

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 07/25/2024
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47572</p> <p>Based on record review and interviews, the facility failed to assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every three months for two of eighteen (Resident #27 and Resident #35) of eighteen residents reviewed for MDS assessments.</p> <p>-The facility failed to complete Resident #27 and Resident #35's quarterly MDS assessment within three months of their most recent comprehensive assessment.</p> <p>This failure could lead to residents not receiving care required for their individualized needs.</p> <p>Findings include:</p> <p>Resident #27</p> <p>Record review of Resident #27's face sheet revealed an [AGE] year-old woman admitted on [DATE]. Record review of Resident #27's diagnoses report revealed her diagnoses included acute respiratory failure (condition in which there is not enough oxygen or too much carbon dioxide in the body), COPD (persistent respiratory symptoms including progressive breathlessness and cough), metabolic encephalopathy (change in how the brain works due to an underlying condition), muscle weakness, hypertensive heart disease (a number of complications of high blood pressure that affect the heart) , peripheral vascular disease (a slow and progressive disorder of the blood vessels), and dementia (group of symptoms that affects memory, thinking and interferes with daily life).</p> <p>Record review of Resident #27's quarterly MDS assessment dated [DATE] with an ARD of 6/22/2024 revealed it was completed on 7/21/2024, submitted on 7/22/2024, and accepted on 7/22/2024. The MDS documented her BIMS score was three indicating severe cognitive impairment. Per the MDS, Resident #27 required assistance with or was totally dependent on staff for all ADL's. The MDS revealed she did not receive OT, PT, or ST services.</p> <p>Record review of Resident #27's undated care plan revealed a focus on her delirium with interventions including medication administration, redirection, appropriate communication techniques, and use of familiar caregivers when possible.</p> <p>Resident #35</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 07/25/2024
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #35's face sheet revealed a [AGE] year-old man admitted on [DATE]. The face sheet documented his diagnoses included Chronic Inflammatory Demyelinating Polyneuritis (CIDP) (autoimmune condition that affects the myelin sheath around your peripheral nerves causing worsening symptoms, like muscle weakness and abnormal sensations, over at least eight weeks), abnormalities of gait (walking) and mobility, lack of coordination, primary open-angle glaucoma (most common type of glaucoma typically occurring when pressure within the eye has increased gradually over time) of both eyes, and muscle weakness.</p> <p>Record review of Resident #35's quarterly MDS dated [DATE] with an ARD of 03/18/2024 revealed a BIMS score of 12 indicating minimal cognitive impairment. The MDS documented he had an impairment of both upper and lower extremities, and he utilized a wheelchair for mobility. Per the MDS, Resident #35 required supervision or touch assistance with eating and oral hygiene, substantial or maximal assistance with upper body dressing, and was totally dependent on staff for assistance with toileting, bathing, lower body dressing, putting on or taking off footwear, and personal hygiene. The MDS revealed he required substantial or maximum assistance with rolling left to right or right to left, transferring from sitting to lying, lying to sitting on the side of his bed, chair to bed transfers, toilet transfers, and tub/shower transfers. The MDS indicated he had not walked during the review period, and he was able to wheel his wheelchair fifty feet making two turns, and one-hundred-fifty feet in the corridor. Per the MDS, Resident #35 used a manual wheelchair. The MDS revealed he did not receive OT, PT, or ST services, but he did receive restorative nursing services.</p> <p>Record review of Resident #35's quarterly MDS dated [DATE] revealed sections A (Identification Information), C (Cognitive Patterns), D (Mood), GG (Functional Abilities and Goals), I (Active Diagnoses), J (Health Conditions), I (Dental), O (Special treatments, Procedures, and Programs, and Z (Assessment Administration) were not completed, and the MDS had not been transmitted as required.</p> <p>Record review of Resident #35's MDS assessment list dated 7/24/2024 revealed his quarterly MDS assessment dated [DATE] had not been completed submitted or accepted by the receiving agency.</p> <p>Record review of Resident #35's MDS assessment list dated 7/25/2024 revealed his quarterly MDS assessment dated [DATE] had been completed on 7/24/2024, but it had not been submitted to or accepted by the receiving agency.</p> <p>Record review of Resident #35's undated care plan revealed a focus on his vision deficit with interventions including ensuring his glasses were within reach, reminding him to use his glasses, assessing his vision, and referring him for medical intervention if needed, and ensuring his glasses were clean and unscratched. The care plan documented a focus on his ADL and self-care deficit with interventions including OT, PT, and ST evaluation and treatment, assistance with bed mobility, transfers, dressing, bathing, and toileting, wheelchair use, and ensuring he was evaluated for fall risks. The care plan included a focus on Resident #35's refusal to be out of bed and participate in his care with interventions including diversion and redirection, medication administration, identification and monitoring for times of least resistance, and assistance to his wheelchair daily. The care plan revealed a focus on his fall risk with interventions including OT and/or PT evaluation and treatment as ordered, ensuring his floor and hallway were clean, dry, and free of clutter or obstacles, and reinforcing safety precautions.</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 07/25/2024
