

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: 676195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER Falcon Point Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 23553 West Fernhurst Drive Katy, TX 77494	
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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44669 Based on observation, interview, and record review the facility failed to ensure residents received services in the facility with reasonable accommodation of resident needs for 1 of 9 Residents (Resident #296) who was observed for call light placement. The facility staff failed to ensure the call light was within reach for Resident #296. This deficient practice could affect any resident and keep them from calling for help as needed. The findings included: Record review of Resident #296's face sheet dated 01/09/2025 indicated he was an [AGE] year-old male who admitted to the facility on [DATE]. Resident's diagnoses included dementia, (altered mental status) unspecified severity, without behavioral disturbance, psychotic disturbance (mental health condition that causes a person to lose touch with reality), mood disturbance (a change in a person's emotional state that can involve feelings of distress or sadness, or symptoms of depression and anxiety), and anxiety, type 2 diabetes mellitus with unspecified complications (body's complication with insulin use causing high blood sugar levels), and hyperlipidemia (high levels of fat in the blood). Record review of Resident #296's annual (Minimum Data Set) MDS assessment dated [DATE] indicated he had no Brief Interview for Mental Status (BIMS) score indicating resident was unable to complete the interview. Record review of Resident #296's Care Plan undated indicated Focus: Resident dependent on staff for meeting emotional, intellectual, physical, and social needs. Cognitive deficits, Physical Limitations Date Initiated: 01/03/2025 Revision on: 01/03/2025. Goals: Resident will maintain involvement in cognitive stimulation, social activities as desired through review date. Date Initiated: 01/03/2025 Revision on: 01/03/2025 Target Date: 03/31/2025. (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 676195	Facility ID: 676195 If continuation sheet Page 1 of 22

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation/Interview on 01/07/2025, at 01:12 p.m., revealed Resident #296 was sitting in his bed. The bed was raised at approximately a 45-degree angle. Headboard to resident's bed was secured to the wall leaving a space between the back of the raised bed and the headboard. The call bell cord was hung on the corner of the headboard. When resident was asked where his call bell was located, he looked around and made hand gestures like he did not know. He kept looking around and speaking in unclear speech. Resident then held up his television controller that was placed on the bedside table and began tapping it and his hand on the table. This surveyor pushed the call bell button while hanging from the corner of the headboard. Observation/Interview on 01/07/2025, at 01:18 p.m. revealed that Certified Nursing Assistant (CNA) A entered the room and turned off the call light system after this surveyor pushed the call bell. When CNA A was told that the call light was not in reach, she stated that she normally worked on another hall, she was only on this hall collecting lunch trays and was not aware of how the call light became out of reach. She grabbed the call bell cord and placed it on Resident #296's chest and stated, Here you go, and she exited the room. In an interview on 01/07/2025 at 01:22 p.m., Licensed Vocational Nurse (LVN) A stated she was made aware of Resident #296's call bell hanging on his headboard. She stated she would check with the CNAs who worked the hall and see why it was left out of reach. She stated that there was no good excuse for the call bells position, but stated maybe the CNA who changed the resident last forgot to place the call bell back into position. She stated the importance of the call bell being within reach of resident was to ensure in the event they needed assistance they were able to notify staff. In an interview on 01/07/2025 at 03:09 p.m., the Executive Director (ED) stated he was made aware of Resident #296's call bell hanging on his headboard and out of reach by LVN A. He stated that call lights need to be in reach of residents at all times to ensure they have access to reach staff when they need something. He stated he expected his staff to make sure that call lights were in position when they checked on residents every 2-hours and whenever the staff go into a resident's room. He stated that adverse effects of call lights not being within reach of resident could result in resident's needs not being met. In an interview on 01/08/2025 at 11:58 a.m., CNA C stated she had worked for the facility for 1.5 years. She stated she was not aware of how Resident #296's call bell had gotten out of reach. She stated the importance of call lights being within reach was to ensure that residents could call for assistance when they needed help. In an interview on 01/08/2025 at 03:06 p.m., the DON stated he was made aware of Resident #296's call light being out of reach. He stated that staff are to ensure before exiting a resident's room for any reason that call lights were within reach. He stated that the importance of the call light being within reach was for residents to be able to reach staff when they needed assistance. He stated without access to the call light, residents would go without the ability to call out for help or assistance. He stated that call lights need to be always within reach of residents. In an interview on 01/09/2025 at 12:21 p.m., CNA B stated she had worked for the facility since August 2024, on the 7a.m. - 7p.m shift. She stated she was not aware of how Resident #296's call light became out of reach of resident. She stated residents need their call light to be within reach to be able to call for assistance when they needed something. (continued on next page)		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of policy titled Answering the Call Light revised dated September 2022 revealed: Purpose The purpose of this procedure is to ensure timely responses to the resident's requests and needs. General Guidelines . 4. Be sure that the call light is plugged in and functioning at all times. 