STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675701	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lawrence Street Health Care Center	615 Lawrence Street Tomball, TX 77375

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure parenteral fluids were administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences for 1 of 1 resident (Resident #1) reviewed for parenteral fluids.The facility failed to flush Resident #1's PICC line every shift, obtain orders for the PICC line, and change the dressing every 7 days, from 5/27/26 to 6/16/26.These failures could place residents at risk for infection, blood clot formation, and pain.Findings include:Record review of Resident #1's, undated, face sheet revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included staphylococcal arthritis of the right knee (bacterial infection of right knee), MRSA (antibiotic resistant bacteria), right knee pain, muscle weakness, and lack of coordination.Record review of Resident #1's admission MDS assessment, dated 6/2/26, revealed a BIMS score of 11 out of 15, which indicated moderately impaired cognition. The resident was partial/moderate assistance (helper does less than half the effort) to supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance) with ADLs. The assessment revealed she was on antibiotics.Record review of Resident #1's Admit Screener from 5/28/26 by LVN A, revealed she had a right arm PICC (deep line that ends near the heart for medications/fluids) line and was receiving antibiotics for septic arthritis (infection of the joint). At that time, it was documented the PICC line dressing was intact. LVN A documented he reviewed and verified medications with the physician.Record review of Resident #1's Care Plan, dated 5/28/26, revealed a Focus: Resident had a central line (deep line that ends near the heart for medications/fluids) located in her LUA and was receiving IV medication. Interventions included changing the IV site dressing per physician order and as needed if integrity of dressing was compromised (wet, loose, or soiled), and to use a transparent dressing to ensure visualization of the IV site.Record review of Resident #1's Daily Note from 5/29/26 by LVN H, revealed the resident was receiving IV medications and the IV dressing was intact.Record review of Resident #1's Physician Orders, as of 6/16/26 from MD A, revealed no PICC line orders. There were no orders for the PICC line, for flushes, or for dressing changes. There was an order for Cefazolin Sodium Injection (antibiotic) 2GM, Use 2gm IV Q8hr for septic arthritis of right knee for 40 days that was ordered on 5/28/26.In an interview and observation on 6/16/26 at 9:49 AM, revealed Resident #1 had a PICC line to her LUA with no date on the dressing. Resident #1 said she was getting antibiotics for an infection in her knee.In an interview on 6/16/26 at 3:03 PM, LVN P said he was the nurse taking care of Resident #1. He said a resident with a PICC line should have orders to flush the line and orders to change the dressing every 7 days and PRN. He said if there was not an order, it would not get done. He checked Resident #1's orders and did not see any orders for her PICC line. He said he was going to call the physician right away to get orders. LVN P said as far as he knew, the dressing had been changed since the resident was admitted on [DATE], but he could not say for sure since there were no orders. He said the orders were put in during admission and was unsure how they were missed.In an interview on 6/16/26 at 3:14 PM, the DON said the admitting nurse was the one who entered the orders for the PICC lines. She said the PICC line dressing should (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	be changed every 7 days and should be flushed once a shift. She said if the dressing was not changed it could cause an infection and if the line was not flushed a clot could form. The DON said she noticed this morning (6/16/26) there was no date on the dressing and told the nurse to change the dressing, but she did not know if it had been changed before that.Record review of the facility's, undated, policy and procedure on PICC/Midline [line not as deep and ends in upper arm]/CVAD Dressing Change read in part: It is the policy of this facility to change peripherally inserted central catheter (PICC).dressing weekly or if soiled, in a manner to decrease potential for infection and/or cross-contamination. Physician's orders will specify type of dressing and frequency of changes.Record review of the facility's, undated, policy and procedure on Consulting Physician/Practitioner Orders read in part: The attending physician shall authenticate orders for the care and treatment of assigned residents. Consulting physician/practitioner orders are those orders provided to the facility by a physician/ practitioner other than the resident's attending physician or physician/practitioner who is acting on behalf of the attending physician. A consulting physician/practitioner may include, but is not limited to, a resident's.Nurse practitioner, clinical nurse specialist, or physician assistant to any of the above physicians. Document the order on the physician order form, notating the time, date, name and title of the person providing the order, and the signature and title of the person receiving the order.Follow facility procedures for verbal or telephone orders including: noting the order, submitting to pharmacy, and transcribing to medication or treatment administration record.