistribute assignments of residents when one of three nurses assigned to the South Hall called off from her shift.</p> <p>-Resident #34, Resident #65, and Resident #87 did not have their blood glucose levels checked as ordered, which determined if sliding scale insulin was to be administered on 04/22/24.</p> <p>-Resident #34, Resident #65, Resident #87, and Resident #91 did not receive their morning and/or afternoon medications as ordered by their physician on 04/22/24.</p> <p>-Resident #34, Resident #65, and Resident #87 had parameters for administering blood pressure medications. Blood pressures were not documented, and the blood pressure medications were not administered.</p> <p>-Missed medications included, but were not limited to, insulin, anticoagulants (blood thinners), and one IV antibiotic.</p> <p>-The DON was not aware of the residents missing their medications prior to surveyor notification.</p> <p>-The Physician was not notified until after the surveyor notified the DON.</p> <p>An Immediate Jeopardy (IJ) was identified on 04/24/24. The IJ template was provided to the facility on [DATE] at 5:35 p.m. While the IJ was removed on 04/28/24 the facility remained out of compliance at a scope of pattern and a severity level of no actual harm with potential for more than minimal harm that was not immediate jeopardy, because all staff had not been trained on medication administration and chain of command.</p> <p>The failure could place the residents at risk for not having their medication needs met as ordered by their physician. Missed insulin could result in the resident becoming hyperglycemic (high blood sugar). Missed anticoagulants could result in blood clots, which could be fatal for Resident #91, who had a LVAD (left ventricle assist device). Missed antibiotics could result in a resident's infection not healing, or the resident becoming septic</p> <p>Findings include:</p> <p>Resident #34</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Oasis at Pearland		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 E Walnut Pearland, TX 77581	
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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of the Admission Record for Resident #34 (dated 04/25/24) revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, cerebral palsy (a group of movement disorders), type 2 diabetes mellitus, gastrostomy status (has feeding tube), and epilepsy (seizure disorder).</p> <p>Record review of the MDS (ARD 04/11/24) for Resident #34 revealed she had a BIMS score of 0/15, indicative of severe cognitive impairment.</p> <p>Record review of the Care Plan (revised 03/30/24) for Resident #34 revealed she was receiving anticoagulant therapy (Eliquis) and was at risk for increased bleeding or bruising. One of the Interventions read Give medications as ordered.</p> <p>The Care Plan reflected Resident #34 had diabetes. Corresponding Interventions were to monitor blood glucose levels as ordered, and to give medications as ordered.</p> <p>Record review of the April 2024 Order Summary Report for Resident #34 revealed she was to receive Eliquis (anticoagulant) 5 mg twice daily for prevention of pulmonary embolism (blood clot in an artery of the lung). The orders reflected she was to have her blood glucose checked every six hours, with insulin to be administered per sliding scale. The orders reflected Metoprolol Tartrate (Toprol) tablet, 12.5 mg was to be administered twice daily for high blood pressure. The orders reflected the Toprol was to be held if the resident's systolic blood pressure was less than 100 mmhg. The orders reflected Trileptal Oral suspension (300 mg/5 ml) 10 ml was to be administered twice daily for epilepsy.</p> <p>Record review of the April 2024 MAR/TAR for Resident #34 revealed the following medications were not administered on 04/22/24 at 9:00 a.m.:</p> <ul style="list-style-type: none"> -Eliquis 5 mg -Toprol 12.5 mg (blood pressure not documented) -Trileptal Oral suspension (300 mg/5 ml) 10 ml <p>Resident #34's blood glucose levels were not checked at noon or 6:00 p.m. No sliding scale insulin was administered.</p> <p>Record review of the April 2024 Order Summary report revealed Resident #34 was to receive the following Fiasp (100 u/ml) insulin amounts based on her blood glucose level:</p> <ul style="list-style-type: none"> -150 - 200 mg/dl administer 2 units -201 - 250 mg/dl administer 4 units -251 - 300 mg/dl administer 6 units -301 - 350 mg/dl administer 8 units -351 - 400 mg/dl administer 10 units <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>If Resident #34's blood glucose level was greater than 400 mg/dl, the nurse was to administer 12 units and notify the NP.</p> <p>Observation on 04/23/24 at 9:00 a.m. revealed Resident #34 was in her room, lying in bed. She did not respond to a verbal greeting. She was receiving enteral nutrition via her g-tube.</p> <p>Resident #65</p> <p>Record review of the Admission Record for Resident #65 (dated 04/25/24) revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, type 2 diabetes mellitus, schizophrenia, seizures, stage 4 pressure ulcer of the sacrum, and atherosclerotic heart disease of coronary artery without angina pectoris (chest pain). The resident had a gastrostomy tube (g-tube) for nutrition and medications.</p> <p>Record review of the MDS (ARD 01/24/24) revealed she had memory deficits and moderately impaired cognition .</p> <p>Record review of the April 2024 Order Summary Report for Resident #65 revealed she was to receive the IV antibiotic Ertapenem Sodium Solution reconstituted 1 gm for an infection of the pressure ulcer of her sacrum. The orders also reflected Resident #65 was to have her blood glucose checked at 8:00 a.m., and Glargine insulin (100units/ml) 40 units administered. The orders reflected she was to have her blood glucose checked every six hours, with insulin to be administered per sliding scale, and she was to receive Levetiracetam solution (100 mg/ml) 5 ml twice daily for seizures, Oxcarbazepine 300 mg twice daily for seizures, and Haldol 2 mg twice daily for schizophrenia.</p> <p>Record review of the April 2024 MAR for Resident #65 revealed the following medications with corresponding times were not administered on 04/22/2024:</p> <ul style="list-style-type: none"> -IV Ertapenem Sodium Solution reconstituted 1 gm scheduled for 8:00 a.m. -Haldol 2 mg scheduled for 8:00 a.m. -Levetiracetam solution (100 mg/ml) 5 ml scheduled for 9:00 a.m. -Oxcarbazepine 300 mg scheduled for 9:00 a.m. <p>Resident #65's blood glucose was not checked as ordered on 04/22/2024 at 8:00 a.m. and 40 units of Insulin Glargine was not given.</p> <p>Resident #65's blood glucose was not checked as ordered at 6:00 a.m., noon, or 6:00 p.m. on 04/22/2024, and sliding-scale insulin was not given. Record review of the April 2024 Order Summary report revealed Resident #65 was to receive the following Lispro (200 u/ml) insulin amounts based on her blood glucose level:</p> <ul style="list-style-type: none"> -150 - 200 mg/dl administer 2 units -201 - 250 mg/dl administer 4 units <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-251 - 300 mg/dl administer 6 units</p> <p>-301 - 350 mg/dl administer 8 units</p> <p>-351 - 400 mg/dl administer 10 units</p> <p>If Resident #65's blood glucose level was greater than 400 mg/dl, the nurse was to administer 12 units and notify the physician.</p> <p>Observation and interview on 04/23/24 at 9:13 a.m. revealed Resident #65 was in her room, sitting in her wheelchair. She said she had received her medications today but was unable to recall yesterday (04/22/24).</p> <p>Resident #87</p> <p>Record review of the Admission Record for Resident #87 (dated 04/24/24) revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, type 2 diabetes mellitus, atrial fibrillation, congestive heart failure, hypertension, and history of pulmonary embolism (obstruction of the pulmonary artery by a blood clot or other foreign matter).</p> <p>Record review of the MDS (ARD 03/25/24) revealed she scored 0 of 15 on the BIMS, indicative of severely impaired cognition .</p> <p>Record review of the April 2024 Order Summary Report for Resident #87 revealed she was to receive Apixaban (blood thinner/anticoagulant) 5 mg twice daily to prevent blood clots, Metoprolol Tartrate 12.5 mg twice daily for blood pressure, Amiodarone 200 mg for atrial fibrillation, and she was to have her blood glucose checked before meals, with insulin to be administered per sliding scale. Resident #87 was to receive Mtotoprolol Tartrate 12.5 mg., which had blood pressure parameters instructing to hold the medication if the resident's systolic blood pressure was less than 100 mmHg.</p> <p>Record review of Resident #87's April 2024 MAR revealed she was not administered the 9:00 a.m. doses of Apixaban 5 mg, Amiodarone 200 mg, or the Metoprolol Tartrate 12.5 mg. on 04/22/24. Resident #87's blood pressure was not documented as been checked.</p> <p>Resident #87's blood glucose was not checked as ordered at 11:00 a.m. and 4:00 p.m. on 04/22/2024 and sliding-scale insulin was not administered.</p> <p>Record review of the April 2024 Order Summary report revealed Resident #87 was to receive the following Lispro insulin (100 u/ml) sliding scale amounts based on her blood glucose level:</p> <p>-150 - 200 mg/dl administer 1 unit</p> <p>-201 - 250 mg/dl administer 2 units</p> <p>-251 - 300 mg/dl administer 3 units</p> <p>-301 - 350 mg/dl administer 4 units</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-351 - 400 mg/dl administer 5 units</p> <p>If Resident #87's blood glucose level was greater than 400 mg/dl, the nurse was to administer 6 units and notify the NP.</p> <p>Resident #91</p> <p>Record review of the Admission Record for Resident #91 (dated 04/24/24) revealed he was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, diabetes mellitus, combined systolic and diastolic congestive heart failure, and long-term use of anticoagulants.</p> <p>Record review of the MDS (ARD 04/08/24) revealed Resident #91 scored 15 of 15 on the BIMS, indicative of intact cognition .</p> <p>Record review of the April 2024 Order Summary Report for Resident #91 revealed he had a LVAD (left ventricular assist device). A LVAD is a mechanical pump that is implanted in the chest to assist the resident's heart to pump blood. The orders read, in part, .Please place parameters to hold for SBP less than 110 and hr [heart rate] less than 60 on bp [blood pressure] meds .</p> <p>Record review Resident #91's Care Plan (initiated 04/10/24) revealed, in part, ._____ [Resident #91] requires the use of an LVAD r/t Cardiomyopathy [disorder of the heart muscle], Acute/Chronic CHF, . An 'Intervention' was for the resident to receive all medications as ordered.</p> <p>Record review of the April 2024 MAR for Resident #91, for Monday 04/22/24, revealed he was not administered Coumadin (blood thinner/anticoagulant) 3 mg at 5:00 p.m. as ordered. The resident was to have a PT/INR lab drawn to monitor the Coumadin. The lab was not initialed as drawn. The MAR revealed his blood glucose was not checked as ordered at 7:00 a.m. or 11:00 a.m. and sliding-scale insulin was not given. The resident was not administered Hydralazine HCl (for high blood pressure) 50 mg at 6:00 a.m. or 2:00 p.m. The resident's blood pressure was not documented for 6:00 a.m. or 2:00 p.m. Resident #91 was not administered Carvedilol (for CHF) 6.25 mg at 9:00 a.m.