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 7/24/2024 at 10:16 AM with the MDS Nurse, she said she had been employed since 1/15/2024. The MDS Nurse said her primary duties included entering the primary diagnoses for all residents, beginning the process for the entry and 5-day MDS assessments, and beginning the process for quarterly and annual MDS assessments. The MDS Nurse said she would identify the MDS's which were coming due the week prior to the due date. The MDS Nurse said when she identified an MDS assessment coming due soon, she would initiate the process and send the assessment to the IDT to complete their portions of the assessment. The MDS Nurse said she opens the assessment, and the IDT were responsible for entering their specific portions of the assessment.</p> <p>The MDS Nurse said dietary would be responsible for anything related to diet and activities would be responsible for any sections related to activities. The MDS Nurse said the purpose of an MDS assessment was to support billing for Medicare, insurance, and the state. The MDS Nurse said the business office would ask the MDS coordinators for information related to the acuity of the residents. The MDS Nurse said an MDS was to be submitted and transmitted within fourteen days of completion.</p> <p>The MDS Nurse said quarterly MDS assessments were due every ninety days, and the annual MDS assessments were due every 364 days. The MDS Nurse said due to the heavy workload for the facility's MDS Nurses, the facility had assessments which were completed and/or transmitted late. The MDS Nurse said if an MDS assessment was not submitted and transmitted timely the facility may be penalized monetarily by Medicare. The MDS Nurse said an MDS was completed when it was signed off on all sections, and it was submitted and transmitted when it was sent to Medicare.</p> <p>The MDS Nurse said an MDS may not be completed or submitted timely because of the facility's heavy MDS Nurse caseload. The MDS Nurse said the facility often had multiple admissions and discharges in the same week. The MDS Nurse said the outside forces included an internet outage, a recent hurricane, and the facility having no power for a week. The MDS Nurse said there was no internal system which identified when an MDS was coming due. The MDS Nurse said the MDS Nurses monitored the MDS due dates by inputting the dates in a paper tracking form, printing it, and identifying those coming due.</p> <p>The MDS Nurse said Resident #27's MDS was completed one month late due to the heavy case load. The MDS Nurse said she was unaware that Resident #35's MDS was not completed or transmitted. The MDS Nurse said she believed that the IDT did not complete their sections of the MDS. The MDS Nurse said there was no system in place to flag an MDS which had been initiated but was not completed and/or transmitted.</p> <p>The MDS Nurse said the MDS assessment informs the residents' care plans by identifying areas for planning. The MDS Nurse said the process to ensure MDS's were submitted timely was to review the paper tracking form identifying when an MDS was due and ensuring those were completed and submitted. The MDS Nurse said the paper tracking form was updated with any newly admitted residents identifying the due dates for quarterly and annual MDS assessments. The MDS Nurse said paper tracking forms also included documentation of the MDS assessments which were in progress to identify those that needed to be completed and transmitted.</p> <p>The MDS Nurse said no one reviewed for compliance with requirements on completion or transmission of assessments. The MDS Nurse said there was no regional oversight for the MDS Nurses. The MDS Nurse said she was aware that the facility had more than a thousand MDS assessments which had not been transmitted timely in the past.</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 07/25/2024
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The MDS Nurse said she had started working at the facility in January of 2024 and completed the assessments for the residents with private pay insurance. The MDS Nurse said a former MDS Nurse had been responsible for the MDS assessments for any residents with a Medicare payment source. The MDS Nurse said she believed in May of 2024 an agency nurse had come on to assist with the backlog of assessments and determined that there had been more than a thousand MDS assessments between September 2023 and May 2024 which had not been transmitted. The MDS Nurse said those assessments had all been completed, but they were not transmitted by the former MDS Nurse. The MDS Nurse said the assessments were all transmitted beginning during the end of May 2024 and ending in June 2024. The MDS Nurse said this focus on the assessments may have led to Resident #35's MDS not being completed as required. The MDS Nurse said all the MDS assessments which had not been transmitted had been transmitted to Medicare between May 2024 and June 2024. The MDS Nurse said the facility's Admin and Executive Director were aware of the MDS assessments which had not been transmitted timely. The MDS Nurse said to ensure assessments were not transmitted late going forward the facility had partnered with a care watch program.