

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  12/03/2025
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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review the facility failed to ensure that food was prepare, distributed, and served food in accordance with professional standards for food service safety. The facility failed to ensure that equipment was clean. The facility failed to ensure that plates, bowls, and cups with dried food particles, and glasses with water spots and stains were not stored with clean plates, bowls and glasses. The facility failed to ensure that menu items on the steam table were maintained at 135 degrees F and above. -The facility failed to ensure that cooked poultry in the walk-in cooler was at the correct holding temperature of 41 degrees F and below. -The facility failed to ensure that pans with food particles on them were not stored with clean pans. These failures could place residents who ate food prepared by the kitchen at risk of foodborne disease. Findings included: Observation during initial tour on 12/1/2025 from 7:25AM to 8:00AM of the facility's kitchen with Foodservice Director B revealed the following: Clean plates, bowls and cups with dried food particles and food stains on them. Clean glasses with water spots and stains on them. Holding pans with food particles in them. The stove air vent covers had dust and grease on them. The double convection oven had burnt food particles and grease in them. The walk-in-cooler had a baked turkey that was cooked on 11/30/2025 at 6:30pm was at 44 degrees Fahrenheit. The plates, bowls, cups, glasses and pans were rewashed. In an interview on 12/01/2025 at 8:00a.m., with Foodservice Director B she said usually when pots, pans, plates, bowls, cups and glasses were washed, the dishwasher personnels were expected to check for stains and food particles before they were stacked away. She said the turkeys were cooked the day before and should be cooled down in about 6 hours. She said, maybe because the turkeys were stacked on the same rack and the 4th turkey was at the bottom that could be the reason it did not cool down to the required holding temperature. She said moving forward she would ensure that hot foods were chilled to the proper temperature before they were stored away. In an interview with the Food Service Manager on 12/1/2025 at 8:05AM she said the turkey should have cool down since it was in the refrigerator from the previous day. She said the turkey was discarded because she did not want anyone to get sick. She said she was going to ensure meat was cooled down in the freezer to the correct temperature before it was placed in the cooler. Further interview at that time with the food service manager revealed they had extra cooking for Thanksgivings, and she was going to ensure the stove vent covers were clean. Observation of Breakfast meal service on 12/1/2025 at 8:10 a.m., revealed 3 menu items on the steam table were not at the correct holding temperatures. The menu items were scrambled eggs at 120 degrees and ground beef at 110 degrees and grits at 130. The menu items were reheated to 165 degrees by the food service manager. In an interview on 12/01/2025 at 8:15AM with Dietary Aide A, she said she usually serves the resident who ate in the dining room their cereal first and when they were finished eating, they would be served the main course. She said she was waiting for them to finish their cereal, before the main course was served. She said the food temperature on the steam table was okay before service</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 676021	If continuation sheet Page 1 of 5

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record reviews, the facility failed to maintain clinical records in accordance with acceptable professional standards and practices that are complete, accurately documented, readily accessible and systematically organized for 1 of 1 resident (Resident # 1) reviewed for clinical records. The facility failed to ensure the MDS Coordinator accurately documented and uploaded Resident # 1's care conference reports for 09/10/2025. This failure could place residents at risk for missing progress towards achieving their person-centered plan of care, and delayed care. Findings included: Record review of Resident # 1's face sheet retrieved on 12/02/2025 at 2:56 pm, revealed she was a [AGE] year-old female admitted with the following diagnoses: Hemiplegia(paralysis that affects one side of the body),disorders of bladder ( condition that affects the bladder's ability to store or release urine), chronic obstructive pulmonary disease (lung diseases that causes breathing difficulties ), atherosclerotic heart disease ( fat and cholesterol build up in the arteries), anemia (low blood levels), lack of coordination(clumsy movement ), osteoporosis (causes bones to become weak), major depressive disorder ( mental condition that causes sadness, hopelessness and lose of interest in activities), generalized weakness, abnormalities of gait and mobility, dysphagia (swallow difficulty) , oropharyngeal (cancer of the tonsil),and cognitive communication deficit (difficulty in attention, memory and problem-solving). Record review of Resident # 1's MDS retrieved on 12/02/2025 at 10:20 a.m., dated 09/14/22025, reflected the following: Section A-identifiable information, subsection A0310 was coded 02, which required quarterly review assessment for Resident # 1. Subsection A1110 revealed she did not require an interpreter to communicate with a doctor or health care staff. Section C-cognitive pattern, subsection C0500 revealed she had a BIMS score of 15, which indicated she was cognitively intact. Section GG0120 revealed she uses a wheelchair. Section GG-Functional abilities revealed Resident # 1 requires assistance with ADLs. Record review of Resident # 1's care plan retrieved on 12/02/2025 at 1:07 p.m., revealed the last care conference was on 06/10/2025 and the next care conference was due for 09/10/2025. Record review of Resident # 1's care conference reports retrieved on 12/02/2025 at 12:04 p.m., revealed, the care conference documentations were not done quarterly as indicated in the MDS. The care conference documentation revealed the facility did not have care conference documentation and assessment for 09/10/2025. The documentation was for the following dates: 06/10/2025, and attendees were- ADON, SW, DM and AD. On 03/11/2025, the attendees were- ADON, AD, DM, and SW. During an interview with the MDS Coordinator on 12/02/2025 at 2:12 p.m., he said some of his job description included: attending the care conferences via telephone and taking notes during the care conference meetings. The MDS Coordinator said it was his responsibility to upload the minutes of the care conferences. He said the care conferences were held every three months for each resident. He said if Resident # 1's care conference was held on 06/10/2025, the next one would have been 09/10/2025, and the upcoming care conference would be 12/10/2025. The MDS Coordinator did not give an explanation as to why there was no documentation for Resident # 1's September 2025 care conference report in the EMR. He said from a nurse standpoint, if something is not documented, it means it did not happen. He said, we never missed the care conferences. During an interview with the SW on 12/02/2025 at 3:03 p.m., she said she attends all the care conferences which are held quarterly for all residents. She said, I complete discharged planning as well. The SW said if Resident # 1 had a care conference on 06/10/2025, the next one would have been 09/10/2025, and 12/10/2025 thereafter. She said a care conference meeting could be missed if a resident was hospitalized . The SW said some members who attended the care conferences are the SW, ADON, a member</p> <p>(continued on next page)</p>		

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