</p> <p>Observation on 04/23/24 at 3:00 p.m. revealed there were three nurses on the South Hall.</p> <p>In an interview on 04/23/24 at 3:30 p.m. RN M revealed the nurses on the South Hall work 12 hour shifts, from 7:00 a.m. to 7:00 p.m. She said the South Hall was usually divided for three nurses; South 1 was from room [ROOM NUMBER] to room [ROOM NUMBER]. South 2 was from room [ROOM NUMBER] to room [ROOM NUMBER]. South 3 was from room [ROOM NUMBER] to room [ROOM NUMBER]. RN M said she worked on 04/22/24, and there were two nurses. RN M said LVN N was assigned to South 1, and she was assigned South 2. She said there was supposed to be a third nurse, but one had called off. She said she and LVN N did not redistribute care of the South 3 residents because there were two admissions. She said since they were short-handed, they did not complete the medication administration. RN M presented a text dated 04/22/24 at 11:00 a.m. to the DON that reflected she informed the DON there was no nurse for South 3. The DON replied that South 3 should be divided between the two nurses. RN M had responded that she could not handle the additional residents. RN M said neither the DON, ADON, or any other nurses came in to assist.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview via telephone on 04/23/24 at 3:50 p.m. LVN N said she worked on 04/22/24 on the South Hall. She said she worked on South 1 and RN M worked on South 2. She said they did not notice until 11:00 a.m. that there was no third nurse.</p> <p>In an interview on 04/23/24 at 4:05 p.m., the DON said there has been some issues with staffing. She said there were three nurses scheduled for the South Hall on 04/22/24, but one had called off. She said the hall should have been split between the two nurses. She said she was responsible for finding replacement staffing. She said the nurse who canceled texted her at 4:22 a.m. and she did not see it until 6:50 a.m. She said she called the facility and told a nurse to adjust the schedule but did not recall who she spoke with. She said 'WNBI' should have been scribed next to the name of the nurse who called off. She said she found out fifteen minutes ago that residents missed their medications on 04/22/24.</p> <p>In an interview on 04/23/24 at 4:20 p.m. the Administrator said a staffing coordinator had recently resigned, so the DON was currently responsible for staffing. She said the two nurses should have split the hall on 04/22/24. She said she was at the facility from 8:00 a.m. to 6:00 p.m., and no one informed her they were 'struggling' on the South Hall. She said she was not aware residents missed their medications.</p> <p>In an interview on 04/23/24 at 4:40 p.m. the DON said that if a resident missed a dose of Coumadin (Resident #91) the PT/INR lab result could change. It would place the resident at higher risk for blood clots. She said if a resident missed a dose of Levetiracetam and/or Oxcarbazepine (Resident #65) they would be at greater risk for seizures. She said she has not informed the doctor because NP Q was at the facility on 04/22/24.</p> <p>In an interview on 04/23/24 at 4:55 p.m. RN M said NP Q was at the facility on 04/22/24. She said she told NP Q they were short of staff, but did not tell the NP that residents missed medications. She said she has not spoken with the NP or physician regarding the medications.</p> <p>In an interview on 04/24/24 at 9:35 a.m. the Corporate RN said she called the physician and received orders to monitor the residents. She said RN M should have divided the residents between her and LVN N.</p> <p>In an interview on 04/24/24 at 11:50 a.m., NP Q said she was not made aware the residents missed their medications on 04/22/24 until yesterday (04/23/24). She said she was told only the evening medications were missed. The surveyor informed her that residents missed their morning medications as well. She said the resident on Coumadin would need to have his next PT/INR lab watched. She said the facility would need to make sure vital signs and blood sugars were monitored. She said a missed dose of Keppra (Levetiracetam) or Oxcarbazepine would make the resident more prone to have a seizure, but missing a dose would probably not cause a seizure. She said Resident #91 was in the transitioning phase of attaining a therapeutic range for Coumadin, and he was not there yet. Missing the dose was a setback. She said Resident #91 has a LVAD device, and if he had a clot, it could be fatal .</p> <p>It was determined an Immediate Jeopardy (IJ) existed on 04/24/24 at 5:35 p.m. The Administrator was notified at that time. The Administrator was provided with the IJ template on 04/24/24 at 5:35 p.m.</p> <p>The following Plan of Removal submitted by the facility was accepted on 04/25/26 at 6:47 p.m.:</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>_____ [Facility Name]</p> <p>Plan of Removal</p> <p>Immediate Jeopardy</p> <p>On 04/24/2024 the HHSC Health and Human Services Commission surveyor provided an Immediate Jeopardy (IJ)</p> <p>Template notification that the Regulatory Services has determined that the condition at the facility constitutes an immediate jeopardy of resident health and safety.</p> <p>The notification of Immediate Jeopardy states as follows: F755 - Pharmaceutical Services: The facility failed to administer medications (Coumadin, Insulin, and Seizure medications) to 5 residents residing in South Hall 3.</p> <p>All facility residents have the potential to be affected by deficient practice.</p> <p>1). Action: Medication Error Reports were completed for R#91, R#65, R#87, R#34, and R#37 were assessed for adverse events. There were no adverse events observed. The assessment results were shared with the nurse practitioner, and facility staff consulted the nurse practitioner to address the care needs of residents identified in the identified deficient practice. The Nurse Practitioner gave instructions to monitor residents' vital signs, including blood sugar, for residents as ordered and to call for concerns. An audit was completed to determine if other residents missed medications due to staffing shortages; a Medication Error Report will be completed, residents assessed, and medical provider notification will be completed for those resident identified and interventions as per medical provider instructions.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/24/2024</p> <p>Responsible: Director of Nursing</p> <p>2). Action: The Chief Nursing Officer (CNO) reviewed facility policy related to Staffing on 04/24/2024; no revisions were deemed necessary. As such, The CNO educated the facility Administrator and Director of Nursing on the facility policy as it relates to Staffing, which reads Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Emphasis was placed on the need to ensure the facility had a sufficient number of Licensed Nurses (RNs/LVNs), Certified Medication Aides (CMAs), and Certified Nursing Assistants (CNAs) available 24 hours a day to provide direct resident care services and the need to ensure staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care. The mode of education was a memo in the form of a copy of the policy and procedure and occurred in a face-to-face meeting on 04/24/2024. Comprehension was assessed via the teach-back methods and a one-sentence summary of actions to be taken in the event of staff shortages on 04/25/2024.</p> <p>Start Date: 04/24/2024</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Completion Date: 04/25/2024</p> <p>Responsible: Chief Nursing Officer</p> <p>3). Action: The facility Administrator and Director of Nursing educated the facility staff on duty of the facility Chain of Command when presented with staffing challenges. A copy of the facility Chain of Command - Organizational Chart - was posted on the employee bulletin board. The facility Leadership Team - Administrator and the Director of Nursing - directed the facility Licensed Nurses (RNs/LVNs) to contact the on-call staffing phone within the first fifteen (15) minutes of the start of each shift when call-ins and no-calls/no-shows were noted so that additional staff could be called to ensure sufficient number of Licensed nurses and certified nursing assistants available to provide direct resident care services and the need to ensure staffing numbers and the skill requirements of direct care staff as determined by the needs of the residents based on each resident's plan of care. If at any time a Licensed Nurses (RNs/LVNs) or Certified Medication Aide (CMAs) feel they cannot administer medications as prescribed, he/she should follow the Chain of Command - contact the Assistance Director of nursing and then the Director of Nursing for assistance and further direction. Licensed Nurses (RNs/LVNs) will not be allowed to return to work until they receive this in-service. Licensed Nurses (RNs/LVNs) who do not physically attend the in-service training in person will be in-serviced via phone. During the in-service training and phone in-service, there will be a discussion (Question and Answering) to ensure understanding and competency. A post-test will measure learning. A demonstrable competency of 90% accuracy must be demonstrated before the start of their next shift.; those scoring less than 90% will receive immediate reeducation before being allowed to work. The mode of education was a memo in the form of a copy of the policy and procedure, which occurred in a face-to-face meeting that started on 04/24/2024. The education was added as part of the orientation for ongoing training of new hires, agency, and PRN (as needed) staff through a combination of employee training, employee monitoring, and reporting processes.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Administrator and Director of Nursing</p> <p>4). Action: The facility Administrator reviewed the Facility Assessment as it relates to staffing needs for medication administration and direct care. The facility Assessment has been updated. Comprehension will be assessed via completing the staffing matrix to demonstrate an understanding of minimum staffing needs. The staffing matrix will be reviewed daily by the facility administrator and nursing director during the Monday-Friday morning meeting for actual and potential needs; and by the Weekend Supervisor on Saturdays and Sundays. The facility Administrator will provide additional education as deemed necessary to maintain ongoing compliance. Compliance checks will be completed during the monthly Quality Assurance and Performance Improvement (QAPI) process.