5. Ensure that the call light is accessible to the resident when in bed.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44669 Based on observations, interviews, and record review the facility failed to provide a safe, clean, comfortable, and homelike environment including but not limited to receiving treatment and supports for daily living safely in regards to clean bed and bath linens that are in good condition for 3 of 6 residents (Residents #1, Residents #30 and Residents #59) and 2 of 4 rooms (room [ROOM NUMBER]-B, 605-A, 605-B, 805-A, and 808) reviewed for environment. - The facility failed to address an unsecure wall socket in room [ROOM NUMBER]-B. - The facility failed to address discoloration on walls near resident (rooms 605-A, 605-B, and 805-A) headboards. - The facility failed to address discoloration on wall behind door in room [ROOM NUMBER]. - The facility failed to clean vacuum, and dust Resident #59's room. - The facility failed to ensure towels and/or bed linen were available for residents (Residents #1, Residents #30 and Residents #59). These deficient practices could place residents at risk of living in an unsafe, unclean, and unsanitary environment which could lead to a decreased quality of life. The findings include: Review of Resident #1's Face Sheet, dated 01/09/2025, reflected the resident was a [AGE] year-old female admitted on [DATE]. The resident was diagnosed with dementia (altered mental status), unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, bipolar disorder (excessive mood swings), and cognitive communication deficit (difficulty communicating effecting speech, hearing, writing, reading and social interacting). Review of Resident #1's Quarterly MDS Assessment, dated 12/14/2024, reflected the resident had a BIMS score of 15 out of 15 which indicated she was cognitively intact. (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #1's Comprehensive Care Plan, undated reflected resident required assistance from staff with activities of daily living (ADLs) due to decreased muscle strength, decreased balance and decreased physical and functional mobility and personal history of falls. Date Initiated: 09/22/2021 Revision on: 09/22/2021. Goals: Resident will be clean, well groomed, dressed appropriately, and ADL needs met by staff daily through next review: Date Initiated: 09/22/2021 Revision on: 11/25/2024 Target Date: 03/14/2025. Interventions: Allow personal choices while providing care. Respect resident's rights and honor personal preferences. Date Initiated: 09/22/2021 Revision on: 09/22/2021. Assist resident with dressing, grooming encourage participation as tolerated. Date Initiated: 09/22/2021 Revision on: 09/22/2021. Provide assistance with oral care in AM and PM routine care and as needed. Date Initiated: 09/22/2021 Revision on: 09/22/2021. Provide resident assistance with bath / showers and shampoo according to schedule and as needed. Date Initiated: 09/22/2021 Revision on: 09/22/2021 Review of Resident #30's Face Sheet dated 01/09/2025 reflected, the resident was an [AGE] year-old female who admitted to the facility on [DATE] and readmitted on [DATE]. The resident was diagnosed with vitamin d deficiency (lacking vitamin that supports bone and muscles strength), insomnia (trouble sleeping), orthostatic hypotension (quick drop of blood pressure upon standing after laying or sitting down), gastro-esophageal reflux disease without esophagitis (digestive disorder that causing stomach acid back flow), noninfective gastroenteritis and colitis (inflammation of the digestive tract), other irritable bowel syndrome (discomfort caused by altered bowel movement), hypothyroidism (deficient hormone production causing tiredness and weight gain), hyperlipidemia (high cholesterol or too much fat in the blood), major depressive disorder (serious mood disorder) in, recurrent, unspecified, venous insufficiency (veins fail to return blood to heart causing a blood pool to gather in legs) (chronic) (peripheral), bipolar disorder (excessive mood swings), mild cognitive impairment of uncertain or unknown etiology, unsteadiness on feet and urinary tract infection (bacteria in the urinary tract). Review of Resident #30's Quarterly MDS Assessment, dated 12/26/2024 reflected the resident had a BIMS score of 06 out of 15 which reflected she had severe impaired cogitation. ManRecord review of Resident #59's face sheet dated 01/09/2023 indicated she was a [AGE] year-old female who admitted to the facility on [DATE] and readmitted on [DATE]. Resident's diagnoses included urinary tract infection (UTI, bacterial infection that causes inflammation in the urinary tract), osteoarthritis (a chronic disease that breaks down joint cartilage and bone), acute kidney failure (kidneys inability to flush waste from blood) hypertension (force of blood in arteries being too high) major depressive disorder, muscle weakness, need for assistance with personal care, combined forms of age-related cataract (cloudy vision), bilateral, other abnormalities of gait and mobility, other lack of coordination, cognitive communication deficit, lack of coordination, symptoms and signs involving the nervous system, weakness, other symbolic dysfunctions (disorders that affect a person's ability to perceive or perform certain activities), and other reduced mobility. Review of Resident #59's Quarterly MDS Assessment, dated 11/20/2024, reflected the resident had a BIMS score of 15 out of 15 which indicated she was cognitively intact. (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #59's Care Plan Focus: Resident showing of Seasonal Allergies 12/6/2021. She is showing signs and symptoms of UTI and has been started on antibiotics - resolved 07/14/2023. Resident is on antibiotics for sinusitis - resolved. Date Initiated on 07/30/2021. Revised on 11/10/2023. Goals: The resident will maintain normal breathing patterns as evidenced by normal respirations, normal skin color, and regular respiratory rate/pattern through the review date 07/14/2023 Monitor for possible side effects. Date Initiated: 07/30/2021 Revision on: 07/11/2024 Target Date: 01/11/2025. Interventions: ABT as order for next 7-days. Date Initiated on 07/14/2023. Administer medication as ordered. Monitor for effectiveness and side effects. 