

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675671	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Garden Terrace Alzheimer's Center of Excellence		STREET ADDRESS, CITY, STATE, ZIP CODE 7887 Cambridge St Houston, TX 77054	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide and document sufficient preparation and orientation of residents to ensure safe and orderly transfer or discharge from the facility for 2 of 5 resident (CR#1 and CR # 2) reviewed for transfer, discharge rights, and discharge summary.</p> <ul style="list-style-type: none"> - LVN P failed to complete a discharge summary for CR #1 - LVN M failed to complete a discharge summary for CR #2. <p>These failures could place residents at risk of disruption in the continuity of care.</p> <p>Findings include:</p> <p>Record review of CR #1's undated face sheet revealed he was admitted to the facility on [DATE] and discharged from the facility on 03/21/25 with diagnoses of Pulmonary embolism (a blockage in the pulmonary arteries of the lungs), Protein-calorie malnutrition (insufficient intake of protein and calories), acute right heart failure (chronic condition in which the heart does not pump blood as well as it should), and dementia (memory loss).</p> <p>Record review on 06/19/25 of the discharge summary revealed CR #1 did not have a completed discharge summary. CR #1's discharge summary revealed the recapitulation of the stay, physical assessment, and discharge instructions were blank. Review of the discharge summary also revealed, no signature by the resident, resident representative, or transportation service.</p> <p>Record review of CR #1's EMR did not reveal documentation of the resident's discharge on the day of discharge, including, the mode of transportation, diet, discharge vitals/assessment, or provided education.</p> <p>Record review of CR #2's undated face sheet revealed he was admitted to the facility on [DATE] and discharged from the facility on 04/05/25 with diagnoses of Complications of Cardiac Prosthetic devices, implants, and grafts (structural valve deterioration, infection, and leaks from mechanical bioprosthetic valves), Protein-calorie malnutrition (insufficient intake of protein and calories), atrial fibrillation (irregular rapid heart rate that cause poor blood flow).</p> <p>Record review of CR#2's discharge summary, dated 04/05/25, revealed the resident was discharged home accompanied by a family member.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675671	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Garden Terrace Alzheimer's Center of Excellence		STREET ADDRESS, CITY, STATE, ZIP CODE 7887 Cambridge St Houston, TX 77054	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the summary also revealed the recapitulation of the stay was left blank, and no signature from the resident or their representative.</p> <p>An attempted telephone interview with the Ombudsman on 6/19/2025 at 12:54 PM was unsuccessful, and a voice mail message was left.</p> <p>During an interview on 06/19/25 at 1:43 PM, the DON said each department was responsible for completing their section in the discharge summary. She said she expected the charge nurse to complete a discharge progress note in the electronic medical record at time of discharge. The discharge summary was to be completed by the IDT for all residents, with a copy provided to the resident, their family, or the facility where the resident was being admitted. She said the IDT consisted of department heads including Rehab, Social Services, Nursing, and Dietary. The DON said the risk of not completing a discharge summary could place the resident at risk for missing follow up appointments, missed medications, and delayed communication.</p> <p>During an interview on 06/19/25 at 1:58 PM, LVN P said the Unit Managers were supposed to complete the discharge summary, which included a recapitulation of the resident's stay. She said there was no reason why a discharge summary and/or progress note should not be completed. She said the summary should include discharge teaching, medications, diet, follow-up appointments, and special instructions. She said a progress note should also be completed to include the mode of transportation. She said she did not know why she had not completed the discharge summary for CR #2. LVN P said the risk of not completing the discharge summary could lead to a resident's decline because their plan of care would not continue without the completed discharge summary.</p> <p>During a telephone interview on 6/19/25 at 3:19 PM, LVN M said a discharge progress note and a completed discharge summary were part of a resident's EMR, and the DON overlooked the process. She said the discharge summary should be signed and given to the resident, RP, or admitting facility at time of discharge. LVN M said failure to complete a discharge summary could result in inadequate care for a resident.</p> <p>During an interview on 06/19/25 at 4:00 PM, the Administrator said discharge summary was a collaboration from the IDT. The Administrator said the discharge summary included a recapitulation of the resident's stay at the facility, including medications and follow-up appointments. The Administrator said she also did not notify the ombudsman of the residents' discharge. She said she was aware of the regulation requiring notification to the ombudsman regarding the discharge of CR#1 and CR#2; however, she forgot to make a notification for both residents. The Administrator said failure to complete a discharge summary and notify the ombudsman placed the resident at risk of not knowing what was needed for continuity of care.</p> <p>Record review of the policy, Transfer and Discharges revised date 4/22/25 read in part. Policy: The facility will follow the limited conditions under which CMS has outlined how the facility may initiate transfer or discharge of a resident, the documentation that must be included in the medical record, and who is responsible for making the documentation. Additionally, the facility will ensure the information that must be conveyed to the receiving provider for residents being transferred or discharged to another healthcare setting is provided in accordance with federal guidance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675671	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Garden Terrace Alzheimer's Center of Excellence		STREET ADDRESS, CITY, STATE, ZIP CODE 7887 Cambridge St Houston, TX 77054	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility will also provide transfer/discharge notice to the resident/responsible party in accordance with federal regulations. The facility should refer to Notice of Transfer or Discharge Policy for additional details. Documentation: [NAME] the facility transfers or discharges a resident under any of the circumstances specified, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Information provided to the receiving provider must include a minimum of the following: a. Contact information of the practitioner responsible for the care of the resident. b. Resident representative information including contact information c. Advance Directive information d. All special instructions or precautions for ongoing care, as appropriate e. Comprehensive care plan goals; f. All other necessary information, including a copy of the resident's discharge summary .</p>