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Administrator</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>5) Action: The facility Administrator Contracted with a Supplemental Staffing agency to provide Licensed Nurses (RNs/LVNs), Certified Medication Aides (CMAs), and Certified Nursing Assistants (CNAs) to ensure a contingency staffing plan is in place when the facility has call-ins and no-call/no-shows, and the facility staff cannot cover sufficient staffing needs. The facility Administrator educated the Director of Nursing on the need to call and request supplemental staff when there are call-ins and/or no-call/no-shows to ensure a sufficient number of Licensed Nurses RNs/LVNs), Certified Medication Aides (CMAs), Certified Nursing Assistants (CNAs) available 24 hours a day to provide direct resident care services - medication administration. The mode of education was in the form of a memo indicating when supplemental staffing should be requested. Comprehension will be assessed via completing the staffing matrix to demonstrate an understanding of minimum staffing needs. The staffing matrix will be reviewed daily by the facility administrator and nursing director during the Monday- Friday morning meeting for actual and potential needs; and by the Weekend Supervisor on Saturdays and Sundays. The facility Administrator will provide additional education as deemed necessary to maintain ongoing compliance. Compliance checks will be completed during the monthly Quality Assurance and Performance Improvement (QAPI) process.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Administrator and Director of Nursing</p> <p>6). Action: The Chief Nursing Officer (CNO) educated the facility Director of Nursing on the facility policy and procedure as it relates to Administering Medications, which reads, Medications shall be administered in a safe and timely manner, and as prescribed. The emphasis was stressed that medication must be administered in accordance with the required time frame - within one (1) hour of their prescribed time. If a medication is not given at the prescribed time, the medical provider (Physician/Nurse Practitioner/Physician Assistant) must be contacted and consulted for further directions. The mode of education was a memo in the form of a copy of the policy and procedure, which occurred in a face-to-face meeting on 04/24/2024. Comprehension was assessed via the teach-back methods on 04/25/2024</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Chief Nursing Officer</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Oasis at Pearland		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 E Walnut Pearland, TX 77581	
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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>7). Action: The facility Director of Nursing educated Licensed Nurses (RNs/LVNs) and Certified Medication Aides (CMAs) on the facility policy and procedure as it relates to Administering Medications, which reads, Medications shall be administered in a safe and timely manner, and as prescribed. The emphasis was stressed that medication must be administered in accordance with the required time frame - within one (1) hour of their prescribed time. If a medication is not given at the prescribed time, the medical provider (Physician/Nurse Practitioner/Physician Assistant) must be contacted and consulted for further directions. The mode of education was a memo in the form of a copy of the policy and procedure and occurred in a face-to-face meeting on 04/24/2024 and 04/25/2024. Licensed Nurses (RNs/LVNs) and Certified Medication Aides (CMAs) not present will be in-serviced via phone. During the face-to-face in-service training and phone in-service, there will be a discussion (Question and Answering) to ensure understanding and competency. A post-test will measure learning. All nurses in-serviced, face-to-face or over the phone will not be allowed to work until they complete the post-test and demonstrate competency. A demonstrable competency of 90% accuracy must be demonstrated before the start of their next shift.; those scoring less than 90% will receive immediate reeducation before being allowed to work. The mode of education was a memo in the form of a copy of the policy and procedure, which occurred in a face-to-face meeting started on 04/24/2024. The education is added as part of the orientation for ongoing training of new hires, agency, and PRN (as needed) staff through a combination of employee training, employee monitoring, and reporting processes.</p> <p>Contact the Physician.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Director of Nursing and Facility Administrator</p> <p>8). Action: The Director of Nursing (DON) will review the Point of Care (PCC) Medication Administration Dashboard daily Monday - Friday and the Weekend Supervisor on Saturdays and Sundays to ensure Licensed Nurses (RNs/LVNs) and Certified Medication Aides (CMAs) have administered and documented medication administration timely and proper notification of medical providers have been completed when any deviation from the facility policy and procedures. Discrepancies noted during reviews will be immediately addressed. Progressive disciplinary actions, which include additional training and leading to termination, will be taken as deemed appropriate. The facility administrator will review the QA audit tool on a weekly basis to ensure that the nurse managers (DON and Weekend Supervisor) follow the correction plan for four weeks. reviewed monthly during the QAPI meetings for the next three (3) months and will be ongoing as needed. Meeting minutes will be taken and maintained for twelve (12) months.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Director of Nursing, Weekend Supervisor and Facility Administrator</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>9). Action: The facility Administrator conducted an Ad-Hoc Quality Assurance and Performance Improvement (QAPI) to discuss the deficient practice identified and to review the Plan of Removal (POR) was completed on 04/25/2024 with the Medical Director. The Medical Director has reviewed and agrees with this plan. Action items will be reviewed monthly during the QAPI meetings for the next three (3) months and will be ongoing as needed. Meeting minutes will be taken and maintained for twelve (12) months.</p> <p>Start Date: 04/25/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Facility Administrator</p> <p>Surveyors monitored the Plan of Removal for effectiveness as follows:</p> <p>On 04/26/24 the facility was monitored. Not all staff had been in-serviced.</p> <p>In an interview on 04/27/24 at 9:45 a.m. LVN O said she was assigned to South 1 Rooms 201 to 209. She said she still had three residents to give medications to in room [ROOM NUMBER] A and B, and room [ROOM NUMBER].</p> <p>In an interview on 04/27/24 at 09:51 a.m. RN P said she was with a staffing agency. She said she was assigned Rooms 210 to 214.</p> <p>In an interview on 04/27/24 at 09:55 a.m. LVN R said he had one more resident to administer medications to, but would be finished on time.</p> <p>In an interview on 04/27/24 at 10:15 a.m., RN S said he was finished with the morning medication administration for the Flamingo Hall.</p> <p>In an interview on 04/27/24 at 10:17 a.m. LVN T said she had completed the morning medication pass for Swan Hall and Dove Hall.</p> <p>In an interview on 04/27/24 at 10:19 a.m. MA U said she has been in-serviced regarding medication administration and Chain of Command. She said if medications were going to be late she was to tell the charge nurse.</p> <p>Record review 'spot checks' of the MARs for each hall were conducted. Three random residents from each hall were reviewed. There were no concerns for the following halls: [NAME] Hall, Dove Hall, Flamingo Hall, Swan Hall, South 2 Hall, and South 3 Hall. Three residents on South 1 had their medications administered late.</p> <p>In an interview on 04/27/24 at 11:30 a.m. the DON was asked if any medications were administered late. She said she would check. At 1:31 p.m. she said three residents' medications were late, and the physician had been notified.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/27/2024 at 1:31 p.m. the DON said she had provided in-services for the agency nurses and the staff who came in today. She said the book (envelope) was at the north nurses' station.</p> <p>On 04/27/24 at 1:36 p.m. the surveyor picked up the two manila envelopes at the north nurses' station labelled in-service. Copies of the staff attendance sheet were made at that time. Record review of the envelopes revealed one contained in-service training for medication administration, protocol for calling off a shift, Physician notification for missed/late medications, chain of command, and general staffing policy review.</p> <p>Observation and interview on 04/28/24 at 6:40 a.m. revealed LVN Z and LVN L were at the north nurses' station. Both nurses said they had the in-services. Both nurses were able to explain what the in-services were about.</p> <p>In an interview on 04/28/24 at 7:25 a.m. LVN K said she had the in-services on Thursday. She was able to tell what the in-services were about.</p> <p>In an interview on 04/28/24 at 7:41 a.m. RN S said the north was short two CNAs. He said the nurses and the MA would fill in.</p> <p>In an interview on 04/28/24 at 10:05 a.m. LVN R said he had the in-services. He was able to tell what the in-services were about.</p> <p>In an interview on 04/28/24 at 10:10 a.m. LVN O said she has had the in-services. She was able to tell what the in-services were about.</p> <p>Record review of the binder entitled State Workbook 2024 Binder for POR revealed the following:</p> <p>Medication error reports for the four residents were completed.</p> <p>Safe Survey Questionnaires for all halls were completed.</p> <p>In-services for:</p> <p>Med Administration - Nurses, MA</p> <p>Notify MD - Nurses, MA</p> <p>Attendance/call off - all staff</p> <p>Chain of Command - all staff</p> <p>Staffing - Nursing mgt and Administrator</p> <p>A/N - all staff</p> <p>Contacting Administrator and/or DON - all staff</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Facility Assessment Tool updated</p> <p>2 Staff agency contracts</p> <p>EMR Audit sheet - up to date</p> <p>Review of the binder revealed the facility was effectively implimenting the components of the POR.</p> <p>Record review of an Agency contract revealed the facility had contracted with the agency to provide nurses in case of staffing shortages. The contract was signed on 04/25/24.</p> <p>An Immediate Jeopardy (IJ) was identified on 04/24/24 [TRUNCATED]</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48605</p> <p>Based on observation, interview and record review the facility failed to ensure psychotropic medications were not given unless the medication was necessary to treat a specific condition as diagnosed and documented in the clinical record for 1 of 5 residents (Resident #58) reviewed for unnecessary medications.</p> <p>The facility failed to have an appropriate diagnosis or indication for the use of Resident #58's Olanzapine (antipsychotic medication used to treat severe agitation associated with certain mental/mood conditions schizophrenia, bipolar mania).