</p> <p>The MDS Nurse said the MDS assessments were transmitted through the care watch program. The MDS Nurse said the care watch program would flag any assessments which needed adjustment, were late, or were rejected. The MDS Nurse said the care watch program was part of the facility's EHR. The MDS Nurse said there was no one on-site with oversight of the MDS assessment submission process other than the MDS Nurses. The MDS Nurse said the Admin and Executive Director both had access to the information through the care watch program to review transmissions, but not for late assessments.</p> <p>Interview on 7/24/2024 at 10:45 AM with the ADMIN, he said he was aware of the previous concern with more than one thousand MDS Assessments that had not been transmitted timely. The Admin said the facility discovered the concern in January of 2024 and called in a third party auditor to determine the extent of the concern. The Admin said in October of 2023 the facility's EHR changed its MDS assessment transmission process and that may have caused the previous MDS Nurse to fail to transmit the MDS assessments. To ensure the facility transmitted MDS assessments timely in the future the facility conducted the audit and implemented the findings into the QAPI program. The Admin said the MDS Nurses were also printing a paper tracking log for the MDS assessments which captured the due dates and those in progress. The Admin said the MDS Nurses update him with the specifics of that paper tracking log. The Admin said the new DON had also informed the staff of a dashboard which would identify MDS assessment due dates. The Admin said the staff would use the dashboard going forward.</p> <p>Record review of the facility's Resident Assessments policy dated October 2023 revealed a policy statement which read A comprehensive assessment of each resident is completed at intervals designated by the OBRA regulations and PPS requirements. Data from the Minimum Data Set (MDS) is submitted to the Internet Quality Improvement Evaluation System (iQUIES) as required. The policy documented the MDS coordinator was responsible for ensuring the assessment was completed timely and appropriately. Per the policy, the facility's required assessments included admission assessments, five-day assessments, quarterly assessments, annual assessments, and significant change assessments. The policy revealed the facility utilized the RAI requirements for completion and submission timeframes.</p> <p>Record review of the facility's MDS Completion and Submission Timeframes policy dated October 2023 revealed a policy statement which read Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes. The policy required the MDS coordinator to ensure assessments were submitted timely. Per the policy, the facility followed the requirements provided in the RAI.</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 07/25/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47572</p> <p>Based on observations, interviews, and record review, the facility failed to facility must develop and implement a comprehensive person-centered care plan for each resident that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for two of eighteen (Resident #25 and Resident #86) residents reviewed for comprehensive person-centered care plans.</p> <p>-The facility failed to develop a care plan with measurable objectives and time frames for Resident #25 and Resident #86 related to communication methods, ADL needs, and preferences.</p> <p>-The facility failed to document care plan for Resident #25's use of a catheter.</p> <p>This failure could lead the facility to fail to provide required care to residents, staff being unknowledgeable of residents' necessary care items, or residents' preferences not being recognized.</p> <p>Findings include:</p> <p>Resident #25</p> <p>Record review of Resident #25's face sheet revealed a [AGE] year-old man admitted on [DATE]. The face sheet documented his diagnoses included nontraumatic chronic subdural hemorrhage (a collection of blood on the brain's surface, under the outer covering of the brain), dysphagia (difficulty in swallowing food or liquid), muscle wasting (loss of muscle leading to its shrinking and weakening) and atrophy (progressive and degeneration or shrinkage of muscles or nerve tissues), seizures (sudden, uncontrolled electrical disturbance in the brain which can cause changes in behavior, movements, feelings, and consciousness), rheumatoid arthritis (chronic inflammatory disease that affects the joints resulting in painful joints, swelling and stiffness in the joints), malnutrition (condition that results from lack of sufficient nutrients in the body), atherosclerotic heart disease (condition where the arteries become narrowed and hardened due to buildup of plaque in the artery wall), benign prostatic hyperplasia (condition in which the flow of urine is blocked due to the enlargement of prostate gland), and acute cystitis (infection or inflammation of the urinary bladder or any part of the urinary system caused by a type of bacteria called Escherichia coli).