STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676009	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Treemont Health Care Center	2501 Westerland Dr Houston, TX 77063

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure the accurate acquiring, dispensing, receiving, and administering of medications for 1 of 12 (Resident #7) residents reviewed for pharmacy services.- The facility failed to administer Resident #7's Vancomycin HCl Intravenous Solution (antibiotic) 500 MG/100ML and Ampicillin-Sulbactam Sodium (antibiotic) Intravenous Solution Reconstituted 3g (2g-1g) GM on 5/6/26.These failures could place residents at risk for not receiving the therapeutic benefit of the medication and/or worsening health concerns.Findings included: Record review of Resident #7's undated face sheet revealed he was a [AGE] year old male who admitted to the facility on [DATE] with diagnoses of RLQ open wound of abdominal wall (wound to right lower stomach), surgical aftercare following surgery on the genitourinary system (needing help after surgery on the urinary system), peripheral vascular angioplasty with implant and graft (bad circulation to the lower extremities requiring an implant to open the vessels), stage 3 kidney disease (kidneys do not filter), hepatitis C (viral infection that causes liver inflammation), respiratory failure with hypoxia (not enough oxygen in the blood), aneurysm of other specified arteries (abnormal dilation of artery), congestive heart failure (heart not pumping effectively).Record review of Resident #7's admission MDS assessment dated [DATE] revealed a BIMS score of 7 out of 15, which indicated severely impaired cognition. The resident was partial/moderate assistance (helper does less than half the effort) for all ADLs. According to the MDS, Resident #7 had recent surgery involving the heart or major blood vessels and surgery involving tendons, ligaments, or muscles. He was admitted with surgical wounds, was receiving wound care and antibiotics.Record review of Resident #7's Care Plan dated 3/18/26 revealed a Focus: IV Therapy: Resident #7 required IV therapy AEB IV antibiotic therapy and a PICC (tube in vein in upper arm ending near the heart) line to RUE. Interventions included giving therapy as ordered, changing IV site and tubing per facility policy, and observing the IV site for edema, redness, and drainage. Focus: Antibiotics: Resident #7 was on antibiotics and was at risk for adverse reactions/side effects AEB Vancomycin, Ampicillin-Sulbactam, and Dx of wound infection. Interventions included giving medications per order.Record review of Resident #7's hospital records revealed a Pharmacy Progress note from 5/4/26 at 2:04pm from RPh K that said the resident was to maintain on vancomycin 1000mg IV Q24hr for right groin infection.Record review of Resident #7's admission Note dated 5/5/26 at 7:25pm from LVN J revealed he was admitted back to the facility at 7:25pm on 5/5/26.Record review of Resident #7's Progress Note dated 5/5/26 at 10:01pm from LVN J revealed the resident had arrived back to the facility from the hospital. He had an open wound to his R groin and had a PICC line to his RUA. The nurse said all medications were reconciled with the NP.Record review of Resident #7's from 5/6/26 revealed the following Physician Orders from MD D:- CBC,CMP (labs) AND VANCO TROUGH (measure of vancomycin) BEFORE FOURTH DOSE. Ordered 4/15/26.- Change dressing to PICC line every day shift every 7 day(s) for IV Management/infection control. Ordered 4/17/26.- Vancomycin HCl Intravenous Solution 500 MG/100ML (Vancomycin HCl) Use 500 mg intravenously two times a day for Wound infection until 05/17/2026 07:59 Sodium chloride 0.9% solution 250ml with Vancomycin 500mg reconstituted solution (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	500mg. Ordered 4/30/26 to start 5/1/26.- Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 3g (2g-1g) GM (Ampicillin &Sulbactam Sodium) Use 200 ml intravenously every 8 hours for Wound infection, Every 8 hours for doses. Ordered 5/5/26 to start 5/6/26.- Cleanse Right groin wound with normal saline, apply collagen powder (for wound care), and calcium alginate (for wound care) and cover with dressing daily, every day shift. Ordered 5/6/26.Record review of Resident #7's May 2026 MAR-TAR revealed for Vancomycin and Ampicillin-Sulbactam on 5/6/26 at 8am, a 5 was marked. The number 5 meant hold/see progress notes according to the chart codes in the MAR-TAR.In an observation on 5/6/26 at 10:54am, Resident #7 was asleep in bed. There was an IV pole next to his bed but there was not any IV tubing, IV bag, or IV pump on it.In an observation and interview on 5/6/26 at 3:06pm, Resident #7 was sitting on the edge of his bed. He had a PICC line to his RUA. There was an IV pole next to his bed with no IV tubing, IV bag, or IV pump on it. Resident #7 said staff were always late giving him his IV antibiotics. He said he had been back at the facility since the night before (5/5/26) and still had not received any IV antibiotics.In an interview on 5/6/26 at 3:10pm, the Wound Care Nurse said if a resident was admitted at night, the IV antibiotic would be at the facility by 10am the next day. She looked in the facility's medication storage room and could not find Resident #7's IV antibiotics.In an interview on 5/6/26 at 3:18pm, LVN J said the pharmacy could take 2-3 days to deliver medication. She said sometimes the pharmacy did not have the medication and they would have to call the MD for something different. She said the previous nurse, who left at 2pm, did not tell her anything about the IV antibiotic in report. LVN J did not know they did not have Resident #7's IV antibiotic. LVN J said LVN N should have told her they did not have Resident #7's IV antibiotic so she could have called the pharmacy and requested it.In an interview on 5/6/26 at 3:55pm, NP M said that sometimes it was hard to get the IV antibiotic on time with the logistics of the pharmacy being off site. He said he did not want the resident to go more than 24hr without the antibiotic.In an interview on 5/6/26 at 5:30pm, the ADM said the nurse's should have known about Resident #7's antibiotics because the resident was known by all the staff and he had already been on IV antibiotics. She said it was an unusual circumstance because they were not expecting the resident to come back and then at the last minute he came back, and that was why they did not have his antibiotics. The ADM said if State was not there she would have seen the missed dose in morning report and would have followed up on it, but when State was in the building they do not do anything else but focus on them.In an interview on 5/6/26 at 5:30pm, the DON said he expected the staff to give the antibiotic when it was scheduled. He said if the resident came at night, the pharmacy would deliver the medication by 10am the next day. The DON said the nurse should have noticed the antibiotic was not there and followed up on it with the pharmacy. He said he would have followed up on it because he would have seen it was not given, but ultimately the nurse's should have caught it.Record review of the facility's policy and procedure on Administering Medications (no date) read in part: Medications shall be administered in a safe and timely manner, and as prescribed.The Director of Nursing Services will supervise and direct all nursing personnel who administer medications and/or have related functions. Medications must be administered in accordance with the orders, including any required time frame. Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).Medications in the shall be administered according to established schedules: q8h (every eight hours) 12:00 a.m./8:00 a.m./4:00 p.m./1:00 a.m./9:00 a.m./5:00 p.m., bid (two times daily) 8:00 a.m./4:00 p.m., 9:00 a.m./5:00 p.m., 9:00a.m./9:00p.m.