

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Solera at West Houston		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 Greenhouse Road Houston, TX 77084	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16352</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who are incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 (Resident #48) of 5 residents reviewed for quality of care.</p> <p>1. The facility failed to ensure Residents #48's urinary catheter leg strap was in place to secure the catheter.</p> <p>This failure could place residents with foley/urinary catheters at risk of catheter pulling causing pain and/or infection due to improper care practices and cross contamination.</p> <p>Findings include:</p> <p>Record review of Resident #48's admission record dated 06/17/2024, revealed a [AGE] year-old female admitted to the facility 05/28/2024.</p> <p>Record review of Resident #48's history and physical dated 05/28/2024, revealed a [AGE] year-old female with a past medical history of Chronic kidney disease, stage 3, edema (swelling), dyspnea (difficulty breathing), Other disorders of phosphorus metabolism, glaucoma (increased intra ocular pressure), Irritable bowel syndrome without diarrhea, Multiple sclerosis, Vitamin B12 deficiency anemia due to intrinsic factor deficiency, dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), depression (mood disorder that causes a persistent feeling of sadness and loss of interest) and breast cancer.</p> <p>Record review of Resident #48's initial MDS assessment, dated 06/08/2024, revealed a BIMS score of 05 indicating the resident had severe cognitive impairment. Further review revealed Section H - Bladder and Bowel revealed Resident #48 had an indwelling catheter.</p> <p>Record review of Resident #48's Care Plan initiated on 05/30/2024, reflected Resident #48 had an Indwelling Catheter. Intervention step includes: Ensure tubing is anchored to the resident's leg or linens so that tubing is not pulling on the urethra.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #48's Order Summary dated 05/28/2024, reflected orders to Urinary Catheter to gravity drainage every shift for neurogenic bladder . Ensure catheter strap in place and holding every shift change as needed.</p> <p>During Oobservation and interview of Resident #48 on 6/18/24 at 2:05PM, Resident #48 was sitting on a chair in her room, and the indwelling catheter had 200cc urine in the bag, the tubing had blood stained urine and Resident #48's family member was very concern about the blood stained urine along the tubing ., Resident #48's family member said Resident #48 was in the hospital for 3 weeks and did have blood in the catheter and she was concerned that her blood Ppressure had been running high and resident was only placed on clonidine twice. At 2:15 PM RN A and C.NA A transferred Resident #48 from the chair to bed and the indwelling catheter was not secured. RN A said she did not know how long Resident #48 a catheter strap on did not have ., RN A said the nurses were supposed to check the catheter strap every shift. RN A said the risk of not having the catheter strap in place was the catheter being pulled out that may cause pain and discomfort. RN A said Resident #48 had any issues with UTIs and she was going to notify the doctor .</p> <p>Record review of physician order dated 6/18/24 had anreflected an order for Resident #48's urinalysis and culture and sensitivity lab and on 6/20/24 Resident #48 was placed on antibiotic of Cefepime 2 gram solution intravenous every 24 hours for 10 days (starting 6/20/2024 ending 6/30/24).</p> <p>During observation and interview on 05/06/2024 at 2:32 p.m., visited Resident #16 with RN C. Observation revealed resident did not have a catheter strap on to her leg or linen. RN A said she did not know how long Resident #48 did not have a catheter strap on. RN A said the risk of not having the catheter strap in place was the catheter being pulled out that may cause pain and discomfort.</p> <p>Interview on 6/19/24 at 12:30 PM the DON stated the indwelling catheter needs to be secure at all times. The DON stated if a CNA sees the catheter secure strap were was not in place., the C.NA were was supposed to notify a nurse to replace it. The DON stated the risk of not having the catheter secured could cause trauma due to pulling and infection.</p> <p>Review of the facility policy Catheter Care dated 02/13/2007, reads in part, Check the resident frequently to be sure he or she is not lying on the catheter and to keep the catheter and tubing free of kinks. Keep</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16352</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 of 6 residents (Resident #141) reviewed for medication administration were free of significant medication errors.