</p> <p>Record review of Resident #25's admission MDS dated [DATE] with an ARD of 6/1/2024 revealed a BIMS score of three indicating severe cognitive impairment. The MDS documented he used a walker and wheelchair for mobility, and he had an impairment of one upper and one lower extremity. Per the MDS, Resident #25 required assistance or was totally dependent on staff for all ADL's. The MDS revealed he was always incontinent of bladder and bowel, and he was not on a toileting program. The MDS documented he had received OT, PT, and ST services. Per the MDS, Resident #25 had no indwelling or external catheter, ostomy, or intermittent catheterization.</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 07/25/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #25's undated care plan revealed a focus on his ADL deficit with interventions including OT, PT, and ST evaluation and treatment, screening every shift for pain using a one-to-ten scale. The interventions did not address his ADL or self-care needs although there were prefilled areas for each. The prefilled areas included bed mobility level of assist, transfer level of assist, ambulation level of assist, locomotion level of assist, dressing level of assist, personal hygiene level assist, bathing level of assist, toileting level of assist, safety precautions, and vital sign frequency. Each of the areas with a level of assist was prefilled with selections including independent, supervision, limited, extensive, total, with one, two, or three staff. The safety precaution section was prefilled with fall risk, aspiration, skin risk (tears, bruising, pressure), seizures, bleeding, elopement, hip precautions, and none. The vital sign frequency was prefilled with selections including every shift, daily, weekly, and as needed, weights daily, weekly, and monthly, and height on admission. The care plan included a focus on Resident #25's communication method with interventions including communication method and preferred language. The communication method area had prefilled selections for verbal, nonverbal, written, communication board, and translator, and the preferred language had an area with type the language here prefilled. The care plan documented a focus on Resident #25's preferences with interventions including orienting him to the community and addressing him by his first name. The interventions also included areas which were prefilled with selections for rising time and bedtime with prefilled language which read enter preferred rising time, bathing preference with prefilled selections for morning and evening, and food and drink preferences with prefilled language which read enter food or drinks resident prefers. The interventions for his preferences also included an area for his use of visual appliances with prefilled selections for glasses, contacts, or a magnifying glass, and hearing appliances with prefilled selections for left hearing aide, right hearing aide, bilateral hearing aides, an amplifier, or none. None of the prefilled selections or areas to fill in specific information was completed for his preferences, ADL self-care deficit, or communication foci. There was no care plan related to his foley catheter.</p> <p>Record review of Resident #25's nursing note dated 5/26/2024 revealed he was admitted with a foley catheter.</p> <p>Record review of Resident #25's nurse's note dated 6/5/2024 revealed he was incontinent of bowel, and he had a foley catheter intact and patent.</p> <p>Record review of Resident #25's nurse's note dated 7/21/2024 revealed his foley was intact and patent, and it was draining with clear yellow urine.</p> <p>Observation on 7/23/2024 at 9:06 AM of Resident #25 revealed he was eating breakfast. Resident #25 did not respond to any questions. Resident #25 had a catheter covered by a privacy bag. Resident #25 was covered by bed linens. Resident #25 appeared clean and appropriately groomed.</p> <p>Resident #86</p> <p>Record review of Resident #86's undated face sheet revealed a [AGE] year-old woman admitted on [DATE]. The face sheet documented her diagnoses included a UTI (infection of any part of the urinary system, including kidneys, ureters, bladder, and urethra), spinal stenosis (condition where spinal column narrows and compresses the spinal cord), dysphagia (condition with difficulty in swallowing food or liquid), and cognitive communication deficit (cognitive communication disorder occurs when a person experiences any problem with communication caused by deficits in one or more cognitive processes).</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 07/25/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #86's admission MDS dated [DATE] with an ARD of 7/9/2024 revealed no BIMS was conducted because she was rarely or never understood, but she did not have either a short or long-term memory problem. The MDS documented she was able to recall the current season, the location of her room, staff names and faces, but she could not recall that she was in a nursing facility. Per the MDS, Resident #86 presented modified independence in making decisions regarding tasks of daily life. The MDS documented she used a walker or wheelchair for mobility, and she had no impairment of either her upper or lower extremities. The MDS revealed she required supervision or assistance with all ADL's except eating and personal hygiene. Per the MDS, Resident #86 received OT. PT. and ST services.