

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Mememorial City Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1341 Blalock Houston, TX 77055	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>35822</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment in one (right side) of two shower rooms on Hall 400.</p> <p>-The facility failed to clean the shower room on the right side of Hall 400 that was observed with soiled towels, gloves, empty containers of personal care items, hair on the floor, and the floor had brown and black stain marks.</p> <p>This failure placed residents at risk for receiving showers in an unclean and uncomfortable environment.</p> <p>Findings included:</p> <p>Observation on 01/24/25 at 10:38AM of the shower room on the right side of Hall of 400 with CNA S. The shower room had large, soiled towels on the floor, wood shelving, and shower bed. Further observation was made of used empty containers of personal care items (shower gel, etc.) sitting on wood shelving. CNA S immediately started placing the soiled towels inside of a plastic bag. CNA S proceeded throwing used resident care supplies inside of plastic bag and picking gloves up off the floor. Further observation was made of the shower room floor being dirty with brown and black stains on the floor. There was debris on the floor behind the wood shelving. Further observation was made of a ball of white hair on the floor.</p> <p>Interview on 01/24/25 at 10:40AM with CNA S said the floors were dirty and she did not know when the last time the shower room floors had been cleaned. CNA S said when the CNAs finish providing a shower to a resident, the CNA was not to leave anything behind such as towels or resident personal care items due to germs and infection control. CNA S said it was the resident's home and that it was important to keep the shower room clean and tidy. CNA S said the nursing staff and housekeeping were responsible in making sure that the shower rooms were being cleaned for resident use. CNA S said when the shower room needed to be clean the staff would write in the communication book at the nurse desk. When CNA S went to find the shower book at the nurse station, she could not locate the book. CNA S proceeded to say the way they communicate with housekeeping was in the computer but did not show the surveyor where in the computer the staff was communicating with housekeeping regarding cleaning the showers.</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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/24/25 at 10:40AM with Housekeeper T after observing the shower room on the right side of Hall 400 said the shower room floor was dirty and needed to be . Housekeeper T said she did not work at the facility on 01/23/25. Housekeeper T said she was working Hall 400 and was responsible for cleaning the resident rooms and keeping the shower room clean. Housekeeper T said she worked from 6AM-2PM. Housekeeper T said housekeeping was supposed to clean the shower room at least once a day and as needed. Housekeeper T said it was important to keep the resident's shower room clean and disinfected to reduce the risk of infections and cross contamination. Housekeeper T said whoever was assigned to the shower room on 01/23/25, did not clean the floors. Housekeeper T said she was going to clean the shower floor right away.</p> <p>Interview on 01/24/25 at 11:05AM with Hall 400 LVN/ADON U said it was the responsibility of the Nursing staff and the Housekeeping Department to ensure the resident shower room was being clean and disinfected for infection control. LVN/ADON U said the ambassador was also assigned to do rounds on the halls to make sure everything was going well.</p> <p>Interview on 01/24/25 at 11:15AM with the Administrator said the ambassador uses a check list on what things to look at on the Halls assigned to them, and the shower room was not one of them. The Administrator said it was the floor techs under the direction of the supervisor of housekeeping that were responsible for ensuring the floors were clean including the shower rooms.</p> <p>Interview on 01/24/25 at 11:20AM with the DON said after the CNAs provided a shower for a resident, that CNA was supposed to make sure the shower room was clean for the next resident to be showered. The DON said housekeeping was responsible for mopping and disinfecting the floors after each shower use. The DON said the floor techs were responsible for deep cleaning the floors and the grout. The DON said the shower rooms should be mopped after each use to prevent cross contamination. The DON said whenever the CNA gave a resident a shower, the CNA is supposed to reach out to housekeeping verbally or on a group text that the shower room needed to be mopped. The DON said she would have to see if the NF had a policy on maintaining the NF shower rooms. The DON did not provide a policy on maintenance of shower rooms.</p> <p>Interview on 01/24/2025 at 11:37AM with the NF Environmental Service Department said he was also over housekeeping and the floor techs. The Environmental Service Department said he was assigned to Hall 400 shower rooms. He said he cleaned the shower rooms on 01/23/2025 and had not gotten to cleaning the shower room on 01/24/2025. He said it was important to clean the shower rooms in between use for infection control reasons.</p> <p>Record review of the NF policy on Infection Prevention and Control Program dated 05/13/23 reflected in part:</p> <p>.This facility has established and maintains, and infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of communicable disease and infections as per accepted national standards and guidelines .</p> <p>Record review of the NF policy on General Housekeeping Policy not dated reflected in part:</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.The facility provides sufficient housekeeping and maintenance personnel, equipment, and supplies to maintain the interior and exterior of the facility in a safe, clen , orderly, and attractive manner .All housekeeping personnel utilize the accepted practices and procedures to keep the facility free from offensive odor, accumulation of dirt, rubbish, dust, and hazards .