</p> <p>Facility failed to administer medications according to physician orders: multivitamin with folic acid (medication used to treat or prevent vitamin deficiency due to poor diet, or certain illnesses for 6 Days (was not available in stock) to Resident #14.</p> <p>This failure could place residents at risk of harm, injury, illness or hospitalization .</p> <p>Findings included:</p> <p>Record review of the face sheet dated 06/19/24, for Resident #141 revealed that the resident was admitted to the facility on [DATE]. Resident #141's diagnoses included acute kidney failure with tubular necrosis (small ducts in the kidneys that filter blood and remove waste and fluid are damaged) ; essential (primary) hypertension (high blood pressure); occlusion and stenosis of unspecified carotid artery (blockage and narrowing of neck artery); chronic viral Hepatitis alcoholic cirrhosis of liver (cancer of the liver) without ascites (accumulation of fluid in abdominal cavity).</p> <p>Record review of the admission MDS assessment dated [DATE] revealed that Resident #141 had a BIMS score of 10 indicating that the resident was moderately cognitively impaired. Resident #141 had impaired range of motion, both upper and lower body, on both sides of his body, and was completely dependent on staff for all her ADLs and movement in bed.</p> <p>Record Review of Resident #141's MAR dated from 06/07/24-06/30/24 revealed Multivitamin with folic acid 400 mcg tablet (1) tablet oral one time daily and time on the MAR was 9:00 am.</p> <p>Record review of rResident #141's physician's order summary revealed, multivitamin with folic acid 400 mcg tablet (1) tablet oral one time daily for ninety days for vitamin deficiency. The order date was 06/07/24.</p> <p>Observation and interview during medication observation on 06/18/2024 from at 8:35am revealed MA A did not administer multivitamin with folic acid 400 mcg tablet (1) tablet oral one time daily to rResident #141. Further observation revealed multivitamin with folic acid 400 mcg was not available in the facility.</p> <p>Record review of the mar MAR dated 06/08/24 to 06/18/24 revealed MA A had initialed multivitamin with folic acid 400 mcg tablet (1) tablet oral one time daily as given to Resident #141 at 9:00 AM.</p> <p>Interview with MA A on 6/20/24 at 11:334 AM MA said the facility did not have multivitamin with Folic acid in stock and she had requested it from the pharmacy and it has not come in yet. asked if MA A notified the charge nurse or the DON, MA said it is on me.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with DON on 5/30/24 at 5:33 PM, she said MA A should have notified the charge nurse about multivitamin with folic acid 400 mcg not being available in the facility. DON said she was going to call the doctor to notify him The DON said that she was responsible for and over saw the training of all staff administering medications and that staff had been trained on medication administration and the facility was in process of hiring a DON.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16352</p> <p>Based on observations and interviews, the facility failed to ensure drugs and biologicals were stored in locked compartments and labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions, and the expiration date when applicable for 3 1 of 6 medication carts, and 1 of 2 medication rooms (Medication Room-Hall 500 to 800 and Medication cart 100, 500 and 600) reviewed for medication storage.</p> <ul style="list-style-type: none"> - There was Azelastine Spray 0.1 % and Fluticasone Propionate 50 mg that were opened, and not dated found ?in the medication cart for Hall 100 - There was Humulin insulin that was opened and not dated in the medication room for halls ,d+[DATE] - 1 bottle of Daily Multivitamin formula + iron expired medication found in medication cart for Hall ,d+[DATE]. - Evencare G2 glucose control solution, 3 bottles Drug buster, Even Care G2: 1. Low control solutions 2. High control solution, 2 Shiley (Tracheostomy tube cuffed with inner cannula), 15 Intron safety IV Catheter, 1 -22 FR 30cc ribbed balloon - Foley catheter, Enteral flor nutrition delivery system feeding were expired in medication room [ROOM NUMBER] to 800. <p>This deficient practice could place residents at risk of harm for medication misuse and drug effectiveness.</p> <p>Findings included:</p> <p>Observation on [DATE] at 5:02 PM revealed? of the Medication cart for 100 Hall. revealed Azelastine Spray 0.1 % and Fluticasone Propionate 50 mg per spray were found in the bottom of the medication cart drawer, open and not dated., was identified was identified by MA B.</p> <p>In an interview with the medication aide? MA B on [DATE] at 5:15 PM she said she should have dated it, and when opened, it was good for 30 days. She checks the medication cart once a month.