12/6/21. Mucinex as ordered Date Initiated: 07/30/2021. Maintain a clear airway by encouraging resident to clear own secretions with effective coughing. If secretions cannot be cleared, suction as ordered/required to clear secretions. Date Initiated: 07/30/2021 Revision on: 12/07/2021. Staff will encourage her to be up in w/c and sit upright when she is ben encourage her to keep head of bed at least at 30-degree angle to promote adequate breathing Date Initiated: 07/30/2021 Revision on: 07/30/2021. Staff will be encouraged and assist with positioning resident with proper body alignment for optimal breathing pattern. Revision on: 07/30/2021 07/30/2021. In an observation on 01/07/2024 at 10:00 a.m., revealed the following: - room [ROOM NUMBER]-B, wall socket not secure. - room [ROOM NUMBER], wall behind door missing paint exposing sheetrock. In an observation on 01/07/2024 at 01:09 p.m., revealed the following: - room [ROOM NUMBER]-A, wall near headboard missing paint exposing sheetrock. - room [ROOM NUMBER]-B, wall near headboard missing paint exposing sheetrock. In an observation on 01/07/2024 at 01:23 p.m., revealed the following: - room [ROOM NUMBER]-A, wall near headboard missing paint exposing sheetrock. - room [ROOM NUMBER]-A, wall near headboard missing paint exposing sheetrock. - room [ROOM NUMBER]-A, the floor covered with particles of debris around the bed and along the wall and in front of the window on the carpeted floor. - room [ROOM NUMBER]-A dresser was dusty. In an observation on 01/07/2025 at 01:52 p.m., Resident #1 had no pillowcase on her pillow. In an observation on 01/08/2025 at 01:32 p.m., Resident #1 had no pillowcase on her pillow. In an observation on 01/08/2025 at 03:26 p.m., in the facility's laundry room revealed no clean or dirty towels. In an observation on 01/09/2024 at 10:00 a.m., revealed the following: (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- room [ROOM NUMBER]-A, wall near headboard missing paint exposing sheetrock. - Resident #59's wall near headboard missing paint exposing sheetrock. In an observation on 01/09/2025 at 09:28 a.m., in the facility's laundry room revealed no clean or dirty towels. In an observation on 01/09/2025 at 09:31 a.m., revealed in the supply closet on the 500-hall had 5-hand towels. In an observation on 01/09/2025 at 09:35 a.m., revealed in the supply closet on the 200-Hall had 2-bath towels and 13-hand towels. In an observation on 01/09/2025 at 09:39 a.m., revealed the supply closet on the 100-Hall had no towels. In an observation on 01/09/2025 at 09:44 a.m., revealed that the facility's shower room and shower lockers stored no towels. In an observation on 01/09/2025 at 10:00 a.m., revealed small colored particles of debris and tissue paper on the floor around Resident #59's bed and window. The wall near Resident #59's headboard had been damaged with exposed sheetrock. In an observation on 01/09/2025 at 10:20 a.m., revealed that Resident #1 had no pillowcase on her pillow. Small hole at the bottom left corner of the fitted sheet. In an observation on 01/09/2025 at 02:40 p.m., revealed in the linen closet on the 500-hall no bed linen, and 3-bath towels. In an interview on 01/07/2025 at 01:23 p.m., Resident #59 stated that the facility had no towels available for daily showers and was an everyday occurrence. She stated she had got tired of not having a towel for showers, and ordered her own to ensure she could get her showers. She stated she complained to management on several unknown dates and times, but nothing had changed. In an interview on 01/07/2025 at 01:52 p.m., Resident #1 stated that staff had never changed her bed linen because they had not had enough sheets to change everyone's bed daily. She stated that staff finally changed the linen today probably because State was in the building. She stated that they had not given her a pillowcase, because she was told they had none. In an interview on 01/08/2025 at 11:34 p.m., the Facility Maintenance Director (FMD) stated he had worked for the facility for nearly 3-years. He stated that nursing staff usual notify him of maintenance needs verbally. He stated that normally when information was received, he and his assistant jump on and resolved immediately. He stated he was not aware of the damages wall socket in room [ROOM NUMBER], wall damages in room [ROOM NUMBER], 805 and 808, but he would address immediately, and report back once completed. He stated it would be important for the walls to be in good shape because the facility was the resident's home, and it would need to look presentable. He stated he was not aware of any outstanding repairs or maintenance request. He stated he was pretty caught up after receiving an assistant maintenance staff about 2-weeks ago. (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 01/08/2025 at 11:58 a.m., CNA C stated that she had been working at the facility for 1.5 years and works 12-hours shifts, 7 a.m. to 7 p.m. She stated she just recently changed from the nightshift to the dayshift. She stated that she changed Resident #1's bed sheets 01/07/2025 and 01/08/2025. She stated she was not aware that Resident #1 had not had a pillowcase on her pillow. She stated she recalled placing a pillowcase on the pillow, both days and stated she does not know why there would not have been a pillowcase on the pillow. She stated that sometimes on the evening shift, laundry would not have enough linen to change sheets at night. She stated that there was a laundry shift in the evenings. She stated that Resident #59 took her baths at night, so she no longer provided her with showers. In an interview on 01/08/2025 at 01:23 p.m., Resident #59 stated that housekeeping had not been vacuuming her side of the room, only by the door and bathroom. She stated that housekeeping had been sweeping the carpet, but all it had done was kicked up dust causing her allergies to flare. She stated she felt the carpet sweeping still left the floor dirty. She stated that she informed the FMD, but the staff who she was only able to identify as female Hispanic had lied and said she had vacuumed the whole room. She stated therefore the carpet remained dirty. Resident stated, Just look at the floor and how dirty it is. She stated that housekeeping also had not dusted her room and pointed to her dresser. She stated she could not see the missing paint on the wall behind her headboard due the positioning in her bed but was not surprised. She stated that no one had ever mentioned making any repairs to her or her roommate's side of the room. In an interview on 01/08/2025 at 02:53 