</p> <p>The facility's failure could place residents at risk for psychotropic medication side effects, adverse consequences, decreased quality of life, dependence on unnecessary medications; and could increase the risk of death in older adults with mental health problems related to dementia.</p> <p>Findings include:</p> <p>Record review of Resident #58 's face sheet dated 02/12/24 revealed he was a [AGE] year-old female who admitted to the facility on [DATE], with diagnoses of unspecified dementia, without behavioral disturbance psychotic disturbance, mood disturbance, and anxiety (group of symptoms that affects memory, thinking and interferes with daily life), anxiety disorder (group of mental illnesses characterized by intense anxiety and fear).</p> <p>Record review of the comprehensive MDS assessment revealed Resident # 58 was unable to complete the BIMS and a staff assessment was conducted. Resident 58's BIMS was 00, indicating resident was unable to complete the interview. The MDS assessment for Resident #58 revealed she had received an antipsychotic 7 days in the 7-day -look -back -period.</p> <p>Record review of Resident #58's care plan dated 02/20/2024 revealed that Focus: Psychotropic medication: Resident# 58 uses psychotropic medication: Resident #58 is currently taking psychotropic medications and is at risk for adverse reactions and (depression, anxiety, and/or psychosis driven) behaviors. Goal: Resident# 58 will not experience adverse reactions and will have minimum/no episodes of behaviors over the next 90 days. Intervention: check for adverse reactions; check for effectiveness of psychotropic medication; monitor for adverse reactions and hypnotic driven behaviors such as tiredness, weakness, lethargy.</p> <p>Record review of Resident #58's physician's order summary report revealed the following order:</p> <p>Olanzapine Oral Tablet 2.5 mg give 1 tablet by mouth two times a day for mood disorder with psychotic disorder, with a start date of 03/26/2024.</p> <p>Record review of Resident #58's MAR revealed that Olanzapine was administered to Resident #58 daily in the seven day look day period.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 04/23/2024 at 9:30am Resident #58 was observed in bed with eyes closed and appeared to be sleeping.</p> <p>Observation on 04/24/2024 at 10:45am Resident #58 was observed in bed with eyes closed and appeared to be sleeping.</p> <p>Interview on 04/24/24 at 1:00 PM, the DON stated the ADON supervised the pharmacy services and appropriate diagnoses for psychotropic medications. The DON stated when a nurse received an order for a psychotropic, they should make sure they have a diagnosis appropriate and consents. If a resident does not have the appropriate diagnosis and consent the nurse should contact the management nurse and the management nurse would let the doctor know. The DON was unable to identify the nurse who initiated the order. The DON stated that the ADON and nurse management was responsible reviewing the monthly pharmacy consultant report and following up with the doctor for changes for Resident #58. The DON stated that dementia was not an appropriate diagnosis for an antipsychotic medication. The DON stated giving a resident an unnecessary antipsychotic medication placed them at risk for falls, weight loss, heart conditions, and decreased socialization. Antipsychotic Medication Use/Consent Policy was requested.</p> <p>Interview on 04/24/24 at 3:05 PM, the ADON stated that she had recently started working at the facility. She stated that she was not aware that Resident #58 was diagnosed with dementia and had been ordered the medication, Olanzapine. The ADON the stated the Resident #58 was admitted on [DATE] with the diagnosis of dementia. The ADON confirmed that Resident #58 was ordered Olanzapine related to behaviors. The ADON stated that the facility did not have a current consent for treatment. The ADON stated that she was working to complete an audit on medication consents. The ADON said giving an unnecessary antipsychotic medication put the residents at risk for risk for falls, weight loss, decreased socialization and heart conditions. The ADON stated that dementia was not an appropriate diagnosis for an antipsychotic medication. Antipsychotic Medication Use/Consent Policy was requested.</p> <p>Interview on 04/25/24 at 1:09pm, with the provider, the MHNP stated that he was aware of the order of Olanzapine for Resident #58 indicated for Mood Disorder with Psychotic Disorder. The MHNP stated that he was familiar Resident #58 diagnosis of dementia. He confirmed that Olanzapine is an antipsychotic medication used to treat severe agitation associated with certain mental/mood conditions schizophrenia, bipolar mania. The MHNP confirmed that Resident #58 did not have the reference diagnosis. He stated that Resident #58 was receiving the medication due to behavioral previously identified by the facility. He stated that she would follow up with Resident #58 for an evaluation to possibly discontinue the medication. The MHNP stated that dementia was not an appropriate diagnosis for an antipsychotic medication. The DON stated giving a resident an unnecessary antipsychotic medication placed altered mental status and increased the risk for death in elderly residents. The MHNP stated that he was not aware that the facility did not have a signed informed consent. He stated the informed consent from 3713 should be signed by the resident/resident representative prior to administering antipsychotic medication.</p> <p>Record review of the facility's policy dated Quarter 3, 2018, titled Administering Medications/Antipsychotic medication use, revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>o Antipsychotic medications shall be used only for the following conditions/diagnoses as documented in the record, consistent with the definition(s) in Diagnostic and Statistical Manual of Mental Disorders (current or subsequent editions): Schizophrenia, Schizoaffective disorder, Schizophreniform disorder, Delusional disorder, Mood disorders (bipolar, depression with psychotic features, and treatment refractory major depression); Psychosis in the absence of dementia Information related to antipsychotic medication informed consent was not included in the facility policy provided.</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16989</p> <p>Based on observation, interview, and record review, the facility failed to ensure 4 residents (Residents #34, #65, #87, and #91) of 10 residents reviewed for medication administration were free of significant medication errors.</p> <p>-Resident #91 did not receive Coumadin (anticoagulant) as ordered by the physician in the afternoon of 04/22/24, placing him at risk for a blood clot.</p> <p>-Resident #34, Resident #65, and Resident #87 did not have their blood glucose levels checked as ordered, which determined if sliding scale insulin was to be administered on 04/22/24.</p> <p>-Resident #34 did not receive Metoprolol Tartrate (for high blood pressure) as ordered by the physician, and her blood sugar was not checked, resulting in not having blood sugar levels to determine amounts of insulin to be administered.</p> <p>-Resident #65 did not receive a dose of IV antibiotic for a sacral pressure ulcer infection.</p> <p>-Resident #87 did not receive Metoprolol Tartrate as ordered by the physician, and her blood sugar was not checked, resulting in not having blood sugar levels to determine amounts of insulin to be administered.</p> <p>-Missed medications included, but were not limited to, insulin, anticoagulants (blood thinners), and one IV antibiotic.</p> <p>-The DON was not aware of the residents missing their medications prior to surveyor notification.</p> <p>-The Physician was not notified until after the surveyor notified the DON.</p> <p>An Immediate Jeopardy (IJ) was identified on 04/24/24. The IJ template was provided to the facility on [DATE] at 5:35 p.m. While the IJ was removed on 04/28/24 the facility remained out of compliance at a scope of pattern and a severity level of no actual harm with potential for more than minimal harm that was not immediate jeopardy, because all staff had not been trained on medication administration and chain of command.</p> <p>The failure placed the residents at higher risk for hyperglycemia (high blood sugar), blood clots, and sepsis. In an interview with the NP revealed a blood clot could be fatal for Resident #91.</p> <p>Findings include:</p> <p>Resident #34</p> <p>Record review of the Admission Record for Resident #34 (dated 04/25/24) revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, cerebral palsy (a group of movement disorders), type 2 diabetes mellitus, gastrostomy status (has feeding tube), and epilepsy (seizure disorder).</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of the MDS (ARD 04/11/24) for Resident #34 revealed she had a BIMS score of 0/15, indicative of severe cognitive impairment.</p> <p>Record review of the Care Plan (revised 03/30/24) for Resident #34 revealed she was receiving anticoagulant therapy (Eliquis) and was at risk for increased bleeding or bruising. One of the Interventions read Give medications as ordered.</p> <p>The Care Plan reflected Resident #34 had diabetes. Corresponding Interventions were to monitor blood glucose levels as ordered, and to give medications as ordered.</p> <p>Record review of the April 2024 Order Summary Report for Resident #34 revealed she was to receive Eliquis (anticoagulant) 5 mg twice daily for prevention of pulmonary embolism (blood clot in an artery of the lung). The orders reflected she was to have her blood glucose checked every six hours, with insulin to be administered per sliding scale. The orders reflected Metoprolol Tartrate (Toprol) tablet, 12.5 mg was to be administered twice daily for high blood pressure. The Metoprolol Tartrate was to be held if the resident's systolic blood pressure was less than 100 mmHg. The orders reflected Trileptal Oral suspension (300 mg/5 ml) 10 ml was to be administered twice daily for epilepsy.</p> <p>Record review of the April 2024 MAR/TAR for Resident #34 revealed the following medications were not administered on 04/22/24 at 9:00 a.m.:</p> <ul style="list-style-type: none"> -Eliquis 5 mg -Toprol 12.5 mg (blood pressure was not documented) -Trileptal Oral suspension (300 mg/5 ml) 10 ml <p>Resident #34's blood glucose levels were not checked at noon or 6:00 p.m. No sliding scale insulin was administered.</p> <p>Record review of the April 2024 Order Summary report revealed Resident #34 was to receive the following Fiasp (100 u/ml) insulin amounts based on her blood glucose level:</p> <ul style="list-style-type: none"> -150 - 200 mg/dl administer 2 units -201 - 250 mg/dl administer 4 units -251 - 300 mg/dl administer 6 units -301 - 350 mg/dl administer 8 units -351 - 400 mg/dl administer 10 units <p>If Resident #34's blood glucose level was greater than 400 mg/dl, the nurse was to administer 12 units and notify the NP.</p> <p>Observation on 04/23/24 at 9:00 a.m. revealed Resident #34 was in her room, lying in bed. She did not respond to a verbal greeting. She was receiving enteral nutrition via her g-tube.