</p> <p>Observation of 500 and 600 medication cart had</p> <p>Daily Multivitamin formula + iron expired ,d+[DATE]</p> <p>Interview with MA C on [DATE] at 3:50PM she said she checks her medication cart weekly for expired meds and she knew that giving expired could cause the medication not effective.</p> <p>Medication room ,d+[DATE] hall</p> <p>The following medications expired</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Evencare G2 glucose control solution expired [DATE]</p> <p>3 bottles Drug buster (Drug Disposal system) expired [DATE] 16 oz (Uses: Drug buster can be used for most non-hazardous medication - Please check with federal , state, tribal and local laws and regulations for specific compliance on proper drug disposal.</p> <p>Even Care G2: 1. Low control solutions 2. High control solution expired [DATE]</p> <p>2 Shiley (Tracheostomy tube cuffed with inner cannula) expired 01//,d+[DATE]</p> <p>Refrigerator: 1 vial of Humulin insulin N(NPH) 100units/ml house stocked, was opened and not dated</p> <p>Interview with LVN on [DATE] at 4:27 PM, said insulin while open was good for 20 days .</p> <p>15 Introcan safety IV Catheter expired [DATE]</p> <p>1 -22 FR 30cc ribbed balloon - Foley catheter silicone used by [DATE]</p> <p>Entral flor nutrition delivery system feeding tube expiration ,d+[DATE] 2023</p> <p>Assure (Odor eliminator clear lubricant 8 oz (236mls) expired [DATE]</p> <p>Interview with LVN C on [DATE] at 4:00 p.m. said the night nurses check the high and low glucose level</p> <p>In an interview with Visiting DON on [DATE] at 4:20 pm she said the central supply and nurses were supposed to check the medication room and chart for expired to remove them.</p> <p>In an interview with [DATE] at 12:53 PM with the nurse consultant and Admin. the central</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35897</p> <p>Based on observation, record review and interview, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for food procurement.</p> <ol style="list-style-type: none"> The facility failed to ensure expired foods were not discarded The facility failed to ensure food was labeled and dated. The Ice Scoop was left inside the ice maker <p>These failures could place residents who ate food from the kitchen at risk of food borne illness and disease.</p> <p>Findings Included:</p> <p>Observation of the facility kitchen on [DATE] at 8:17 AM revealed that the following foods were not discarded prior to the use by date .</p> <p>Highly perishable foods not dated should be discarded due to spoilage and bacterial growth if stored for longer time</p> <ol style="list-style-type: none"> Rice dated [DATE] no used by date Plastic container of Sliced Cheese no label, no use by date. Plastic container of sliced Bologna no label, no use by date. Plastic container of deli ham dated ,d+[DATE] 24, use by date [DATE]. Plastic container of Shredded cheese dated 06 /,d+[DATE] no use by date. <p>Observation of the facility ice machine on [DATE] at 8:17 AM revealed that the ice scoop was left inside the ice bin.</p> <p>Interview with the Dietary Food Service Manager on [DATE] at 8:25 AM he stated the leftover food stored in the refrigerator should have been used or discarded prior to the use by date . He further stated that he will in-service dietary staff for proper handling,, storing , dating leftover food for compliance.</p> <p>Record review Of Policy and Procedure -Food Storage dated/revised ,d+[DATE] read in part 5. Plastic containers with tight fitting covers must be used for storing foods. All containers must legible and accurately labeled including the date, the package was open . 7. Scoops are not to be stored in food containers but kept covered in a protected area near the container.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>35897</p> <p>Based on observation, interview and record review the facility failed to dispose of garbage and refuse properly for dumpster A of 2 dumpster reviewed for Food and nutrition services.</p> <p>-The facility failed to ensure dumpster A lids and doors were secured.</p> <p>This failure could place residents at risk of infection from improperly disposed garbage.</p> <p>Findings included:</p> <p>Observation on 06-18-24 at 8:45 am, revealed the facility's dumpster area, which was in the lot behind the dietary department had a commercial -size dumpster A 3/4 full of garbage and the door was open.</p> <p>In an interview on 06-18-24 at 8:45 am, with the Food Service Manager, he stated that the dumpster doors must always be closed to keep vermin, pests, and insects out of the dumpster and from entering the facility. He further stated that housekeeping, and nursing also discard their waste garbage in the dumpster. It is the responsibility of staff from dietary, nursing and housekeeping for ensuring the dumpster doors are kept closed. Dumpster doors are monitored by dietary, nursing and housekeeping as they put waste in the dumpster.