p.m., FMD stated that he completed the repairs to the walls in resident rooms 604, 605, 805 and 808. In an interview on 01/09/2025 at 09:28 a.m., Resident #30's family member stated that Resident #30 had been at the facility for 6-years. She stated that the laundry department needed attention. She stated laundry would run out of sheet pads, all the time, and that sheets were stained, dingy, thin and/or had holes in them. She stated showers were not provided to Resident #30 3-times a week. She stated if Resident #30 was lucky she would receive a shower 1-time a week. She stated she would ask staff why Resident #30 was not given a shower and was told because they did not have any clean towels. She stated even when towels were available, staff rushed to give Resident #30 a shower making resident fearful of the shower. She stated Resident #30 felt like when staff rushed through her showers, she would fall or slip out of the shower chair from being moved too fast. She stated that the resident was fine with a shower once a week, but if the showers were rushed, the resident would be discouraged because it would be too scary for the resident. Family Member stated that if the resident was not going to be given a shower 3-times a week, at least the shower could take their time and give the resident a long and thorough shower 1-time a week. She stated that would be satisfactory for her and the resident. In an interview on 01/09/2025 at 09:28 a.m., the Laundry Manager/Aide stated that she had worked at the facility for 1-year on the 1st shift. She stated she had put 12-towels in each of the hall's linen closets (100, 200, and 500 halls). She stated that it had been procedure to place towels in the closet every shift. She stated before the end of her shift in the evenings, she restocked the hall closets. She stated however, the nightshift staff would not need towels put out since they would not give showers at night. She stated she had not heard any resident who had complained about not having enough towels. (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 01/09/2025 at 02:01 p.m., with the ED and the DON, the ED stated that the FMD made daily sweeps of the facility to ensure that the rooms and common areas are cleaned, disinfected, kept in order, and looked and smelled nice. The DON stated it was his expectations that housekeeping, and maintenance kept the facility looking nice, for the residents, staff, visitors, and family members, as well as future guests. In an interview attempt on 01/09/2025 at 02:10 p.m., Housekeeper B was unreachable. In an interview on 01/09/2025 at 02:19 p.m., with the DON, who stated that they had issues with the night shift not having enough towels and bed linen for residents. He stated that there were linen closets on each of the resident halls. He stated that the closets were not locked, should be stock as much as possible, and accessible to all staff. He stated he learned from the FMD that staff were complaining that there were not enough towels and sheets. He stated that the FMD performed a recent sweep of the facility and located towels hidden in some of the resident rooms. He stated at that time, the ADON came up with a system to distribute a bag of towels to the nurse on duty for each hall, each shift. He stated that nurse would then distribute the towels to the CNAs for showers. He stated he felt like the issue with missing towels was resolved. In an interview on 01/09/2025 at 02:24 p.m., with the ADON, who stated that about 4-months ago they began having issues with missing towels. She stated at that time at the beginning of each shift one nurse had access to towels, and distributed a bag of towels for each hall so there would not be any more discrepancies regarding linen and towels. She stated at that time the FMD performed a sweep throughout the facility and located several towels in individual resident rooms. Record review of Resident Council Meeting Minutes dated 09/05/2024, revealed that housekeeping had not been cleaning messes in resident rooms and dining room timely. Record review of Resident Council Meeting Minutes dated 11/07/2024, revealed housekeeping had not been vacuuming rooms with carpet. Record review of Resident Council Meeting Minutes dated 12/05/2024, revealed that rooms with carpets were not being vacuumed. Resident were asking about towels and staff responded having had none. Record review of revised date December 2009 policy titled: Quality Control, Environmental Services revealed: Policy Statement A. quality control program shall be maintained by the housekeeping and laundry departments. Policy Interpretation and Implementation 1. To assist in maintaining a standard of excellence, our housekeeping and laundry departments have developed a quality control program that: identifies specific deficiencies; measures the level of the quality of services provided by our departments; and continually furnishes information to the quality assurance and performance improvement (QAPI) committee that will aid in taking corrective action to assure that compliance with regulations can be maintained. 2. Quality control records are maintained by the department directors and a copy of each record is provided to the facility quality assurance and performance improvement (QAPI) committee on a monthly basis. References OBRA Regulatory Reference Numbers S483.75(a) Quality assurance and performance improvement (QAPI) program.; S483.90(i) Other Environmental Survey Tag Numbers F865; F921 Other References Related Documents Version 1.2 (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of revised date April 2010 policy titled: Work Orders, Maintenance Policy Statement. Maintenance work orders shall be completed in order to establish a priority of maintenance service. Policy Interpretation and Implementation1. In order to establish a priority of maintenance service, work orders must be filled out and forwarded to the Maintenance Director. 2. It shall be the responsibility of the department directors to fill out and forward such work orders to the Maintenance Director. 3. A supply of work orders is maintained at each nurses' station. 4. Work order requests should be placed in the appropriate file basket at the nurses' station. Work orders are picked up daily. 5. Emergency requests will be given priority in making necessary repairs. The facility did not have a specific policy that addressed linen and towels.		