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Resident #65</p> <p>Record review of the Admission Record for Resident #65 (dated 04/25/24) revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, type 2 diabetes mellitus, schizophrenia, seizures, stage 4 pressure ulcer of the sacrum, and atherosclerotic heart disease of coronary artery without angina pectoris (chest pain). The resident had a gastrostomy tube (g-tube) for nutrition and medications.</p> <p>Record review of the MDS (ARD 01/24/24) revealed she had memory deficits and moderately impaired cognition .</p> <p>Record review of the April 2024 Order Summary Report for Resident #65 revealed she was to receive the IV antibiotic Ertapenem Sodium Solution reconstituted 1 gm for an infection of the pressure ulcer of her sacrum. The orders also reflected Resident #65 was to have her blood glucose checked at 8:00 a.m., and Glargine insulin (100units/ml) 40 units administered. The orders reflected she was to have her blood glucose checked every six hours, with insulin to be administered per sliding scale, and she was to receive Levetiracetam solution (100 mg/ml) 5 ml twice daily for seizures, Oxcarbazepine 300 mg twice daily for seizures, and Haldol 2 mg twice daily for schizophrenia.</p> <p>Record review of the April 2024 MAR for Resident #65 revealed the following medications with corresponding times were not administered on 04/22/2024:</p> <ul style="list-style-type: none"> -IV Ertapenem Sodium Solution reconstituted 1 gm scheduled for 8:00 a.m. -Haldol 2 mg scheduled for 8:00 a.m. -Levetiracetam solution (100 mg/ml) 5 ml scheduled for 9:00 a.m. -Oxcarbazepine 300 mg scheduled for 9:00 a.m. <p>Resident #65's blood glucose was not checked as ordered on 04/22/2024 at 8:00 a.m. and 40 units of Insulin Glargine was not given.</p> <p>Resident #65's blood glucose was not checked as ordered at 6:00 a.m., noon, or 6:00 p.m. on 04/22/2024, and sliding-scale insulin was not given. Record review of the April 2024 Order Summary report revealed Resident #65 was to receive the following Lispro (200 u/ml) insulin amounts based on her blood glucose level:</p> <ul style="list-style-type: none"> -150 - 200 mg/dl administer 2 units -201 - 250 mg/dl administer 4 units -251 - 300 mg/dl administer 6 units -301 - 350 mg/dl administer 8 units -351 - 400 mg/dl administer 10 units <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Oasis at Pearland		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 E Walnut Pearland, TX 77581	
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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>If Resident #65's blood glucose level was greater than 400 mg/dl, the nurse was to administer 12 units and notify the physician.</p> <p>Observation and interview on 04/23/24 at 9:13 a.m. revealed Resident #65 was in her room, sitting in her wheelchair. She said she had received her medications today but was unable to recall yesterday (04/22/24).</p> <p>Resident #87</p> <p>Record review of the Admission Record for Resident #87 (dated 04/24/24) revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, type 2 diabetes mellitus, atrial fibrillation, congestive heart failure, hypertension, and history of pulmonary embolism (obstruction of the pulmonary artery by a blood clot or other foreign matter).</p> <p>Record review of the MDS (ARD 03/25/24) revealed she scored 0 of 15 on the BIMS, indicative of severely impaired cognition .</p> <p>Record review of the April 2024 Order Summary Report for Resident #87 revealed she was to receive Apixaban (blood thinner/anticoagulant) 5 mg twice daily to prevent blood clots, Metoprolol Tartrate 12.5 mg twice daily for blood pressure, Amiodarone 200 mg for atrial fibrillation. The Metoprolol Tartrate was to be held if the resident's systolic blood pressure was less than 100 mmHg.</p> <p>She was to have her blood glucose checked before meals, with insulin to be administered per sliding scale.</p> <p>Record review of Resident #87's April 2024 MAR revealed she was not administered the 9:00 a.m. doses of Apixaban 5 mg, Amiodarone 200 mg, or the Metoprolol Tartrate 12.5 mg. on 04/22/24. Her blood pressure was not documented as been checked.</p> <p>Resident #87's blood glucose was not checked as ordered at 11:00 a.m. and 4:00 p.m. on 04/22/2024 and sliding-scale insulin was not administered.</p> <p>Record review of the April 2024 Order Summary report revealed Resident #87 was to receive the following Lispro insulin (100 u/ml) sliding scale amounts based on her blood glucose level:</p> <ul style="list-style-type: none"> -150 - 200 mg/dl administer 1 unit -201 - 250 mg/dl administer 2 units -251 - 300 mg/dl administer 3 units -301 - 350 mg/dl administer 4 units -351 - 400 mg/dl administer 5 units <p>If Resident #87's blood glucose level was greater than 400 mg/dl, the nurse was to administer 6 units and notify the NP.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Resident #91</p> <p>Record review of the Admission Record for Resident #91 (dated 04/24/24) revealed he was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, diabetes mellitus, combined systolic and diastolic congestive heart failure, and long-term use of anticoagulants.</p> <p>Record review of the MDS (ARD 04/08/24) revealed Resident #91 scored 15 of 15 on the BIMS, indicative of intact cognition .</p> <p>Record review of the April 2024 Order Summary Report for Resident #91 revealed he had a LVAD (left ventricular assist device). A LVAD is a mechanical pump that is implanted in the chest to assist the resident's heart to pump blood. The orders read, in part, .Please place parameters to hold for SBP less than 110 and hr [heart rate] less than 60 on bp [blood pressure] meds .</p> <p>Record review Resident #91's Care Plan (initiated 04/10/24) revealed, in part, ._____ [Resident #91] requires the use of an LVAD r/t Cardiomyopathy [disorder of the heart muscle], Acute/Chronic CHF, . An 'Intervention' was for the resident to receive all medications as ordered.</p> <p>Record review of the April 2024 MAR for Resident #91, for Monday 04/22/24, revealed he was not administered Coumadin (blood thinner/anticoagulant) 3 mg at 5:00 p.m. as ordered. The resident was to have a PT/INR lab drawn to monitor the Coumadin. The lab was not initialed as drawn. The MAR revealed his blood glucose was not checked as ordered at 7:00 a.m. or 11:00 a.m. and sliding-scale insulin was not given. The resident was not administered Hydralazine HCl (for high blood pressure) 50 mg at 6:00 a.m. or 2:00 p.m. Resident #91's blood pressure was not documented for either dose.</p> <p>Resident #91 was not administered Carvedilol (for CHF) 6.25 mg at 9:00 a.m.</p> <p>Observation on 04/23/24 at 3:00 p.m. revealed there were three nurses on the South Hall.</p> <p>In an interview on 04/23/24 at 3:30 p.m. RN M revealed the nurses on the South Hall work 12 hour shifts, from 7:00 a.m. to 7:00 p.m. She said the South Hall was usually divided for three nurses; South 1 was from room [ROOM NUMBER] to room [ROOM NUMBER]. South 2 was from room [ROOM NUMBER] to room [ROOM NUMBER]. South 3 was from room [ROOM NUMBER] to room [ROOM NUMBER]. RN M said she worked on 04/22/24, and there were two nurses. RN M said LVN N was assigned to South 1, and she was assigned South 2. She said there was supposed to be a third nurse, but one had called off. She said she and LVN N did not redistribute care of the South 3 residents because there were two admissions. She said since they were short-handed, they did not complete the medication administration. RN M presented a text dated 04/22/24 at 11:00 a.m. to the DON that reflected she informed the DON there was no nurse for South 3. The DON replied that South 3 should be divided between the two nurses. RN M had responded that she could not handle the additional residents. RN M said neither the DON, ADON, or any other nurses came in to assist.</p> <p>In an interview via telephone on 04/23/24 at 3:50 p.m. LVN N said she worked on 04/22/24 on the South Hall. She said she worked on South 1 and RN M worked on South 2. She said they did not notice until 11:00 a.m. that there was no third nurse.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/23/24 at 4:05 p.m., the DON said there has been some issues with staffing. She said there were three nurses scheduled for the South Hall on 04/22/24, but one had called off. She said the hall should have been split between the two nurses. She said she was responsible for finding replacement staffing. She said the nurse who canceled texted her at 4:22 a.m. and she did not see it until 6:50 a.m. She said she called the facility and told a nurse to adjust the schedule but did not recall who she spoke with. She said 'WNBI' should have been scribed next to the name of the nurse who called off. She said she found out fifteen minutes ago that residents missed their medications on 04/22/24.</p> <p>In an interview on 04/23/24 at 4:20 p.m. the Administrator said a staffing coordinator had recently resigned, so the DON was currently responsible for staffing. She said the two nurses should have split the hall on 04/22/24. She said she was at the facility from 8:00 a.m. to 6:00 p.m., and no one informed her they were 'struggling' on the South Hall. She said she was not aware residents missed their medications.</p> <p>In an interview on 04/23/24 at 4:40 p.m. the DON said that if a resident missed a dose of Coumadin (Resident #91) the PT/INR lab result could change. It would place the resident at higher risk for blood clots. She said if a resident missed a dose of Levetiracetam and/or Oxcarbazepine (Resident #65) they would be at greater risk for seizures. She said she has not informed the doctor because NP Q was at the facility on 04/22/24.</p> <p>In an interview on 04/23/24 at 4:55 p.m. RN M said NP Q was at the facility on 04/22/24. She said she told NP Q they were short of staff, but did not tell the NP that residents missed medications. She said she has not spoken with the NP or physician regarding the medications.</p> <p>In an interview on 04/24/24 at 9:35 a.m. the Corporate RN said she called the physician and received orders to monitor the residents. She said RN M should have divided the residents between her and LVN N.</p> <p>In an interview on 04/24/24 at 11:50 a.m., NP Q said she was not made aware the residents missed their medications on 04/22/24 until yesterday (04/23/24). She said she was told only the evening medications were missed. The surveyor informed her that residents missed their morning medications as well. She said the resident on Coumadin would need to have his next PT/INR lab watched. She said the facility would need to make sure vital signs and blood sugars were monitored. She said a missed dose of Keppra (Levetiracetam) or Oxcarbazepine would make the resident more prone to have a seizure, but missing a dose would probably not cause a seizure. She said Resident #91 was in the transitioning phase of attaining a therapeutic range for Coumadin, and he was not there yet. Missing the dose was a setback. She said Resident #91 has a LVAD device, and if he had a clot, it could be fatal .