

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/23/2026
NAME OF PROVIDER OR SUPPLIER The Heights of League City		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 West Walker Street 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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C to the maximum extent practicable to avoid duplicative testing and effort for 1 of 4 residents (Resident #1) reviewed for PASRR. The facility failed to coordinate and submit a complete and accurate request for specialized services in the LTC Online Portal within 20 business days after the date of the IDT meeting for Resident #1 within the time frame set by PASARR or asked for guidance from PASARR support when the form was not accepted. This failure could place residents requiring PASRR services at risk of not receiving their specialized services and met by the facility. Findings:- Record review of Resident #1's face sheet dated 07/23/2026 indicated Resident #1 was a [AGE] year-old female admitted to the facility on 01/13/2026. Her diagnoses included thrombocytopenia (a medical condition where there is lower-than-normal number of platelets (tiny blood cells that stick together to form clots and stop bleeding) in the body), cerebral palsy (a lifelong condition that affect the body's movement, muscle control, balance and posture caused by damage in the brain) and aphasia (a brain related communication disorder causing trouble speaking, understanding speech, reading or writing). Record review of Resident #1's most recent quarterly MDS dated [DATE] indicated Resident #1 had unclear speech, was rarely/never understood and rarely/never understands most conversations. Resident #1 has a BIMS score of 7 indicating severe cognitive impairment and was dependent for all ADL's and care. Record review of a care plan last revised on 05/15/2026 indicated Resident #1 had a self-care deficit (date initiated 1/14/2026) related to cognitive and physical limitation with interventions for care to be provided with 1 person assist for bathing, bed mobility, turning and positioning, dressing, grooming, eating, drinking, incontinent care and personal hygiene. Resident #1 had a communication problem that needs time to gather thoughts/ words (date initiated 05/15/2026) with interventions to anticipate and meet her needs, ensure environment is suitable for adequate hearing and understanding. Resident #1 is considered PASRR positive for Development Disorder (date initiated 07/23/2026) with interventions to coordinate her plan of care with her Service Coordinator as indicated, and to report any need to re-evaluate specialized services and/or plan of care to service coordinator as indicated. Record review of Resident #1's physician orders dated July 2026 indicated Resident #1 had an order dated 03/23/2026 for PT to evaluate and treat as indicated under PASRR; PT clarification order: PT 2 times/week for 6 weeks. Treatment may include: therapeutic exercise, therapeutic activities and neuromuscular reeducation. Order dated 05/04/2026 for PT clarification order: PT 2 times/week for 6 weeks under PASSR services. Treatment may include: therapeutic exercise, therapeutic activities, neuromuscular re-education. Order dated 06/17/2026 for PT clarification order: PT 2 times/week for 6 weeks under PASSR services. Treatment may include: (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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