

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  The Buckingham		STREET ADDRESS, CITY, STATE, ZIP CODE 8580 Woodway Drive 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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47277</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure residents unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming and personal and oral hygiene for 1 of 4 residents (Resident #1) reviewed for ADLs.</p> <p>The facility failed to ensure Resident #1 received showers as scheduled.</p> <p>These failures could place resident#1 at risk of not receiving services or care, decreased quality of life, and decreased self-esteem.</p> <p>Findings include:</p> <p>Record review of Resident #1's, undated face sheet, reflected a [AGE] year-old female who was originally admitted to the facility on [DATE], then admitted on [DATE] and currently admitted on [DATE] with a diagnosis of hypertensive heart disease with failure (high blood pressure), chronic kidney disease (Kidneys are failing), chronic respiratory failure with hypoxia (difficult breathing due to lungs unable to exchange oxygen and carbon dioxide over a period of time).</p> <p>Record Review of Resident #1's admission MDS dated [DATE] with a BIMS of 15 (resident is cognitively intact). Section GG (Functional abilities) revealed Resident #1 uses a wheelchair, requires substantial assistance from staff in the area of shower/bathing, toilet transfer, sit to stand, lying to sitting on the side of bed and sitting to lying and is dependent on staff for toileting hygiene, lower body dressing, putting on/taking off footwear. Resident #1 is unable to walk.</p> <p>Record Review of the baseline care plan for Resident #1, dated 2/12/25 revealed the following care areas:</p> <p>Category 16: Skin Integrity</p> <p>Problem: Resident#1 is at risk for skin breakdown</p> <p>Goal: Keep skin clean &amp; dry. Avoid hot water, use mild soap for daily bathing.</p> <p>Record Review of Shower sheets for Resident #1 revealed there has never been a sheet made for resident since her arrival.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  The Buckingham		STREET ADDRESS, CITY, STATE, ZIP CODE  8580 Woodway Drive 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 2/24/25 at 4:45pm with Resident #1 who stated she had been in the facility for two weeks (2.12.25) and hasn't had a bath or shower. Resident#1 stated she has asked her CNA but she only ignores her. She stated she wants a bath because she can smell herself. She stated her bath times are Monday, Wednesday, and Friday on the dayshift.</p> <p>In an interview on 2/25/25 at 4:00pm Follow up with Resident #1 who stated she was given a shower yesterday evening after Surveyor spoke with CNA. She stated she did not shave her and she feels embarrassed to go outside of her room.</p> <p>In an interview on 2.25.25 at 5:40pm with ADON A stated the staff was expected to give a person-centered care to all the residents. She stated the residents are to get their bath/shower on their days and if the resident refuses it should be put on the shower skin audit form, the CNA should inform the nurse who should go to residents' room and educate them on the importance of having a shower or bed bath. Also, the residents' representative should be informed of the refusal.</p> <p>In an interview on 2/25/25 at 6:00pm Interview with CNA B who stated he knows if a resident refuses a bath or shower, he should contact his nurse, then complete the shower sheet. He stated person centered care is stressed and expected of all nursing staff.</p> <p>In an interview on 2/25/25 at 6:15pm with ADON B regarding resident showers, ADON B stated each resident should be given a shower or bed bath on their days; however, should be given additional shower or bath if need arises or if resident ask for it. She stated at no time should a resident go without a shower or bath without the nurse being notified to counsel resident. Shower sheets are located at the nurses' station and are required to be completed rather a resident is given a shower or refuses. The nurses are responsible for monitoring the showers and shower sheets. Not having a shower can cause someone to feel really bad.</p> <p>2/26/25 at 10:30am Interview with CNA A stated she had been Resident #1's nurse since her arrival and was responsible for giving her a bath and shower. She stated she has not given the resident a bath or shower since her arrival. She stated the resident's medication makes her sleepy and when she comes into her room she will be sleep. She stated sometimes the resident sleep through her meal and when she attempts to take her tray the resident will wake up and state she hasn't eaten. CNA A stated she mentioned not giving showers to the nurse but couldn't tell what nurse or how many times she mentioned it. CNA A stated not having a shower or bath can lower self-esteem.</p> <p>In an interview on 2/26/25 at 10:45am with Resident #1 who returned to her room from the salon located inside the facility. She stated she finally got her hair washed the first time since being in the facility and she feels good. She then told CNA A she wanted a bath and the CNA responded she would give her one after making up her bed.</p> <p>In an interview 2/26/25 at 10:50am with CNA C stated all residents should be given shower/baths on their days scheduled. She stated if a resident is sleep, they are to be awoken and asked if they want a shower/bath. She stated shaving the facial hairs is apart of giving a bath. She stated if a resident refuses, then the nurse is notified, and the shower sheet should represent the refusal or shower/bath given. She stated resident have a right to feel good and dignified even if they are in the nursing home. This is important.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  The Buckingham		STREET ADDRESS, CITY, STATE, ZIP CODE  8580 Woodway Drive 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 2/26/25 at 12:30pm with Beautician who stated she is employed by an outside Contracted company for the facility. She stated she comes to the facility on Wednesday only. She states each resident has an opportunity to get their hair done. She stated a form is completed by the nursing staff (CNA's) and an appointment is made. The residents' room is charged for the service. She stated if she doesn't receive the form then she can't make an appointment for the residents.</p> <p>In an interview on 2/26/25 at 1:30pm the DON stated staff are to bath resident on their days and if there are any refusals then the nurse is to be notified and training completed. There should never be a resident that goes two weeks without a shower or bath, which includes shaving and washing hair if resident requires it at that time. This is unacceptable. She stated training will be completed immediately. The nurses are required to follow up on their floor. Residents are human beings and they have a right to be treated as such. No having a clean body can cause low self-esteem.</p> <p>Record review of facility's Accommodation of Needs Policy dated March 2021, revealed the following:</p> <p>Our facility's environment and staff behaviors are directed toward assisting the resident in maintaining and/or achieving safe independent functioning, dignity and well-being.</p> <p>Record review of facility's Quality of Life - Dignity policy dated August 2009, revealed the following:</p> <p>Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality.</p> <p>2. treated with dignity means the residents will be assisted in maintaining and enhancing his or her self-esteem and self-worth.</p> <p>3. Residents shall be groomed as they wish to be groomed (hair styles, nails, facial hair, etc.)</p>		