</p> <p>It was determined an Immediate Jeopardy (IJ) existed on 04/24/24 at 5:35 p.m. The Administrator was notified at that time. The Administrator was provided with the IJ template on 04/24/24 at 5:35 p.m.</p> <p>The following Plan of Removal submitted by the facility was accepted on 04/25/26 at 6:47 p.m.:</p> <p>_____ [Facility Name]</p> <p>Plan of Removal</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Immediate Jeopardy</p> <p>On 04/24/2024 the HHSC Health and Human Services Commission surveyor provided an Immediate Jeopardy (IJ)</p> <p>Template notification that the Regulatory Services has determined that the condition at the facility constitutes an immediate jeopardy of resident health and safety.</p> <p>The notification of Immediate Jeopardy states as follows: F755 - Pharmaceutical Services: The facility failed to administer medications (Coumadin, Insulin, and Seizure medications) to 5 residents residing in South Hall 3.</p> <p>All facility residents have the potential to be affected by deficient practice.</p> <p>1). Action: Medication Error Reports were completed for R#91, R#65, R#87, R#34, and R#37 were assessed for adverse events. There were no adverse events observed. The assessment results were shared with the nurse practitioner, and facility staff consulted the nurse practitioner to address the care needs of residents identified in the identified deficient practice. The Nurse Practitioner gave instructions to monitor residents' vital signs, including blood sugar, for residents as ordered and to call for concerns. An audit was completed to determine if other residents missed medications due to staffing shortages; a Medication Error Report will be completed, residents assessed, and medical provider notification will be completed for those resident identified and interventions as per medical provider instructions.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/24/2024</p> <p>Responsible: Director of Nursing</p> <p>2). Action: The Chief Nursing Officer (CNO) reviewed facility policy related to Staffing on 04/24/2024; no revisions were deemed necessary. As such, The CNO educated the facility Administrator and Director of Nursing on the facility policy as it relates to Staffing, which reads Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Emphasis was placed on the need to ensure the facility had a sufficient number of Licensed Nurses (RNs/LVNs), Certified Medication Aides (CMAs), and Certified Nursing Assistants (CNAs) available 24 hours a day to provide direct resident care services and the need to ensure staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care. The mode of education was a memo in the form of a copy of the policy and procedure and occurred in a face-to-face meeting on 04/24/2024. Comprehension was assessed via the teach-back methods and a one-sentence summary of actions to be taken in the event of staff shortages on 04/25/2024.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Chief Nursing Officer</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>3). Action: The facility Administrator and Director of Nursing educated the facility staff on duty of the facility Chain of Command when presented with staffing challenges. A copy of the facility Chain of Command - Organizational Chart - was posted on the employee bulletin board. The facility Leadership Team - Administrator and the Director of Nursing - directed the facility Licensed Nurses (RNs/LVNs) to contact the on-call staffing phone within the first fifteen (15) minutes of the start of each shift when call-ins and no-calls/no-shows were noted so that additional staff could be called to ensure sufficient number of Licensed nurses and certified nursing assistants available to provide direct resident care services and the need to ensure staffing numbers and the skill requirements of direct care staff as determined by the needs of the residents based on each resident's plan of care. If at any time a Licensed Nurses (RNs/LVNs) or Certified Medication Aide (CMAs) feel they cannot administer medications as prescribed, he/she should follow the Chain of Command - contact the Assistance Director of nursing and then the Director of Nursing for assistance and further direction. Licensed Nurses (RNs/LVNs) will not be allowed to return to work until they receive this in-service. Licensed Nurses (RNs/LVNs) who do not physically attend the in-service training in person will be in-serviced via phone. During the in-service training and phone in-service, there will be a discussion (Question and Answering) to ensure understanding and competency. A post-test will measure learning. A demonstrable competency of 90% accuracy must be demonstrated before the start of their next shift.; those scoring less than 90% will receive immediate reeducation before being allowed to work. The mode of education was a memo in the form of a copy of the policy and procedure, which occurred in a face-to-face meeting that started on 04/24/2024. The education was added as part of the orientation for ongoing training of new hires, agency, and PRN (as needed) staff through a combination of employee training, employee monitoring, and reporting processes.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Administrator and Director of Nursing</p> <p>4). Action: The facility Administrator reviewed the Facility Assessment as it relates to staffing needs for medication administration and direct care. The facility Assessment has been updated. Comprehension will be assessed via completing the staffing matrix to demonstrate an understanding of minimum staffing needs. The staffing matrix will be reviewed daily by the facility administrator and nursing director during the Monday-Friday morning meeting for actual and potential needs; and by the Weekend Supervisor on Saturdays and Sundays. The facility Administrator will provide additional education as deemed necessary to maintain ongoing compliance. Compliance checks will be completed during the monthly Quality Assurance and Performance Improvement (QAPI) process.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Administrator</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>5) Action: The facility Administrator Contracted with a Supplemental Staffing agency to provide Licensed Nurses (RNs/LVNs), Certified Medication Aides (CMAs), and Certified Nursing Assistants (CNAs) to ensure a contingency staffing plan is in place when the facility has call-ins and no-call/no-shows, and the facility staff cannot cover sufficient staffing needs. The facility Administrator educated the Director of Nursing on the need to call and request supplemental staff when there are call-ins and/or no-call/no-shows to ensure a sufficient number of Licensed Nurses RNs/LVNs), Certified Medication Aides (CMAs), Certified Nursing Assistants (CNAs) available 24 hours a day to provide direct resident care services - medication administration. The mode of education was in the form of a memo indicating when supplemental staffing should be requested. Comprehension will be assessed via completing the staffing matrix to demonstrate an understanding of minimum staffing needs. The staffing matrix will be reviewed daily by the facility administrator and nursing director during the Monday- Friday morning meeting for actual and potential needs; and by the Weekend Supervisor on Saturdays and Sundays. The facility Administrator will provide additional education as deemed necessary to maintain ongoing compliance. Compliance checks will be completed during the monthly Quality Assurance and Performance Improvement (QAPI) process.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Administrator and Director of Nursing</p> <p>6). Action: The Chief Nursing Officer (CNO) educated the facility Director of Nursing on the facility policy and procedure as it relates to Administering Medications, which reads, Medications shall be administered in a safe and timely manner, and as prescribed. The emphasis was stressed that medication must be administered in accordance with the required time frame - within one (1) hour of their prescribed time. If a medication is not given at the prescribed time, the medical provider (Physician/Nurse Practitioner/Physician Assistant) must be contacted and consulted for further directions. The mode of education was a memo in the form of a copy of the policy and procedure, which occurred in a face-to-face meeting on 04/24/2024. Comprehension was assessed via the teach-back methods on 04/25/2024</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Chief Nursing Officer</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>7). Action: The facility Director of Nursing educated Licensed Nurses (RNs/LVNs) and Certified Medication Aides (CMAs) on the facility policy and procedure as it relates to Administering Medications, which reads, Medications shall be administered in a safe and timely manner, and as prescribed. The emphasis was stressed that medication must be administered in accordance with the required time frame - within one (1) hour of their prescribed time. If a medication is not given at the prescribed time, the medical provider (Physician/Nurse Practitioner/Physician Assistant) must be contacted and consulted for further directions. The mode of education was a memo in the form of a copy of the policy and procedure and occurred in a face-to-face meeting on 04/24/2024 and 04/25/2024. Licensed Nurses (RNs/LVNs) and Certified Medication Aides (CMAs) not present will be in-serviced via phone. During the face-to-face in-service training and phone in-service, there will be a discussion (Question and Answering) to ensure understanding and competency. A post-test will measure learning. All nurses in-serviced, face-to-face or over the phone will not be allowed to work until they complete the post-test and demonstrate competency. A demonstrable competency of 90% accuracy must be demonstrated before the start of their next shift.; those scoring less than 90% will receive immediate reeducation before being allowed to work. The mode of education was a memo in the form of a copy of the policy and procedure, which occurred in a face-to-face meeting started on 04/24/2024. The education is added as part of the orientation for ongoing training of new hires, agency, and PRN (as needed) staff through a combination of employee training, employee monitoring, and reporting processes.</p> <p>Contact the Physician.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Director of Nursing and Facility Administrator</p> <p>8). Action: The Director of Nursing (DON) will review the Point of Care (PCC) Medication Administration Dashboard daily Monday - Friday and the Weekend Supervisor on Saturdays and Sundays to ensure Licensed Nurses (RNs/LVNs) and Certified Medication Aides (CMAs) have administered and documented medication administration timely and proper notification of medical providers have been completed when any deviation from the facility policy and procedures. Discrepancies noted during reviews will be immediately addressed. Progressive disciplinary actions, which include additional training and leading to termination, will be taken as deemed appropriate. The facility administrator will review the QA audit tool on a weekly basis to ensure that the nurse managers (DON and Weekend Supervisor) follow the correction plan for four weeks. reviewed monthly during the QAPI meetings for the next three (3) months and will be ongoing as needed. Meeting minutes will be taken and maintained for twelve (12) months.