</p> <p>Record review of the NF policy on Resident Rights dated November 2021 reflected in part:</p> <p>.Residents of Texas Nursing Facilities have all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States. They have the rights to be free of interference, coercion, discrimination, and reprisal in exercising these right as citizens of the United States .Dignity and Respect .Residents have the right to live in a safe, decent, and clean conditions .</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48923</p> <p>Based on record review and interview, the facility failed to maintain medical records on each resident that are accurately documented for 1 of 5 (Resident #50) residents reviewed for care plans.</p> <p>The facility failed to have accurate Physician Orders for Resident #50 when anticoagulant medication monitoring was ordered without an order for an anticoagulant.</p> <p>This deficiency could put residents at risk of improper medication administration and inaccurate documentation and tracking of residents' condition and treatment.</p> <p>Findings include:</p> <p>Record review of Resident #50's face sheet last captured 1/24/25 revealed an [AGE] year-old female originally admitted on [DATE] and last readmitted on [DATE]. Her medical diagnoses included muscle wasting and atrophy (loss of muscle mass and function), Chronic Obstructive Pulmonary Disease (a lung condition characterized by lung damage such as inflammation and restricted airflow), Dementia (loss of cognitive function such as memory and thinking which affects daily life), Hypertension (high blood pressure), Chronic Pain Syndrome, Polyosteoarthritis (inflammation that affects five or more joints), and cognitive communication deficit.</p> <p>Record review of Resident #50's Quarterly MDS (a resident assessment) dated 10/18/2024 revealed Resident #50 was able to make herself understood by others some of the time and had the ability to understand others some of the time. Her BIMS score (an assessment to test cognitive function and memory) was a 03 out of 15, indicating severe cognitive dysfunction. Resident #50 was fully dependent on others for toileting, showering, and footwear and required partial to moderate assistance with eating, upper body dressing, oral hygiene and personal hygiene.</p> <p>Record review of Resident #50's care plan last revised 01/14/2025, revealed Resident #50 had hypertension r/t lifestyle choices with a start date of 04/10/2023, with interventions including educating the resident/family/caregiver about the importance of maintaining a normal weight for height, the value of regular exercise, limiting salt intake, give anti-hypertensive [sic] medications as ordered, and monitor/document/report PRN any s/sx of malignant hypertension, headache, lethargy, nausea and vomiting and difficulty breathing. Resident #50 also had a problem with skin integrity with a start date of 1/23/2025 related to her rash on the chest resulting to severe itching, scratching and interventions including administering medications as ordered to address medical diagnosis and conditions and cream twice a day for her rash.</p> <p>Record review of Resident #50's Physician Orders revealed the following:</p> <p>-Start date: 08/10/2024</p> <p>Anticoagulant medication - monitor for discolored urine, N&amp;V (nausea and vomiting), bruising, sudden changes in mental status, nose bleeds every 12 hours for ASA (Aspirin) 325. This order was discontinued on 01/23/25 at 5:55pm</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Start date 01/23/2025 Anticoagulant medication - monitor for discolored urine, N&amp;V (nausea and vomiting), bruising, sudden changes in mental status, nose bleeds every 12 hours for ASA (Aspirin) 81. This order was active.</p> <p>-Start date 1/24/2025 Hypertension medication - Aspirin EC (enteric-coated, meaning the tablet had a protective coat that allows the medication to be released in the intestines rather than the stomach) 325 MG (Aspirin) Give 1 tablet by mouth one time a day related to Essential (Primary) Hypertension.</p> <p>Further review revealed Resident #50 had no active orders for anticoagulant medication.</p> <p>Record review of Resident #50's January 2025 [DATE] revealed Resident #50 had received anticoagulant medication monitoring every twelve hours for aspirin 325 (mg) with a start date of 08/10/2024 and a discontinued date of 01/23/2025. Resident #50 also received anticoagulant medication monitoring every twelve hours for aspirin 81 (mg) with a start date of 01/23/2025.</p> <p>Interview with the DON on 1/24/2025 at 2:47pm, she said that Resident #50 was ordered aspirin for her cardiovascular issues, from what Resident #50's physician told her. The DON said at 325 mg the aspirin can be used as an anticoagulant, but that for Resident #50 the medication acts more like an antiplatelet medication. She said she would update and clarify the aspirin's purpose for Resident #50. A later interview on 1/24/2025 at 4:10pm, the DON said that Resident #50 had some reddish areas on her skin that were being monitored, so she kept in the order to monitor for the rash, not the anticoagulant. Resident #50 had bruising and the DON had called her physician to cancel the aspirin but the physician told her that Resident #50 needed it for her heart condition.</p> <p>Interview with the MDS Nurse on 1/24/2025 at 4:19pm, she said that she did not work with Resident #50. The MDS Nurse said when a resident admits to the facility, she looks at their clinicals and determines their medical diagnoses. The MDS Nurse said that medications and the treatment plan should match with diagnoses.</p> <p>Interview with NP A on 1/24/2025 at 5:14pm, she returned a call and said she was no longer associated with Resident #50 and the physician's group associated with the facility and declined to answer more questions.</p> <p>Record review of the facility's Medication Administration policy implemented on 10/24/2022 read in part, Medications are administered by licensed nurses, or other staff legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice . 20. Correct any discrepancies and report to nurse manager.</p>		