</p> <p>Record review of facility's Policies and Procedures on waste disposal dated December 2023 revealed that waste will be disposed of in a manner to prevent transmission of disease, nuisance or breeding place for insects and feeding places for rodents and other mammals.5.Waste containers and dumpsters have lids covering them when not in use and not overflowing. Dumpster doors should remain closed at all times. Any facility staff bringing trash to the dumpster should check all doors to ensure they are closed . Director of Maintenance /designee should make daily rounds to check for debris.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16352</p> <p>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 three of three residents, (Resident #14, Resident #393 and Resident #397) and three of four staff (LVN C) reviewed for infection control and prevention, in that:</p> <ol style="list-style-type: none"> 1. LVN C did not follow proper technique in cleaning the accu-check machine (monitor for checking blood sugar levels) between Resident #393 and Resident #397. 2. Resident #14's external urinary catheter tubing was found on the ground and touching the carpet floor. <p>These failures placed residents at risk for the development and transmission of infectious diseases, urinary infections, respiratory infections, hospitalization s and death.</p> <p>Findings included:</p> <p>Record review of Resident #393's face sheet revealed a [AGE] year-old resident who was originally admitted to the facility on [DATE]. His medical diagnoses included nontraumatic acute subdural hemorrhage, glaucoma, sleep disorder (unspecified), hyperglycemia, high cholesterol, type 2 diabetes mellitus, and primary hypertension.</p> <p>Record review of Resident #393's Admission MDS assessment dated [DATE], reflected the resident's BIMS (brief interview that measures cognitive intactness) score was a 08, indicating she was moderately cognitively impaired.</p> <p>Record review of Care plan dated 05/08/24 reflected I have an ADL self-care performance deficit r/t impaired mobility New Goal The resident will improve current level of function through the review date</p> <p>Record review of Resident #393's physician's order dated 06/03/2024, revealed accu-check before each meal.</p> <p>Observation on 6/18/24 at 11:45 AM revealed Resident #393's blood glucose (BG) being checked by LVN C. , LVN C picked up the accu-check from the medication cart and went to Resident #393's room, then she used the lancet and struck Resident #393's finger and dropped blood on the blood glucose strip.</p> <p>Record review of Resident #397's face sheet revealed she was originally admitted to the facility on [DATE] . Her medical diagnoses included type 1 diabetes mellitus (Insulin dependence) without complications (high levels of fat in the blood), Osteomyelitis of vertebrate, anemia</p> <p>Record review of Resident' #397s admission MDS assessment dated [DATE], reflected the resident's BIMS (brief interview that measures cognitive intactness) score was a 15, indicating he was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Care plan dated 06/04/24 reflected I have an ADL self-care performance deficit r/t impaired mobility New Goal The resident will improve current level of function through the review date</p> <p>Record review of Resident #397's physician's order dated 05/28/2024, revealed accu-check before each meal.</p> <p>Observation on 6/18/24 at 12:49 PM revealed Resident #397's blood glucose (BG) being checked by LVN C. , Resident #397 BG 376mg/dl done by LVN C she did wipe the machine .</p> <p>In an Interview with LVN C on 6/18/24, at 1:00 PM she was very sorry for not wiping the accu checks machine in -between the residents. It could cause contamination. She said she had in-services on infection control. She forget to clean accu-check.</p> <p>In an interview with DON on 6/20/24 at 5:00PM regarding accu- check machine cleaning during blood glucose checks. DON said LVN C were was supposed to clean the accu-check machine between residents' BG checks to prevent infection. DON said she would be conducting in-services on accu-check.</p> <p>Record review of Resident #14's facesheet captured on 6/19/2024 revealed an [AGE] year-old who was originally admitted to the facility on [DATE]. Their medical diagnoses included: history of cystitis (inflammation of the bladder), hemiplegia following cerebral infarction affecting right dominant side (partial paralysis following a stroke), Guillain-Barre Syndrome (disorder where the immune system attacks the nerves, causing weakness and paralysis), Type 2 Diabetes Mellitus, Major Depressive Disorder, Essential Hypertension (high blood pressure), Aphasia (difficulty speaking), and contracture (hand).