</p> <p>Record review of Resident #86's undated care plan revealed a focus on her ADL deficit with interventions including OT, PT, and ST evaluation and treatment, screening every shift for pain using a one-to-ten scale. The interventions did not address her ADL or self-care needs although there were prefilled areas for each. The prefilled areas included bed mobility level of assist, transfer level of assist, ambulation level of assist, locomotion level of assist, dressing level of assist, personal hygiene level assist, bathing level of assist, toileting level of assist, safety precautions, and vital sign frequency. Each of the areas with a level of assist was prefilled with selections including independent, supervision, limited, extensive, total, with one, two, or three staff. The safety precaution section was prefilled with fall risk, aspiration, skin risk (tears, bruising, pressure), seizures, bleeding, elopement, hip precautions, and none. The vital sign frequency was prefilled with selections including every shift, daily, weekly, and as needed, weights daily, weekly, and monthly, and height on admission. The care plan included a focus on Resident #86's communication method with interventions including communication method and preferred language. The communication method area had prefilled selections for verbal, nonverbal, written, communication board, and translator, and the preferred language had an area with type the language here prefilled. The care plan documented a focus on Resident #86's preferences with interventions including orienting her to the community and addressing her by her first name. The interventions also included areas which were prefilled with selections for rising time and bedtime with prefilled language which read enter preferred rising time, bathing preference with prefilled selections for morning and evening, and food and drink preferences with prefilled language which read enter food or drinks resident prefers. The interventions for her preferences also included an area for her use of visual appliances with prefilled selections for glasses, contacts, or a magnifying glass, and hearing appliances with prefilled selections for left hearing aide, right hearing aide, bilateral hearing aids, an amplifier, or none. None of the prefilled selections or areas to fill in specific information was completed for her preferences, ADL self-care deficit, or communication foci.</p> <p>Interview on 7/25/2024 at 1:19 PM with LVN B, she said she had been employed for two years. LVN B said a resident's care plan informs staff how to care for a resident. LVN B said care plans were created by the RN's when they assess the residents. LVN B said if a resident's care plan was not completed, she would speak to an RN. LVN B said if a resident's care plan was not completed, staff may not know how to care for the resident. LVN B said she did not know if any residents' care plans were not completed.</p> <p>Interview on 7/25/2024 at 1:32 PM with LVN C, she said she had been employed for three years. LVN C said a resident's care plan was the plan of care for that specific resident. 'RN's responsible for creating care plans. LVN C said if a resident did not have a completed care plan, required care could be missed by staff. LVN C said she was not aware of any residents whose care plans were incomplete.</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 07/25/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 7/25/2024 at 2:45 PM with the ADON, she said she had been employed for almost two years. The ADON said she did not create care plans. The ADON said the care plan outlined the care goals and interventions for a specific resident's care. The ADON said if a care plan was not completed timely and/or accurately areas of a resident's care might be missed.</p> <p>Interview on 7/25/2024 at 2:50 PM with the Temp MDS Nurse, she said she had been at the facility for approximately one month. The Temp MDS Nurse said she was only going to be at the facility until 8/23/2024. The Temp MDS Nurse said she did not complete the residents' care plans. The Temp MDS Nurse said she had been so busy with completing and transmitting MDS assessments that she did not have time to assist with care planning. The Temp MDS Nurse said she did not contribute to the care plan process.</p> <p>Interview on 7/25/2024 at 2:56 PM with the DON, she said the IDT created the residents' comprehensive care plans, but the MDS team was responsible and the holder of the care plans. The DON said the purpose of a care plan was to communicate the needs of a specific resident to the care team and family. The DON said a care plan helps to ensure residents' needs are met. The DON said if a resident's care plan was not completed accurately or timely staff could miss areas of care, and effective communication would be delayed. The DON said care plans were required to be updated as needed with care need changes and evaluated at least quarterly. The DON said the facility's incomplete care plans may be delayed because of a previous concern with MDS assessments which were delayed in transmission. The DON said the MDS department needed to catch up with the late MDS assessments, and the MDS staff required training on creation of care plans. The DON said delayed MDS assessments would lead to delayed care plans because the MDS assessments inform the care plans. The DON said going forward the facility would be working with the MDS team to ensure all care plans were up to date and completed.