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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675789 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Arden Wood | | STREET ADDRESS, CITY, STATE, ZIP CODE 8810 Long Point Dr Houston, TX 77055 | |

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) |
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| <p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48559</p> <p>Based on interview and record review the facility failed to coordinate an assessment with the Preadmission Screening and Resident Review program (PASRR) under Medicaid to the maximum extent practicable to avoid duplicative testing and effort for 1 of 1 residents (Resident #119) reviewed for PASRR services.</p> <p>The facility failed to submit a NFSS request for nursing facility specialized services in the LTC Online Portal for Resident #119's Specialized Pressure-Reducing Support Surface Mattress by a specific deadline of 12/04/2024</p> <p>This failure could place residents with a positive PASRR evaluation at risk of not receiving specialized PASRR services which could contribute to a decline in physical, mental, psychosocial well-being and quality of life.</p> <p>Findings included:</p> <p>Record review of Resident #119's face sheet dated 03/26/2025 revealed a [AGE] year-old female who admitted to the facility on [DATE]. Her diagnoses included Diabetes Type 2, Pain, Muscle Weakness, Major Depressive Disorder, Severe Intellectual Disabilities, Heart Failure, Pressure Ulcer, Disorder Of The Skin And Subcutaneous Tissue.</p> <p>Record review of Resident #119's PASRR records revealed her PE occurred on 09/27/2024. The IDT meeting to determine which services she needed was held on 11/06/2024.</p> <p>Record review of the PCSP form which summarizes and documents the IDT meeting with the Habilitation Coordinator to plan services reflected it was held on 11/06/2024. The plan was for Resident #119 to receive a Specialized Pressure-Reducing Support Surface Mattress.</p> <p>Interview on 03/27/2025 at 12:45p.m., with MDS A revealed there was initially an issue with Resident #119 having two social security numbers which delayed things. The initial social security number used on the PASRR forms was not the correct one and the process had to be repeated with the correct social security number. The meeting on 11/06/2024 was conducted without an issue. The DOR would be the one responsible for submitting the NFSS after the meeting.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Interview on 03/27/2025 at 12:56p.m., with the DO revealed a tracking system of checking the NFSS submission status in the portal on a daily basis. Resident #119 had social security number issues because she had two identities. The initial NFSS had to be withdrawn, and the entire thing repeated and sent in again. A new PE and IDT meeting had to be completed. The DOR was aware that they have 20 business days to submit the NFSS after the IDT meeting. He reported he was not able to get the medical equipment supplier quote within the timeframe to submit the NFSS on time. The resident discharged in February 2025 so the mattress was never ordered and the NFSS was not submitted.</p> <p>Request was made on 3/28/2025 to the Administrator for the policy and procedures for PASRR. The policy provided was Detailed Item by Item Guide for Completing the PASRR Evaluation (PE), from Texas Health and Human Services, dated June 2023. The facility did not provide a written document of the facility's PASRR process.</p> <p>Record review of Companion Guide for Completing the Authorization Request for PASRR Nursing Facility Specialized Services (NFSS) from Texas Health and Human Services, Dated November 2023, revealed a nursing facility has 20 business days from the date of the initial IDT or a specialized services review meeting to initiate all PASRR NFSS recommended and agreed to at the meeting.</p> | | |