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 48923 Based on record review and interview, the facility failed to develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents, including screening for 1 of 25 staff reviewed for abuse. -The DON did not have an annual EMR (Employee Misconduct Registry) check conducted between 07/28/2023 and 01/09/2025. This can put residents at risk of abuse, neglect and exploitation by receiving care from staff members who were unemployable. Findings included: Record review of the facility's Abuse, Neglect, Exploitation and Misappropriation Prevention Program policy statement last revised revealed that the facility's abuse, neglect, and exploitation prevention program consisted of developing and implementing policies and protocols to prevent and identify abuse or mistreatment and conducting employee background checks and not unknowingly employ or otherwise engage any individual who has been found guilty of abuse, neglect or had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation or mistreatment of residents or had a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, or mistreatment of residents or resident property . Record review of the DON's personnel file, he was hired on 06/20/2023 and his annual EMR check in his file was 07/28/2023 which showed he was employable. His next check was 01/09/2025 which was completed after it was brought to the facility's attention, and it showed the DON was employable. Interview with the HR Coordinator on 1/9/2025 at 2:50pm, she said that the DON's last background check was completed at 7/28/2023. She said she conducted a background check on 01/09/2025 because this was brought to her attention and the Administrator told her to go ahead and do the check. She said background checks are to be done annually and that she is responsible for completing them. The HR Coordinator said the facility did annual checks to make sure there was nothing on a person's record and to avoid accidentally hiring a criminal. She also said that her missing it must have been an oversight. Interview with the ED (Executive Director) on 1/10/2025 at 1:33pm, he said he was not sure if employee background checks needed to be completed on an annual basis. But if that was a requirement by the State, then anyone who had been barred from employment would continue to be able to work and that would put the facility out of compliance.		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35822 Based on observation, interview and record review the facility failed to ensure resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and restore continence to the extent possible for 1 of 6 residents (Resident #68) reviewed for incontinent care. 1. CNA I failed to provide incontinent care for Resident #68 at least every 2 hours. 2. CNA I failed to thoroughly clean Resident #68 when providing incontinent care These failures could place residents at risk for urinary tract infections, hospitalization and decrease in quality of life. Findings include: Record review of Resident #68's face sheet, dated 01/09/25, revealed a [AGE] year-old female who was admitted to the NF on 08/02/23. The resident had diagnoses which included: heart disease, depression, prediabetes, acute cystitis (bladder infection that develops suddenly), hemiplegia (complete paralysis on one side of the body) and hemiparesis (partial weakness paralysis on one side of the body) following cerebral infarction (stroke) affecting right dominant side and, aphasia (language disorder that affects a person's ability to communicate). Record review of Resident #68's Annual MDS, dated [DATE], revealed a BIMS coded as 99, which meant unable to complete the interview. Section GG (functional abilities) reflected the resident was dependent with toileting hygiene. Section H (bladder and bowel) reflected the resident was always incontinent of urine and bowel. Record review of Resident #68's care plan revealed the resident was care planned for urinary tract infection 10/21/24-10/28/24 with intervention to check the resident at least every 2 hours for incontinence, was h, rinse, and dry soiled areas . good hygiene practices clean peri area well after bowel movements in order to help prevent bacteria in the urinary tract. Observation on 01/09/25 at 2:10 PM of incontinent care for Resident #68 by CNA I and CNA J revealed the resident's brief was heavily soiled with urine so much, the urine extended to the resident's lower back and the draw sheet was soiled. Resident #68's was also soiled with feces. Further observation of Resident #68's incontinence care performed by CNA I, CNA I used disposable wipes and did not thoroughly clean the resident's vaginal region area, leaving the residual of feces . Interview on 01/09/25 at 2:23 PM, CNA I said the last time she provided incontinent care for Resident #68 was around 11:15 AM or 11:30 AM. CNA I said incontinent care was supposed to be provided to the residents at least every 2 hours to prevent skin breakdown and infections such as urinary tract infections . (continued on next page)		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 01/09/25 at 2:30 PM, RN K said he was Resident #68's nurse. Resident #68 said he normally checked on the residents every 2 hours to ensure the residents were being provided incontinent care in a timely manner. RN K said the last time he had checked on Resident #68 was at 11:00 AM and she did not require incontinent care . Interview and record review on 01/09/25 at 4:15 PM, the DON said the nursing staff should be providing incontinent care to the residents every 2 hours. The DON was asked for the NF policy on female incontinence. The NF provided an in-service done with CNA I on Competency Assessment for Perineal Care of the female, dated 01/09/25 and reflected in part: .The purpose is to clean the female perineum (area of the skin between the anus (rectum) and the genitalia) without contaminating the urethral (tube that carries urine from the bladder to outside of the body) area with germs Record review of the facility's policy on Incontinent Care for Females, last revised February 2018, reflected in part, For a female resident, wet washcloth and apply soap for skin cleansing agent and wash perineal area, wiping front to back .wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks .		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48923 Based on observation, interview and record review, the facility failed to ensure that a resident who needs respiratory care is provided such care, consistent with professional standards of practice for 1 of 3 residents (Resident #63) reviewed for oxygen. - The facility failed to place Resident #63's oxygen tubing inside of bag when not in use. - The facility failed to change Resident #63's oxygen tubing after the tubing was observed on floor on 01/07/25. - The RN F failed to dispose of Resident #63's oxygen tubing to prevent infections on 01/08/25. This failure could put residents at risk of not receiving consistent respiratory care and lead to a decline in health. Findings included: Record review of Resident #63 face sheet, dated 01/09/25, revealed an [AGE] year-old female who was admitted to the NF on 09/13/21. Resident #63 had diagnoses which included: aphakia bilateral (condition where both eyes lack natural lens due to surgically removal), respiratory failure with hypoxia (absence of oxygen), pacemaker and heart disease. Record review of Resident #63's Care Plan, dated 03/21/22 and revised 10/08/24 reflected the resident was care planned for O2. The interventions included oxygen per nasal cannula as needed. Record review of Resident #63's Comprehensive MDS, dated [DATE] , revealed the resident had a BIMS score of 15, which indicated the resident's cognition was intact. Section O (special treatments, procedures, and programs) resident was coded for receiving respiratory treatment. Record review of Resident #63's Physician Order Summary Report for the month of January reflected the following order: -Dated 10/22/21 O2 at 2L via nasal cannula q HS at bedtime for possible sleep apnea. Observation on 01/07/25 at 10:40 AM of Resident #63's room revealed the oxygen machine on the right side of the bed with tubing connected to the oxygen machine. The oxygen tubing was dated 01/06/25 and laid on the floor not inside of bag. Observation on 01/09/25 at 9:08 AM, revealed Resident #63 was not wearing her oxygen tubing. The resident's oxygen tubing was draped across the oxygen machine not inside of a bag. The date on the oxygen tubing read 01/06/25. Observation on 01/09/25 at 9:12 AM revealed RN F removed Resident #63's tubing from the room without donning clean gloves. RN F did not place the tubing inside of a bag and proceeded to take the tubing out of the resident room and walked down the hallway. (continued on next page)		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 01/09/25 at 9:10AM with RN F said she was the nurse for Resident #63. When asked about resident oxygen tubing, RN F went to resident room to remove the oxygen tubing that read 01/06/25 draped over the oxygen tubing. Interview on 01/09/25 at 9:22 AM, RN F said the oxygen tubing should be placed inside of a plastic bag when not in use. RN F said she should have placed gloves on prior to touching the tubing and placed it in a bag before leaving the room to dispose of the tubing for infection control. RN F said she was not aware Resident #63 was on oxygen and apologized for the failure of infection control while not placing gloves on prior to touching the tubing. Interview on 01/09/25 at 11:20 AM, the NF Infection Control said she started working at the NF on 12/15/24. The NF Infection Control Nurse also said whenever a resident's oxygen was not in use, the oxygen tubing should be placed inside of bag to prevent infections. The Infection Control Nurse said when removing oxygen tubing from the room, the staff should don gloves and place the tubing inside of a bag and tie the bag, take the gloves off and wash their hands and dispose of the used tubing for infection control and preventing cross-contamination. Record review of the facility's policy for Infection Control, revised October 2018, revealed in part: .This facility infection control policy and practices are intended to facilitate maintaining a safe sanitary and comfortable environment and to help prevent an manage transmission of diseases and infections Record review of the facility's policy for Administering Medications revised , revealed in part: Staff follows established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable .		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 48923 Based on observation, interview and record review the facility failed to provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing and administering of all drugs and biologicals to meet the needs of each resident for 1 of 2 medication storage rooms reviewed for pharmaceutical services. The facility failed to ensure there was not 5 expired heparin flushes (6 ml), dated 07/2024, in their medication room on the long-term care hall. This failure could place residents at risk for medication not being therapeutic, effective, or unwanted adverse reaction decreasing the quality of life. Findings include: Observation on 01/08/25 at 10:35AM in the medication room on the long-term care hall had 5 syringes of heparin flush (6ml) had an expiration date of 07/2024 with no additional external labels. Interview on 01/08/25 at 10:43 AM, RN E said she was not sure who was responsible for checking the medication room on the long-term care hall for expired medications. RN E said no one at the facility had a PICC or midline and the last person to have a PICC/midline was a few months ago. RN E said the resident no longer resided at the facility. RN E said an expired heparin flush would not be therapeutic if administered after its expiration date. RN E said it was important to check the medication room for any expired medications to avoid a medication error. Interview on 01/08/25 at 11:47AM, the DON said the night nurse was responsible for checking the medication room for expired medications. The DON said the ADON also checked the medication room for expired medications. The DON said an expired heparin flush would no longer be viable to administer. Interview on 01/08/25 at 1:00 PM, the ADON said she checked the medication rooms 2-3 times a week for expired medications on Monday, Wednesday, and Friday. The ADON said all expired medications should be place inside of