</p> <p>Interview on 7/25/2024 at 3:31 PM with the MDS Nurse, she said the baseline care plan was created by the nurses on the floor. The MDS Nurse said after the assessment, the MDS department was responsible for initiating the comprehensive care plan. The MDS Nurse said she had not received proper training related to care planning in the facility's EHR. The MDS Nurse said the facility had late MDS assessments which led to late care plans. The MDS Nurse said there was too large a workload for the MDS team which also led to late care plans. The MDS Nurse said she did not know how to create or complete care plans in the facility's EHR. The MDS Nurse said there was no staff responsible for oversight of the care plans. The MDS Nurse said she had not received any training related to the care plans.</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 07/25/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 7/25/2024 at 4:08 PM with the Admin, he said his understanding and expectations for care planning was that the care plans were completed and accurate in a timely manner. The Admin said the MDS Nurses were ultimately responsible for the residents' comprehensive care plans. The Admin said several staff members, including the MDS Nurse, had reported they were unfamiliar with the facility's EHR and how to create care plans in that EHR. The Admin said many staff had years of experience with the EHR. The Admin said the new DON had expertise in the EHR and was training staff in the system. The Admin said there were many new team members who had not previously worked with the EHR. The Admin said possible causes for delayed or incomplete care plans included lack of training and the prior MDS Nurse who was let go for failing to ensure compliance with regulations. The Admin said he had spoken to the current MDS Nurse that day, and she informed him at that time that she did not know how to create or complete a comprehensive care plan in the facility's EHR. The Admin said going forward he was going to ensure the current MDS Nurse would have training, contracted staff with expertise in the EHR would work with her, and the DON would train her. The Admin said the facility had begun the QAPI process to review the MDS assessments in January of 2024, and a PIP was created at that time. The Admin said a second PIP was created 5/20/2024 related to the MDS assessments and care plan creation. The Admin said the current MDS nurse had received the facility's EHR system-based training related to care plans after the PIP was created in May of 2024, but not in-person, hands-on training. The Admin said the facility would be obtaining hands-on, in person training on the EHR for the MDS Nurse and other staff who needed assistance with the EHR.</p> <p>Record review of the facility's Care Plans, Comprehensive Person-Centered policy dated March 2022 revealed a policy statement which read A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. The policy required the facility's IDT to complete the care plan within seven days of the completion of the MDS assessment. Per the policy, the care plans should have included measurable objective timeframes and described the services to be provide to the resident. The policy required the care plan to be updated after a significant change, when a desired outcome was not met, after a readmission from a hospital stay, and at least quarterly.</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 07/25/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47572</p> <p>Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in one of two walk-in freezer's observed.</p> <p>-The facility failed to ensure a tub of ice cream was stored with a lid and was open in the walk-in freezer.</p> <p>This failure could have placed residents who ate the ice cream at risk for illness from food-borne pathogens.</p> <p>Findings include:</p> <p>Observation at 8:21 AM on 7/23/2024 revealed a five-gallon container of ice cream was observed in the freezer without a lid. The ice cream had plastic film touching the ice cream, but not covering it. There were black-brown areas on the surface of the ice cream. The ice cream had ice crystals covering the surface of the ice cream. The ice cream was removed from the freezer and disposed of by the DD.</p> <p>Interview on 7/23/2024 at 8:44 AM with the DD, he said the ice cream in the walk-in freezer should have been stored with a lid. The DD said food that was stored incorrectly could cause residents to become ill. The DM removed the ice cream from the walk-in freezer and disposed of it in the refuse container. The DD said he did not know why the ice cream had been stored incorrectly.</p> <p>Interview on 7/25/2024 at 9:45 AM with the DM, she said all items in the freezers should be stored with a lid. The DM said the items in the freezer should have two dates on them, the date the item was obtained, and the date the item should be disposed of. The DM said the ice cream in the freezer should have had a lid on the freezer. The DM said without a lid, the ice cream could have become contaminated. The DM said if the ice cream became contaminated, residents could have become ill after eating it.</p> <p>Record review of the facility's undated Standard Storage Procedure policy revealed a policy statement which read It is as standard operating procedure of this facility to properly store food in a manner that emphasizes food safety, food rotation, checking and observing expiration dates, and practicing proper date marking to ensure product quality and safety. During a power failure, frozen and refrigerated foods are properly handled. The policy required staff to use proper storage practices.</p>		