

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER The Heights of League City		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 W Walker League City, TX 77573	

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. (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

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition for 1 of 4 (suction machine #1) suction machines reviewed for essential equipment. The facility failed to ensure the suction machine in CR #1's room was functioning correctly to suction oral secretions on 11/29/25, causing staff to get the suction machine from the crash cart. This failure could place residents at risk of not having their needs met due to a functional suction system not readily available. Findings included: Record review of CR #1's undated face sheet revealed she was an [AGE] year old female readmitted to the facility on [DATE] with diagnoses of Alzheimer's disease (brain disorder that destroys memory, thinking skills, and ability to carry out daily tasks), dysphagia (trouble swallowing), congestive heart failure (heart unable to pump effectively causing fluid in lungs), dementia significant decline in mental abilities), high blood pressure, Parkinson's disease (uncontrollable shaking), COPD (lung condition causing airflow obstruction), gastrostomy (tube in stomach for nutrition), pacemaker (controls heart rate), difficulty walking, and muscle wasting and atrophy (muscle shrinkage). Record review of CR #1's Significant Change MDS assessment dated [DATE] revealed a BIMS score of 0 out of 15, which indicated significantly impaired cognition. The resident was dependent (helper does all of the effort and resident does none of the effort) with all ADLs. The assessment revealed CR #1 had shortness of breath with exertion (walking, bathing, transferring) and while lying flat. The resident had a PEG (tube into stomach for nutrition) tube and was receiving oxygen. Suctioning was not checked on the MDS. Record review of CR #1's Baseline Care Plan dated 11/27/25, revealed the following: There was no mention of oral suctioning. Focus: Resident had a self-care deficit r/t Parkinson's Disease Goal: Maintain/Improve ability to participate in ADLs through next review date. Interventions: 1 person assist with ADLs Focus: Resident required a feeding tube r/t NPO status and dysphagia. Goal: Resident will not experience any complications associated with feeding tube or enteral nutrition/hydration through review date. Interventions: HOB elevated when in bed, avoid flat while feeding was on/pump running. RD to evaluate PRN, report abnormal findings to MD. Provide local care to G-tube (tube into stomach for nutrition) site as ordered and monitor for s/sx of infection. Record review of a video provided by CR #1's RP, dated 11/29/25 and time stamped 7:08am, revealed the camera was at the head of the bed in CR #1's room. CR #1's head of bed was elevated, and RN W and CNA G were at the bedside. CNA G was on the left side of the bed and was heard saying, The machine's not working. RN W was on the rights side of the bed and was seen trying to suction CR #1's mouth. RN W was heard saying, It's not working. I'm not getting any suction. Record review of a video provided by CR #1's RP, dated 11/29/25 and time stamped 7:17am, revealed the camera was at the head of the bed in CR #1's room. CR #1's head of bed was elevated and LVN M and RN H came in with a new suction machine. Record review of CR #1's Record of Death revealed she passed on 11/29/25 at 7:45am, unrelated to the suction machine. Record review of CR #1's Discontinued Physician Orders as of 12/4/25 revealed the following orders from MD B:- Admit to [Hospice] under services of [doctor], admitting diagnosis Parkinsons Disease. Discontinued 10/24/25.- Suction orally per yankauer (type of suction tube for mouth) PRN Q6hr. Discontinued 10/18/25. Record review of CR #1's current Physician Orders as of 12/4/25 revealed the following orders from MD B:- DNR (code status). Ordered 10/31/25.- Oxygen at 2-3L per NC PRN for s/s of SOB/Comfort and to keep O2 sat 92%, as needed for shortness of breath. Ordered on 10/28/25.- Hyoscyamine Sulfate Tablet Sublingual 0.125mg (medication to decrease secretion), 1 tablet SL Q2hr PRN increased secretions, Do not exceed 1.5mg in 24hr. Ordered on 11/16/25. In an interview on 12/4/25 at 1:45pm, CR #1's RP said staff were attempting to suction secretions from CR #1's mouth on 11/29/25, but the suction machine in the room was not working. She said there was no reason why the machine in the room should not have been working. The RP said staff had to go get the suction machine from the crash cart and it took them too long to get it. In an interview on 12/4/25 at 2:06pm, the DON said CR #1 was on hospice and had a suction machine in her room because all hospice residents had suction machines in their room as part of a bundle. The DON said the resident was removed from hospice, but the daughter wanted to keep the suction machine in her room, so they kept it in her room even though there was not an order for it. She said she was told by her staff that on 11/29/25 they attempted to use the suction in the room, and it did not work so they had to get the suction machine from the crash cart. The DON said it would have only taken 1-2 minutes to get the crash cart, and she would not have had a suction machine in her room normally, they just allowed CR #1 to keep hers in the</p>		