STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676153	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Heights of League City	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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that pain management was provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferencesfor 1 of 4 residents (Resident #1) reviewed for pain management. The facility failed to administer prescribed pain medication and adequately address Resident #1's complaints of pain. As a result, Resident #1 experienced unrelieved pain, and left the facility AMA on 3/28/2026 due to the facility's inability to provide pain management as requested. This failure could place the residents at risk of a decrease in quality of life due to pain. Findings included: Record review of a face sheet dated 4/23/26 indicated Resident #1 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included multiple sclerosis (a condition where the body's defense system mistakenly attacks the protective coating around the nerves in the brain and spinal cord), chronic pain and acute respiratory failure (a sudden inability to breathe well enough to get oxygen into the body or remove carbon dioxide from it). Record review of Resident #1's BIMS score assessment dated [DATE] revealed resident had a BIMS summary score of a 15 (cognitively intact). Record review of Resident #1's care plan dated 4/23/26 indicated the resident had a risk of experiencing discomfort or pain. Intervention included to administer Resident #1's medication to relieve her pain as recommended by her doctor. Record review of Resident #1's physician orders revealed order dated 3/26/26 for Hydrocodone-Acetaminophen 10-325mg (medication to treat moderate to severe pain tablets to be given by mouth every 4 hours as needed for moderate pain. Baclofen 10 mg. Give 3 tablet by mouth three times a day for Muscle spasms. Gabapentin 600 mg by mouth three times a day for nerve pain Record review of Resident #1's MAR dated 4/23/26 revealed Resident #1 was administered one Hydrocodone-Acetaminophen 10-325mg tablet on 3/27/26 at 10:45 p.m. in response to a reported pain level of 5 out of 10. Further review indicated that no additional pain medication was administered prior to the resident leaving the facility AMA on 3/28/2026. During an interview with Resident #1 on 4/23/26 at 11:52 a.m., Resident #1 stated she left AMA due to dissatisfaction with pain management. Resident #1 stated the facility was unable to administer her pain medication as requested. She stated her established routine, including under hospice care, was to take her scheduled morning medications concurrently with her prescribed pain medication which was Hydrocodone - Acetaminophen 10-325mg. Resident #1 stated she informed LVN A her routine, however the nurse declined to administer the pain medication at that time, indicating that she had already received her morning medications and would need to wait several hours before receiving the pain medication. Resident #1 stated at that time, she was experiencing pain greater than 5 out of 10. She further stated the delay in her pain medication administration increased her pain and frustration. She stated due to unrelieved pain and inability to receive pain management consistent with her established routine, she elected to leave the facility AMA on 3/28/26 to manage her pain at home. She also stated she has a history of chronic pain managed through Hospice services and was just admitted to the facility for short time respite care on 3/26/26. During an interview with MA B on 4/24/26 at 1:48 p.m., she stated she administered Resident #1's scheduled medications on the morning of 03/28/2026. MA B stated when Resident #1 (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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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	later requested PRN pain medication, she notified LVN A, as medication aides do not administer PRN medications. MA B stated she was unaware why LVN A did not administer the PRN pain medication to Resident #1. She expected LVN A to administer the PRN Hydrocodone to Resident #1 as ordered by the doctor. MA B said that the potential outcome of not administering prescribed pain medication as ordered by the doctor, would place the resident for increased pain, unmet pain management needs, and constitute substandard care. During an interview with LVN A on 4/24/26 at 1:55 p.m., she stated that she had two interactions with Resident #1 prior to the resident leaving AMA. She stated Resident #1 requested that her medications including Hydrocodone, Gabapentin (medication used to treat nerve pain) and Baclofen (medication use to treat muscle spasm - when muscles are tight or stiff), be administered together according to her home routine. LVN A stated she declined to administer Hydrocodone at that time, stating that Resident #1 had already received morning medications which included Gabapentin, and Baclofen. Resident #1 would need to wait for 2 to 4 hours to receive another pain medication to align with safe medication practice, as hydrocodone was ordered PRN every four hours. She stated she believed Gabapentin and Baclofen were pain medications and administering Hydrocodone would be excessive for Resident #1. She said that the last time Resident #1 received Hydrocodone was on 3/27/26 at 10:45 p.m. She stated the potential outcome of not administering prescribed pain medication as ordered could result in increased pain, failure to meet the resident's pain management needs, and substandard care. During an interview with DON on 4/24/26 at 2:20 p.m., she stated when she was notified that Resident #1 intended to leave the facility AMA, she immediately arrived at the facility to meet with the resident. Resident #1 reported she was leaving the facility due to LVN A's refusal to administer her prescribed pain medication, and the facility's inability to follow her establish pain management routine. The DON stated she attempted to intervene and offered to administer the PRN Hydrocodone, noting the last dose was given on 3/27/26 at 10:45 p.m., however Resident #1 declined and proceeded to leave the facility AMA. The DON stated LVN A could have administered the PRN medication as ordered or contacted the physician for further guidance. The DON stated failure to provide prescribed pain management constitutes substandard of care and it may result in continued, unrelieved pain for the resident. Review of the facility's policy Pain Management, dated 3/14/2019 and revised on January 2025, read in part .The goal of the community Pain Management Program is that pain is identified and treated timely, effectively and consistently.