</p> <p>Record review of Resident #14's MDS Quarterly Review dated 05/16/2024 revealed her BIMS (a short interview that helps identify cognitive intactness) score is an 11, suggesting moderately impaired cognition. Further review revealed Resident #14 is always incontinent (urinary) and requires substantial to maximal assistance with maintaining toileting hygiene, meaning the person assisting her does more than half the effort of the activity.</p> <p>Record review of Resident #14's care plan captured on 6/20/2024 revealed areas of focus:</p> <p>-Urinary Continence: resident is always incontinent</p> <p>Goals: Check for incontinence, changed if wet/soiled, Use pads/briefs to manage incontinence</p> <p>-Has an external catheter, per family request and the resident is at risk for UTI's</p> <p>Goals: external catheter tubing and bag/cannister per order, monitor urine for odor, color, sediments and amount and report abn's to MD, catheter Care per order, LN to apply external catheter as ordered by MD.</p> <p>Record review of Resident #14's medical records revealed she did not have an active UTI.</p> <p>Record review of Resident #14's laboratory results revealed they tested positive for E. coli on 4/26/2024 and 5/23/2024. Resident #14 had an abnormal comprehensive urine culture result on 2/5/2024.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 6/19/2024 at 1:54pm of Resident #14's room, revealed the tube connecting the catheter to the urine collection container was on the floor.</p> <p>Observation and interview on 6/19/2024 at 8:46am with Resident #14, they were lying in bed eating breakfast. They said that they are doing good at the facility and had no concerns.</p> <p>Observation and interview on 6/19/2024 at 3:00pm with Resident #14, they were lying in bed. Resident #14 said that a nurse places the external catheter on them at night so that Resident #14 does not need to be changed throughout the night.</p> <p>Interview on 6/19/2024 at 3:10pm with CNA X, they stated that Resident #14's representative brought in the external catheter and that one person does most of it. CNA X said that if the tube was on the floor, it might have been knocked off Resident #14's rail by housekeeping. CNA X said that cross-contamination can be a negative outcome for the resident if the tube was on the floor. CNA X said that Resident #14's representatives brought instructions for the external catheter to the facility and taped it to the wall next to the resident's bed. CNA X said they will ask the DON if there are bags that nursing staff can use to put the tubing in when it is not in use. CNA X said that they have had in-services on infection control with the ADON in the past week.</p> <p>Interview on 6/19/2024 at 3:33pm with Resident #14's representative, they said that starting in February 2024 they brought in the external catheter because Resident #14 had frequent UTI's. They said that it has helped. The representative said that they usually hang the tubing around Resident #14's headboard, but that they will get something to elevate the equipment off the floor.</p> <p>Interview on 6/20/2024 at 1:00pm with the DON, they said that Resident #14's family really wanted the resident to have the external catheter so the facility sought approval from the resident's MD before allowing it in the room. The DON said they provided training for staff on how to use the equipment. The DON said the tubing being on the floor could cause the resident to develop an infection.</p> <p>Record review of the facility's Infection Control Program Policy and Procedures revised March 2019, reflected the facility is to ensure that they have adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Solera at West Houston		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 Greenhouse Road Houston, TX 77084	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44669</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests in 1 of 6 resident rooms (Resident #23):</p> <p>- Sugar Ants were on bedside table and nightstand in Resident #23's room and in a bathroom near the main entrance.</p> <p>These failures could place residents at risk for infections.</p> <p>The findings include:</p> <p>Record review of Resident #23's Face sheet dated 06/20/2024 revealed a [AGE] year-old female who admitted to the facility on [DATE] with diagnoses that included: acute and chronic respiratory failure, with hypoxia or hypercapnia (difficulty breathing due to drop in oxygen intake), acute embolism and thrombosis of deep veins (restricted blood flow causing clots) of right upper and left lower extremities, acute kidney failure (decreased urine output causing swelling in lower extremities), unspecified, acute upper respiratory infection (infection of the nose and throat), adjustment disorder with anxiety, adjustment disorder with mixed anxiety and depressed mood, anxiety disorder due to known physiological condition, and paranoid schizophrenia (delusional thought process).