</p> <p>Start Date: 04/24/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Director of Nursing, Weekend Supervisor and Facility Administrator</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>9). Action: The facility Administrator conducted an Ad-Hoc Quality Assurance and Performance Improvement (QAPI) to discuss the deficient practice identified and to review the Plan of Removal (POR) was completed on 04/25/2024 with the Medical Director. The Medical Director has reviewed and agrees with this plan. Action items will be reviewed monthly during the QAPI meetings for the next three (3) months and will be ongoing as needed. Meeting minutes will be taken and maintained for twelve (12) months.</p> <p>Start Date: 04/25/2024</p> <p>Completion Date: 04/25/2024</p> <p>Responsible: Facility Administrator</p> <p>Surveyors monitored the Plan of Removal for effectiveness as follows:</p> <p>On 04/26/24 the facility was monitored. Not all staff had been in-serviced.</p> <p>In an interview on 04/27/24 at 9:45 a.m. LVN O said she was assigned to South 1 Rooms 201 to 209. She said she still had three residents to give medications to in room [ROOM NUMBER] A and B, and room [ROOM NUMBER].</p> <p>In an interview on 04/27/24 at 09:51 a.m. RN P said she was with a staffing agency. She said she was assigned Rooms 210 to 214.</p> <p>In an interview on 04/27/24 at 09:55 a.m. LVN R said he had one more resident to administer medications to, but would be finished on time.</p> <p>In an interview on 04/27/24 at 10:15 a.m., RN S said he was finished with the morning medication administration for the Flamingo Hall.</p> <p>In an interview on 04/27/24 at 10:17 a.m. LVN T said she had completed the morning medication pass for Swan Hall and Dove Hall.</p> <p>In an interview on 04/27/24 at 10:19 a.m. MA U said she has been in-serviced regarding medication administration and Chain of Command. She said if medications were going to be late she was to tell the charge nurse.</p> <p>Record review 'spot checks' of the MARs for each hall were conducted. Three random residents from each hall were reviewed. There were no concerns for the following halls: [NAME] Hall, Dove Hall, Flamingo Hall, Swan Hall, South 2 Hall, and South 3 Hall. Three residents on South 1 had their medications administered late.</p> <p>In an interview on 04/27/24 at 11:30 a.m. the DON was asked if any medications were administered late. She said she would check. At 1:31 p.m. she said three residents' medications were late, and the physician had been notified.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Oasis at Pearland		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 E Walnut Pearland, TX 77581	
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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/27/2024 at 1:31 p.m. the DON said she had provided in-services for the agency nurses and the staff who came in today. She said the book (envelope) was at the north nurses' station.</p> <p>On 04/27/24 at 1:36 p.m. the surveyor picked up the two manila envelopes at the north nurses' station labelled in-service. Copies of the staff attendance sheet were made at that time. Record review of the envelopes revealed one contained in-service training for medication administration, protocol for calling off a shift, Physician notification for missed/late medications, chain of command, and general staffing policy review.</p> <p>Observation and interview on 04/28/24 at 6:40 a.m. revealed LVN Z and LVN L were at the north nurses' station. Both nurses said they had the in-services. Both nurses were able to explain what the in-services were about.</p> <p>In an interview on 04/28/24 at 7:25 a.m. LVN K said she had the in-services on Thursday. She was able to tell what the in-services were about.</p> <p>In an interview on 04/28/24 at 7:41 a.m. RN S said the north was short two CNAs. He said the nurses and the MA would fill in.</p> <p>In an interview on 04/28/24 at 10:05 a.m. LVN R said he had the in-services. He was able to tell what the in-services were about.</p> <p>In an interview on 04/28/24 at 10:10 a.m. LVN O said she has had the in-services. She was able to tell what the in-services were about.</p> <p>Record review of the binder entitled State Workbook 2024 Binder for POR revealed the following:</p> <p>Medication error reports for the four residents were completed.</p> <p>Safe Survey Questionnaires for all halls were completed.</p> <p>In-services for:</p> <p>Med Administration - Nurses, MA</p> <p>Notify MD - Nurses, MA</p> <p>Attendance/call off - all staff</p> <p>Chain of Command - all staff</p> <p>Staffing - Nursing mgt and Administrator</p> <p>A/N - all staff</p> <p>Contacting Administrator and/or DON - all staff</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Facility Assessment Tool updated</p> <p>2 Staff agency contracts</p> <p>EMR Audit sheet - up to date</p> <p>Review of the binder revealed the facility was effectively implimenting the components of the POR.</p> <p>Record review of an Agency contract revealed the facility had contracted with the agency to provide nurses in case of staffing shortages. The contract was signed on 04/25/24.</p> <p>An Immediate Jeopardy (IJ) was identified on 04/24/24. The IJ template was provided to the facility on [DATE] at 5:35 p.m. While the IJ was removed on 04/28/24 the facility remained out of compliance at a scope of pattern and a severity level of no actual harm with the potential for more than minimal harm t [TRUNCATED]</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40249</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with the professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen sanitation.</p> <p>-The facility failed to ensure foods were properly stored, labeled, and dated.</p> <p>This failure could place residents who ate food served by the kitchen at risk of food-borne illness.</p> <p>Findings included:</p> <p>Observation of the kitchen and interview on [DATE] between 8:22a.m., and 9:10 a.m., with Cook A revealed the following:</p> <p>Refrigerator:</p> <p>A clear container with Puree pumpkin pudding dated [DATE] with no used by date.</p> <p>A clear gallon sized zip log bag with Salad mix dated [DATE] with no used by date.</p> <p>A clear gallon sized zip log bag with Croissants dated [DATE] with no used by date.</p> <p>A clear gallon sized zip log bag with bagels dated [DATE] with no used by date.</p> <p>A clear gallon sized zip log bag with pancakes dated [DATE] with no used by date.</p> <p>The Condiment refrigerator or Cook's fridge.</p> <p>A clear container with Potato salad not dated and labeled.</p> <p>A clear container with ham not dated and labeled.</p> <p>A clear container with turkey not labeled, dated [DATE]</p> <p>A clear container with slice cheese not dated and labeled.</p> <p>A clear container with shredded cheese not dated and labeled.</p> <p>A clear container with tomatoes not dated and labeled.</p> <p>A clear container with bell pepper not dated and labeled.</p> <p>A clear container with jalapenos not dated and labeled.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on [DATE] at 9:04 a.m., Cook A said the food was good for 3 days in holding after it was opened. She said if the food was old, it was not fit for consumption. She said all food needed to be labeled and dated with the open date, so the kitchen staff know when it needed to be used by. She said the kitchen supervisor left 8 days ago. She said she was the cook and she had worked at this facility for a year so i know where everything is. She said the evening staff was responsible for cleaning, refill and to go through items that needed to be thrown out or expired.</p> <p>In an interview on [DATE] at 5:13 p.m., Cook B said she was the cook for the evening shift. She said the cooks were responsible for labeling the food. She said whoever opened needed to label and date. She said the food that was opened left in the fridge was good for 3 days.</p> <p>In an interview on [DATE] at 1:00 p.m., with the Administrator. This Surveyor shared observation and interview with Cook A and B from earlier. The Administrator said the Dietary Manager left two weeks ago and the facility had 30 days to hire a new Dietary Manager. She said the new Dietary Manager was scheduled to start on Monday ([DATE]). She said in a meanwhile as an Administrator she was responsible to oversee the kitchen. She said she last went to check on kitchen staff last week, the truck had come in. She said whenever the truck came in whoever was putting away needed to label. If opened it needed to be labeled. She said, I can't expect morning staff to open something for evening staff to label or [NAME] versa.</p> <p>Record review of the facility's Food Receiving and Storage policy (Revised [DATE]) revealed read in part: . Policy Statement Foods shall be received and stored in a manner that complies with safe food handling practices.7. Dry foods that are stored in bins will be removed from original packaging, labeled and dated (use by date). Such foods will be rotated using a first in - first out system. 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date). e. Other opened containers must be dated and sealed or covered during storage .</p> <p>Record review of the Texas Food Code Chapter 228 Subchapter A Department of state health services and retail food establishments Food Code 2022 read on part .(C) PACKAGED FOOD shall be labeled as specified in LAW, including 21 CFR 101 FOOD Labeling, 9 CFR 317 Labeling, Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S ,d+[DATE].18. , d+[DATE].15 Package Integrity. FOOD packages shall be in good condition and protect the integrity of the contents so that the FOOD is not exposed to ADULTERATION or potential contaminants .</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>40249</p> <p>Based on record review and interview, the facility failed to conduct and document a facility wide assessment to determine the resources necessary to competently care for residents during day-to-day and emergency operations for 1 of 1 facility in that:</p> <p>-The Facility Assessment Tool was not completed.</p> <p>This failure could affect residents by not having the necessary resources to ensure appropriate care is provided.</p> <p>Findings included:</p> <p>Record review of the Facility Assessment Tool revealed read in part: .Date(s) of assessment or update 1/16/2024. Date(s) assessment reviewed with QAA/QAPI committee 1/23/2024. Disclaimer: Use of this tool is not mandated by the CMS, or does it ensure regulatory compliance 12/13/2022. Facility Assessment Tool reviewed had previous Administrator and DON listed. Further review of the facility assessment revealed the assessment was missing the following: Resident profile, Services and care offered, and facility resources needed.