the biohazard bind for pharmacy drug destruction. The ADON said the pharmacy came to the NF once a month and more often if needed. The ADON said if a resident was administered an expired medication, the resident was placed at risk for an adverse reaction and the drug not being effective for its intended use. Attempted interview on 01/08/25 at 1:08 PM with the night nurse for the long-term care hall was unsuccessful and a voicemail was left with a call back number . The night nurse did not return the call. Record review of the facility's policy on Discarding & Destroying medications, revised November 2022, revealed in part: (continued on next page)		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	.Medications that cannot be returned to the dispensing pharmacy are disposed of in accordance with federal, state, and local regulations governing management of non-hazardous pharmaceutical, hazardous waste and controlled substance		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35822 Based on observation, interview and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 3 of 8 residents (Residents #63, #68 and #195) reviewed for infection control . 1. The facility failed to place infection control signage on Resident # 195's door until 01/08/25, 2 days after the resident was admitted to the NF on 01/06/25 with an indwelling Foley catheter and lesions on her body. 2 The facility failed to place Resident #63's oxygen tubing inside of bag when not in use. 3. The facility failed to change Resident #63's oxygen tubing after the tubing was observed on floor on 01/07/25. 4. RN F failed to dispose of Resident #63's oxygen tubing to prevent infections on 01/08/25. 5. CNA I and CNA J failed to don in full PPE on 01/09/25 while providing incontinent care for Resident #68, who had a gastrostomy tube. These failures could place residents at risk for cross contamination, infections, and a decrease in quality of life. Findings include: 1. Record review of Resident #195's face sheet, dated 01/09/25, revealed an [AGE] year-old female who was admitted to the NF on 01/06/25. Resident #195 had diagnoses which included cognitive communication deficit and need assistance with personal care. Record review of Resident #195's hospital records, dated 01/04/25, reflected the following diagnoses: hypertension (high blood pressure), diabetes mellitus (too much sugar in the blood), cellulitis (bacterial skin infection), multiple superficial (on the surface) skin wounds and excoriations (skin lesions caused by repetitive picking, scratching, or rubbing of the skin) and urinary tract infection (infection of any part of the system of organs that makes urine). Record review of Resident 195's MDS, the resident was recently admitted and the MDS was not completed. Record review of Resident #195's Baseline Care Plan, dated 01/06/25, reflected antibiotic therapy, indwelling Foley catheter and skin integrity . The baseline care plan did not contain additional information such as interventions. Record review of Resident #195's Physician Order Summary Report for January 2025 reflected the following orders: (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Dated 01/07/25 Bactrim DS (double strength) tablet 800-160mg give one tablet by mouth two times a day for urinary tract infection for 5 days -Dated 01/07/25 Foley catheter -Dated 01/07/25 Clobetasol Propionate external cream (reduces swelling, redness, itching, or rashes cause by a skin condition) 0.05% apply to all affected areas topically one time a day for bullous pemphigoid (rare skin condition causing large, fluid-filled blisters) due to autoimmune disease (disease in which the body 's immune system attacks healthy cells). Record review of Resident #195's Wound Progress Note, dated 1/7/25, reflected the following: -Chief Complaint: Patient with wounds on her left arm, right leg -Skin Exam: Wound to left lower extremity, left upper extremity, right upper extremity, right lower extremity -Etiology (cause): Autoimmune disease Observation on 01/07/24 at 9:34 AM of Resident #195's door revealed no infection control signage on the door or any PPE outside the doorway entrance. Further observation of resident revealed lesions on her neck and arms. The resident had an indwelling Foley catheter draining clear yellow urine in the tubing. Observation on 01/08/25 at 8:30 AM of Resident #195's door revealed no infection control signage on the door and no PPE outside of door. Observation on 01/09/25 at 8:00 AM of Resident #195's door revealed no infection control signage on her door with PPE inside of a plastic bend outside of her doorway entrance . Interview on 01/08/25 at 9:34 AM, Resident #195 said she arrived at the NF on 01/07/25 at night from the hospital. The resident said she had sores all over her body. Resident #195 said she had the lesions for a while, and they sometimes had drainage . Interview on 01/09/25 at 8:57AM, RN F said she was the nurse for Resident #195. RN F said it was the Infection Control Nurse who was responsible for placing the infection control signage on resident doors who required it. RN F said she suspected the signage was on the resident's door due to the resident being admitted with a urinary tract infection. Interview on 01/09/25 at 11:20 AM, the Infection Control Nurse said she started working at the NF on 12/15/24. The Infection control Nurse said she was responsible for placing the infection control signage on the resident doors. The Infection Control Nurse said she placed the infection control sign on Resident #195 door on the night of 01/08/25 due to the resident having lesions with some drainage. The Infection Control Nurse said infection control signage was placed on resident doors who had wounds, IV's , gastrostomy tubes, Foley catheters, urinary tract infections, etc . The Infection Control Nurse said this was done to decrease the risk of cross contamination for the residents as well as the staff. The Infection Control Nurse said the staff should be wearing PPE when providing care for the resident's which consisted of disposable gown, gloves, etc . (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Record review of Resident #63 face sheet, dated 01/09/25, revealed an [AGE] year-old female who was admitted to the NF on 