</p> <p>Record review Resident #23's assessment dated [DATE], revealed resident had a BIMS of 14 indicating cognitively intact.</p> <p>Record review of Resident #23's Care Plan, dated 06/09/2024, revealed: Problem: The resident was at risk for pain limited range of motion, decreased mobility immobility, depression. STATUS: Active (Current). Goals: Resident and family/caregiver will actively participate in assessment of pain, establishing pain management goals, and plan. STATUS: Active (Current). Interventions: when assessing resident for pain, speak slowly and clearly, and loud enough for Resident to hear. If using hearing aid, make certain that it is in place and functional. Assess Resident for ability to read the pain scale. STATUS: Active (Current). Interventions: Monitor resident for signs of depression with respect to pain management. STATUS: Active (Current).</p> <p>Record Review Resident #23's Skin Clinical Note dated 06/19/2024 revealed, upon assisting with incontinent care LVN G was informed by the patient that she thinks she might have ants in her bed, the linen were assessed, the brief were assessed also the skin were assessed from head to toe, no skin irritations were noted, also the linen were clear , the night stand were clear , all drawers were free of ants, will continue to monitor the skin and linen for ants or any other insect. Active.</p> <p>During an observation and interview on 06/18/2024 at 10:59 a.m., Resident #23 stated that she had ants that were crawling all over her bedside table. She stated that a staff had come in and wiped it down the table and removed the ants. She stated that ants were in her room all the time. She stated she was unable to get up, move or turn herself in the bed without staff assistance. She stated she tells the staff, they spray, but the ants still were present. No ants were observed on the resident's bedside table, nightstand, walls, floor, under the bed, bathroom, or windowsill.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/18/24 at 11:09 a.m., CNA S stated that she was Resident #23's CNA and the resident had asked her to wipe off the bedside table because it had been sticky. She stated she had not seen any ants and the resident had not mentioned seeing any ants.</p> <p>During an interview on 06/19/24 at 11:07 a.m., the DON stated that she was not aware of any pest control (ants) complaints from Resident #23 or any other residents. She stated that the resident cannot walk or turn herself in bed. She stated staff have to do all the work to get her out of the bed into a wheelchair. She stated there were no reports from staff during the morning meetings that any residents had ants in their rooms. She stated the resident's family was in close contact with her and that they had never mentioned any issues or complaints relating to ants. She stated that the resident had a diagnosis of schizophrenia, that may contribute to confusion.</p> <p>During an observation and interview on 06/19/2024 at 03:37 p.m., ants were observed on Resident #23's bedside table and nightstand on and around a box of sugar packets. Resident #23 stated that she was glad someone else had seen the ants because everyone thought she was crazy for saying she had ants in her room. She stated that the ants were also in the bed and were biting her. No ants were observed on the resident or in or around the bed.</p> <p>During an interview on 06/19/24 at 4:16 p.m., Administrator (ADM) was informed of ants in the Resident #23's room and that the resident had complaint of ants biting her. He was shown a video of ants on resident's bedside table and nightstand. He stated he would have the DON attend to the resident and have the maintenance director bring the facility's maintenance and pest control log for review.</p> <p>During an observation on 06/19/2024 at 4:24 p.m. ant seen in women's bathroom off facility's main entrances.