</p> <p>Record review and interview on 4/24/24 at 2:10 p.m., with the Corporate RN. Surveyors reviewed the facility assessment presented by the Corporate RN. The Corporate RN stated, this is a tool that guides the facility how to create a facility assessment. This is not the facility assessment. She stated she had been emailing the facility since December 2023 that they needed to create the facility assessment. The Corporate RN stated it was important to have a facility assessment to know how many staff member we needed to get.</p> <p>Record review and interview on 4/25/24 at 1:26 p.m., with the Administrator, she said she was new to this facility. She said when the Surveyors asked for the facility assessment yesterday (4/24/24) she reviewed the facility assessment that was presented to the Surveyors it was a tool not an assessment. She said she was working on the facility assessment today. She said she was going to get with the department heads to get it done. When asked who was responsible for completing the facility assessment and what was the time frame of getting it done. She said it was important to have the facility assessment to determine what resources are necessary to care for the residents.</p> <p>Record review of facility's Facility Assessment policy dated (Qtr 3, 2018) revealed read in part: . Policy Statement: A facility assessment is conducted annually to determine and update our capacity to meet the needs of and competently care for our residents during day-to-day operations. Determining our capacity to meet the needs of and care for our residents during emergencies is included in this assessment. Policy Interpretation and Implementation: 1. Once a year, and as needed, a designated team conducts a facility-wide assessment to ensure that the resources are available to meet the specific needs of our residents. 3. The facility assessment includes a detailed review of the resident population. This part of the assessment includes:</p> <p>a. Resident census data from the previous 12 months;</p> <p>(continued on next page)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>b. Resident capacity of the facility and its occupancy rate for the past 12 months;</p> <p>c. Factors that affect the overall acuity of the residents, such as the number and percentage of residents with:</p> <ul style="list-style-type: none"> (1) Need for assistance with ADLs; (2) Mobility impairments; (3) Incontinence (bowel or bladder); (4) Cognitive or behavioral impairments; and (5) Conditions or diseases that require specialized care (e.g., dialysis, ventilators, wound care). <p>d. Religious, ethnic or cultural factors that affect the delivery of care and services, such as:</p> <ul style="list-style-type: none"> (1) Food and nutrition requirements; (2) Decision making and end of life care; (3) Activities; and (4) Language translation requirements. <p>4. The facility assessment also includes a detailed review of the resources available to meet the needs of the resident population. This part of the assessment includes:</p> <ul style="list-style-type: none"> a. The physical characteristics of the facility including: <ul style="list-style-type: none"> (1) Buildings and their intended or potential purpose; (2) Number of beds/resident capacity; and (3) Vehicles. b. Equipment and supplies (medical and non-medical); c. The contracts or agreements with third parties to provide services, equipment and supplies to the facility during normal operations and in the event of an emergency; d. Services currently provided, including: <ul style="list-style-type: none"> (1) Skilled or specialized care (e.g., memory care); (2) Physical or occupational therapies; <p>(continued on next page)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(3) Rehabilitative or restorative; and</p> <p>(4) Pharmacy.</p> <p>e. All personnel, including:</p> <p>(1) Directors;</p> <p>(2) Managers;</p> <p>(3) Regular employees (full and part time);</p> <p>(4) Contracted staff (full and part time); and</p> <p>(5) Volunteers.</p> <p>f. A breakdown of the training, licensure, education, skill level and measures of competency for all personnel;</p> <p>g. The current status of health information technology, including:</p> <p>(1) Electronic health records;</p> <p>(2) Electronic exchange of information with other organizations; and</p> <p>(3) Personnel access to devices and equipment, internet and other tools.</p> <p>5. Once the reviews of the resident needs and the facility resources are conducted, the facility assessment consists of systematically evaluating how well aligned these are. Each department provides input on current or potential gaps in care or services due to possible misalignment or lack of appropriate resources.</p> <p>6. The facility assessment is intended to help our facility plan for and respond to changes in the needs of our resident population and helps to determine budgetary, staffing, training, equipment and supplies needed. It is separate from the Quality Assurance and Performance Improvement evaluation.</p> <p>7. Our facility's ability to meet the requirements of our residents during emergency situations is a component of the facility assessment. This assessment is based on the information acquired during the assessment of operations under normal conditions, and the facility's Hazards Vulnerability Assessment conducted as part of our emergency preparedness plan.</p> <p>8. The facility assessment is reviewed and updated annually, and as needed. Facility or resident changes or modifications that may prompt a reassessment sooner include:</p> <p>a. A decision to provide specialized care or services that had not been previously available to residents;</p> <p>(continued on next page)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>b. A change to the physical environment that would affect the care and services provided to our residents;</p> <p>c. A significant change in the resident census and/or overall acuity of our residents; or</p> <p>d. A change in cultural, ethnic or religious factors that may affect the provision of care or service .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40249</p> <p>Based on observation, interview, and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection for 1 of 5 residents (Resident #19) reviewed for infection.</p> <p>-The facility failed to ensure CNA I performed hand hygiene during incontinent care on Resident #19.</p> <p>This failure could lead to the spread of infection to residents, resident illness, and/or resident distress.</p> <p>Finding include:</p> <p>Record review of the admission sheet (undated) for Resident #19 revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included dementia (a group of thinking and social symptoms that interferes with daily functioning), other abnormalities of gait and mobility (weakness of the hip and lower extremity muscles commonly cause gait disturbances) and other lack of coordination (impaired balance or coordination).</p> <p>Record review of Resident #19's Quarterly MDS, dated [DATE], revealed she had a BIMS score of 12 out of 15, indicative of moderately impaired cognitively. She required partial/moderate assistance from staff with toileting hygiene, shower/bathe, upper/lower body dressing and personal hygiene. Further review of section H0300 and H0400 was coded always incontinent of bladder and bowel.</p> <p>Record review of Resident #19's care plan, initiated 01/27/2023 and revised on 02/21/2023 revealed the following:</p> <p>Focus: ADL FUNCTIONAL DEFICITS: [Resident#19] is at risk for decline in ADL functions and injury r/t age related osteoporosis Polyosteoarthritis abnormalities of gait mobility malaise lack of coordination muscle wasting.</p> <p>Goal: [Resident#19] will be well dressed, groomed, clean, odor free and will have no decline in ADL functioning over the next 90 days. Target Date: 02/14/2024.</p> <p>Interventions: Toileting: Provide extensive assistance of 2 persons for toileting</p> <p>Observation on 04/23/24 at 9:32 a.m., revealed CNA I provided Resident #19 with incontinence care. The fitted sheet and the towel used as a draw sheet were soaking wet. CNA I removed Resident #19's brief and tucked it under the resident's buttocks. CNA I assisted Resident #19 to turn her onto her right side in order to clean her buttocks. CNA I without removing her soiled gloves, tucked the clean brief under the resident's buttocks. CNA A completed perineal care with the same soiled gloves on, touched the resident's clean brief, shirt, pant, sheet, and blanket.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/23/24 at 10:54 a.m., CNA I said she did not recall doing CNA competency checks for incontinent care. CNA A said her actions in not performing hand hygiene while changing gloves could result in cross contamination. She said she had completed in-service on infection control couple of months ago could not recall the exact date. She said the previous DON spot checked her performing incontinent care 9 months ago on South Hall. She said she could not recall the exact date.</p> <p>In an interview on 04/24/24 at 1:22 p.m., the DON said CNA should have either washed or sanitized her hands after touching a dirty area prior to moving to a clean area when performing incontinent care. She said these failures were risk for infection control. She said she started working at this facility on 04/08/2024 and not had a chance to spot-check CNAs. She said she in-serviced staff on infection control last Wednesday(4/17/24)/Thursday(4/18/24). She said CNAs were provided competency check offs I have seen competency check off in my office.</p> <p>Record review of facility's Handwashing/Hand Hygiene policy dated (Qtr 3, 2018) revealed read in part: . Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation: 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: h. Before moving from a contaminated body site to a clean body site during resident care; m. After removing gloves; 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections .</p> <p>Record review of facility's Infection Control Guidelines for All Nursing Procedures policy dated (Qtr 3, 2018) revealed read in part: .Purpose: To provide guidelines for general infection control while caring for residents. General Guidelines: 1. Standard Precautions will be used in the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases. Standard Precautions apply to blood, body fluids, secretions, and excretions regardless of whether or not they contain visible blood, non-intact skin, and/or mucous membranes. 3. Employees must wash their hands for ten (10) to fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: a. Before and after direct contact with residents; b. When hands are visibly dirty or soiled with blood or other body fluids; c. After contact with blood, body fluids, secretions, mucous membranes, or non-intact skin; d. After removing gloves; 4. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations: a. Before and after direct contact with residents. f. Before moving from a contaminated body site to a clean body site during resident care .</p>		