09/13/21. Resident #63 had diagnoses which included: aphakia bilateral (condition where both eyes lack natural lens due to surgically removal), respiratory failure with hypoxia (absence of oxygen), pacemaker and heart disease. Record review of Resident #63's Care Plan, dated 03/21/22 and revised 10/08/24 reflected the resident was care planned for O2. The interventions included oxygen per nasal cannula as needed. Record review of Resident #63's Comprehensive MDS, dated [DATE] , revealed the resident had a BIMS score of 15, which indicated the resident's cognition was intact. Section O (special treatments, procedures, and programs) resident was coded for receiving respiratory treatment. Record review of Resident #63's Physician Order Summary Report for the month of January reflected the following order: -Dated 10/22/21 O2 at 2L via nasal cannula q HS at bedtime for possible sleep apnea. Observation on 01/07/25 at 10:40 AM of Resident #63's room revealed the oxygen machine on the right side of the bed with tubing connected to the oxygen machine. The oxygen tubing was dated 01/06/25 and laid on the floor not inside of bag. Observation on 01/09/25 at 9:08 AM, revealed Resident #63 was not wearing her oxygen tubing. The resident's oxygen tubing was draped across the oxygen machine not inside of a bag. The date on the oxygen tubing read 01/06/25. Observation on 01/09/25 at 9:12 AM revealed RN F removed Resident #63's tubing from the room without donning clean gloves. RN F did not place the tubing inside of a bag and proceeded to take the tubing out of the resident room and walked down the hallway. Interview on 01/09/25 at 9:10AM with RN F said she was the nurse for Resident #63. When asked about resident oxygen tubing, RN F went to resident room to remove the oxygen tubing that read 01/06/25 draped over the oxygen tubing. Interview on 01/09/25 at 9:22 AM, RN F said the oxygen tubing should be placed inside of a plastic bag when not in use. RN F said she should have placed gloves on prior to touching the tubing and placed it in a bag before leaving the room to dispose of the tubing for infection control. RN F said she was not aware Resident #63 was on oxygen and apologized for the failure of infection control while not placing gloves on prior to touching the tubing. 3. Record review of Resident #68's face sheet, dated 01/09/25, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #68 had diagnoses which included: heart disease, depression (condition where a person has prolonged low mood and loss of interest in activities), prediabetes (blood sugar levels are higher than normal but does not have diabetes, which is when blood sugar is not properly processed by the body), acute cystitis (bladder infection that develops suddenly), hemiplegia (complete paralysis on one side of the body) and hemiparesis (partial weakness paralysis on one side of the body) following cerebral infarction (stroke) affecting right dominant side, gastrostomy (feeding tube that is surgically inserted into the stomach through the abdomen), and aphasia (language disorder that affects a person's ability to communicate). (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER Falcon Point Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 23553 West Fernhurst Drive Katy, TX 77494	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #68's care plan, dated 04/24/24 , reflected the resident was being care planned for gastrostomy tube. Intervention included possibly infected with an MDRO due to constant placement of indwelling medical device (G-tube) intervention: Team member will wear PPE (gown and gloves) while providing high contact care activities such as bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting. Record review of Resident #68's Annual MDS, dated [DATE] , revealed a BIMS coded at 99, which meant the resident was unable to complete the interview. Section GG (functional abilities) reflected the resident was dependent with toileting hygiene. Section H (bladder and bowel) reflected the resident was always incontinent of urine and bowel. Observation on 01/09/25 at 2:05 PM revealed Resident #68 had infection control signage on the door entrance. Observation on 01/09/25 at 2:10 PM of incontinent care for Resident #68 by CNA I and CNA J entered resident room to provide care. Both CNA's washed hands and placed on clean gloves but not a gown and proceeded to care for resident. Resident had a gastrostomy tube. Resident brief was heavily soiled with urine so much, that the urine extended to resident lower back torso with the draw sheet being soiled as well. Resident was also incontinent of feces. Interview on 01/09/25 at 11:20 AM, the NF Infection Control said she started working at the NF on 12/15/24. The Infection Control Nurse said infection control signage was placed on resident doors that had wounds, IV's, gastrostomy tubes, Foley catheters, urinary tract infections, etc. The Infection Control Nurse said this was done to decrease the risk of infections and cross contamination from resident to resident and the staff. The Infection Control Nurse said the staff should be wearing PPE when providing care for the residents that consisted of disposable gown, gloves, etc. The NF Infection Control Nurse also said whenever a resident's oxygen was not in use, the oxygen tubing should be placed inside of bag to prevent infections. The Infection Control Nurse said when removing oxygen tubing from the room, the staff should don gloves and place the tubing inside of a bag and tie the bag, take the gloves off and wash their hands and dispose of the used tubing for infection control and preventing cross-contamination. Interview on 01/09/25 at 3:36 PM, CNA I said she forgot to don in full PPE for infection control when providing care for Resident #68 . Interview on 01/09/25 at 3:45 PM, CNA J said she forgot to don in full PPE for infection control when she assisted CNA with providing incontinent care for Resident #68. Record review of the facility's policy for Infection Control, revised October 2018, revealed in part: This facility infection control policy and practices are intended to facilitate maintaining a safe sanitary and comfortable environment and to help prevent an manage transmission of diseases and infections .		