

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Clarewood House Extended Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7400 Clarewood Dr Houston, TX 77036	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to protect the confidentiality of personal health care information for 1 of 8 (Resident #1) residents reviewed for confidentiality of records. The facility failed to protect private documentation and information for Resident #1 on 07/14/2026 by having a shower sheet which contained personal, private information on the nurse counter in full view for anyone to see. This failure could affect residents by placing them at risk for loss of privacy and dignity. Findings included: Record Review of the undated Face Sheet for Resident #1 reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of Paralytic Ileus (a temporary cessation of intestinal movement caused by paralysis of the muscles or nerves in the gut, leading to a functional obstruction without any physical blockage), Essential (primary) hypertension (is chronically elevated blood pressure without a single identifiable cause, influenced by genetic and lifestyle factors), Lymphedema (tissue swelling caused by an accumulation of protein-rich fluid that's usually drained through the body's lymphatic system). During an observation on 07/30/2026 at 10:15 AM of the 400-nurse station there was a shower sheet (where scars, skin abnormalities or wounds are documented) for Resident #1 which was left unattended for approximately three minutes. In an interview on 07/30/2026 at 10:40 AM the ADON stated staff were trained regarding HIPAA and resident rights upon hire and during pop up in-services. She stated, the potential risk of leaving resident information in the open is someone could see what wounds they have, their privacy is important to protect. In an interview on 07/30/2026 at 11:30 AM the Administrator stated leaving the residents shower sheet open and leaving the nurse station is a HIPAA violation and a dignity violation. A resident has a right to privacy and dignity and CNA A should have covered the shower sheet or kept it with her. In an interview on 07/30/2026 at 12:30 PM the DON stated leaving patient information open on desk and leaving the desk is definitely a HIPAA violation and is a privacy concern. The staff are trained not to do this. They're trained at least once a year and during pop-up in-services. In an interview on 07/30/2026 at 12:45 PM CNA B stated she had no reason as to why she left the residents personal information uncovered. She stated she always has her paperwork in her pocket. She stated she had received training on HIPAA and in-services on keeping resident information safe, and to turn the shower sheets over or put them in her pocket. She stated, someone could come by and say it is their personal information, and someone could use the residents information. Record review of a facility HIPAA Privacy Practices Policy not dated.		

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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