

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Capstone Healthcare Estates on Orem		STREET ADDRESS, CITY, STATE, ZIP CODE 3730 W. Orem Drive Houston, TX 77045	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25263</p> <p>Based on observation, interview and record reviews the facility failed to ensure a resident that was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming and personal and oral hygiene for 1 of 4 (Resident #1) reviewed for Activities of Daily Living.</p> <p>The facility failed to ensure Resident #1's adult brief was checked and changed when needed.</p> <p>This failure could affect all residents that required staff assistance with activities of daily living and could result in poor hygiene and skin breakdown.</p> <p>Findings Included:</p> <p>Record review of Resident #1's undated face sheet revealed he was a [AGE] year-old male that was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction (occurs as a result of disrupted blood flow to the brain due to problems with blood vessel supply), atrial fibrillation(an irregular, often rapid heartbeat commonly caused by poor blood flow), acute kidney failure (a condition in which the kidneys suddenly cannot filter waste from the blood), vascular dementia (brain damaged from multiple strokes), unsteadiness on feet (when gait and balance issues makes it difficult to stand and walk).</p> <p>Record review of Resident #1's annual MDS dated [DATE] revealed Section C0500- Brief interview of mental status as coded as 05 (severe cognitive impairment). Section GG 0130- Functional Abilities and goals revealed C. Toileting hygiene- The ability to maintain perineal hygiene was coded as 3, which represented Partial/moderate assistance in which the helper does half of the effort. Section GG0170- revealed F. Toilet transfer was coded as 3, which represented partial/moderate assistance in which helper does half the effort. Section H0300- Urinary Continence was coded as 2 for frequently incontinent. H0400. Bowel incontinence was coded as 2 for frequently incontinent.</p> <p>Record review of Resident #1's care plan dated 10/05/2022 and revised on 10/18/2023 revealed Resident #2 had an ADL self-care performance deficit r/t dementia, impaired balance and late effects of CVA. Interventions: Bed mobility: Limited assist X1 staff. Toileting: Extensive assist X 1-2 staff and Transfer: Limited X2 staff. Resident has bladder/bowel incontinence r/t dementia and requires assistance with toileting hygiene. Interventions: Check [NAME] as indicated and as required for incontinence. Wash, rinse and dry perineum.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations of Resident #1 revealed:</p> <p>3/28/2024 at 3:07pm- Strong urine odor in Resident #1's bedroom. He was asleep.</p> <p>4/4/2024 at 4:02am- revealed Resident #1 was sitting in his wheelchair bent over wiping his bed sheets with paper towels. His bed sheets were wet with urine. He was not interview able.</p> <p>Observation on 4/4/2024 at 4:00 a.m., revealed two CNA's coming out of an office located on station 1 near the 700 Hall. They were observed to be stretching and yawning.</p> <p>An interview with RNA on 4/4/2024 at 4:14am, revealed her expectation of her overnight staff is to ensure residents are clean and diapers briefs are changed as needed. She denied that the two CNA's seen coming out of the office were asleep . She stated that they round every two hours and that she believed Resident #1 was just a heavy wetter. She was informed Resident #1 was wet as well as his bed. She said he must have just wet his bed because she is pretty sure the CNA staff checked on him about 2 hours ago.</p> <p>An interview with CNA A on 4/4/2024 at 4:22am, revealed she was responsible for Hall 500 . She stated she conducted 2-hour checks on the residents although most were asleep. She was asked if any of the residents had requested not to be awoken in the middle of the night and she responded, No, she checked on all of her residents and would change their briefs, if needed.</p> <p>An interview with CNA B on 4/4/2024 at 4:31am, revealed she was responsible for rounding every 2 hours and said she had checked on Resident #1 just a couple of hours ago and his brief did not need changing. She said she changed the residents as needed throughout the night. She said she was responsible for Hall 700 where Resident #1's room was located. She stated he sometimes got into his wheelchair unassisted although he is supposed to get assistance. She said she did not help him get into his wheelchair this morning(4/4/24). She said Resident #1 was asleep when she last checked on him.</p> <p>An interview with CNA C on 4/4/2024 at 4:37am, revealed her to deny that she was asleep as she was observed yawning and stretching as she walked out of an office located on Station 2. She said she was responsible for Hall 800 but usually worked 500. She said it is her job to check on all residents throughout the night. She said she changed residents' adult diapers as needed. She said some of the residents does not like to be disturbed and she make sure they are dry before they go to sleep.</p> <p>An interview with the DON on 4/4/2024 at 5:22am, she was informed Resident #1 was wet and was observed wiping his bed sheet with paper towels. She said she told and had the CNA give him a shower and changed his sheets. She said it is her expectation all residents are clean, dry, and safe in the facility. She said incontinent care is important in preventing skin breakdown and infections.</p> <p>An interview with the Administrator on 4/5/2024 at 2:30pm, she stated she was aware of the situation with Resident #1. She said she expect all of the nursing staff to ensure residents are clean and dry. She said she they are rounding every 2 hours. She said there are a few residents that are heavy wetters and should be checked on more often . She said she believed Resident #1 was a heavy wetter if she was not mistaken. She said all staff should be attentive to the needs of the residents.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's ADL policy revised on 3/2018 reflected #2 to state appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance.</p>