</p> <p>During an interview on 06/19/24 at 04:31 p.m., the Maintenance Director stated he had been with the facility for 1-year. He stated that a pest control company serviced the facility every Tuesday beginning about a month ago. He stated previously, the company had only serviced once a month. He stated that the services schedule was increased due to the warmer weather attracting more pests into the building. He stated the company serviced 10-rooms every visit starting on the 100 halls. He stated the kitchen, dining rooms, halls, and cafe' were also all serviced during each contractor visit along with any areas reported to have had pest sightings. He stated the compound laid by the contractor targeted all species of roaches and ants. He stated that Resident #23's room was on the 400-hall and had not yet been serviced by the company. He stated about a month ago, exact date unknown, he was in Resident #23's room repairing her bed when the resident informed him, she had ants in her room. He stated he observed a few sugar ants on her nightstand feeding off sugar packets and candy. He stated that the resident's nightstand was sticky and advised her to keep the sweet items in bags to prevent pests. He stated he sprayed the resident's room with an over the counter purchased ant killing chemical. He stated since that occurrence, he had no other reports of ants in the resident's room. He stated that he had not informed the ADM or DON of the ant sighting. He stated he had not documented the sighting or treatment. He stated it was sometimes common that if he sees a problem to just address it and it was not always documented. He stated that housekeeping would be going into resident's room to clean. He stated once housekeeping finished, he would spray.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/19/24 at 04:37 p.m., the ADM was informed of the ant sighting in the women's bathroom off the facility's main entrance. ADM stated Resident #23 had been physically assessed by LVN G and there were not indications of redness, skin tears or signs of ant bites on the resident. He stated her skin was clear and intact. He stated that the resident was moved to the dining area and her bedsheets removed, and the room would be deep cleaned by housekeeping. He stated he had not seen any ants when he went into the room. He stated he had spoken with the resident the day before and had not seen any ants in her room at that time either.</p> <p>During an interview on 06/20/24 at 01:03 p.m., the ADM stated all staff were responsible for reporting pest control sightings or complaints to the Maintenance Director verbally or by writing in the maintenance logbook kept at the nurse's stations. He stated that the managers were discussing whether to change pest control providers. He stated that the pest control came every Tuesday and sprayed 10-rooms at a time, which would allow for every room to be sprayed every 6-months. He stated the main areas of the dining room, activities, and kitchen would also be sprayed. He stated he had not been aware of any ant issues nor ants in Resident #23's room.</p> <p>During an interview on 06/20/24 at 02:53 p.m., LVN G stated that she assessed Resident #23 after it was reported she had been bitten by ants. She stated the resident's skin was intact with no scratches or marks. She stated they stripped and examined the bed and found no ants. She stated that maintenance would be performing pest control and the resident would be moved to a new room. She stated her family and physician were informed. She stated in events when pests are seen, staff are to make note in the maintenance log and inform the maintenance director and housekeeping of the sighting.</p> <p>Record review of the facility's maintenance log from the month of January 2024 to June 2024. There were no ant sightings reported.</p> <p>Record review of the One Time Service Contract dated 06/06/2019 and renewed 03/2023 read in part: Spike in ant activity in resident rooms. Confirmed rover (pharaoh) ant activity inside patient rooms. Recommended power spraying for rover/sugar ants during climate changes, construction, or major landscaping. Pest control company recommended a one-time Power Spraying to control a spike of general pest and occasional invaders. Coverage Area as: Building Exterior and Other: Target: Rover & Pharaoh Ants.</p> <p>Record review of the Pest Control Vendor Service invoices dated 12/11/2023, 12/24/2023, 01/23/2024, 02/12/2024, 02/26/2024, 03/12/2024: Exterior General Pest Control Workorder, 03/27/24, 04/08/2024, 04/17/2024: Exterior General Pest Control Workorder, 04/22/2024: Pest Control Workorder, 04/30/2024: Pest Control Workorder 05/07/2024, 05/13/2024, 05/14/2024, 05/15/2024: Exterior General Pest Control Workorder, 05/21/2024, and 05/28/2024. The invoices did not specify targeted areas of product used.</p> <p>Record review of the facility's policy, titled Pest Control Policy revised date May 2008: Pest Control Policy Statement Our facility shall maintain an effective pest control program. Policy Interpretation and Implementation 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p> <p>Record review of the facility's In-Service Training Report dated 05/17/2024 revealed: All staff were to contact maintenance or housekeeping with pest control needs as soon as possible. Conducted by Housekeeping Manager.</p>		