

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  11/21/2024
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40249</b></p> <p>Based on interview and record review the facility failed to ensure the resident has the right to access personal and medical records pertaining to himself and allow the resident to obtain a copy of the records upon request and upon two working days advance notice to the facility for 1 of 2 residents (CR#1) whose records were reviewed in that:</p> <ul style="list-style-type: none"> <li>- The facility failed to provide CR#1's Responsible party copies of medical records after a request was submitted to the facility on [DATE].</li> </ul> <p>This failure could place residents at risk of violation of their rights by not receiving copies of their medical records.</p> <p>Findings included:</p> <p>Record review of the admission sheet (undated) for CR #1 revealed a [AGE] year-old male admitted to the facility on [DATE] and discharged on [DATE]. His diagnoses included type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), hypertension (a condition in which the force of the blood against the artery walls is too high) and bed confinement (unable to get up from bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair). Family member was listed as Responsible Party. Resident was transferred to the hospital on 09/29/2023.</p> <p>Record review of CR #1's Quarterly MDS assessment, dated 09/25/2023, revealed the BIMS score 07 out of 15 indicating severely impaired cognition. He required extensive assistance from staff physical assist for personal hygiene, toilet, dressing and bed mobility. Resident was always incontinent of bowel and bladder.</p> <p>Record review of CR #1's care plan initiated 3/17/2023 and revised on 10/06/2023 revealed the following:</p> <p>Focus: The resident has potential fluid deficit r/t feeding tube as a nutritional approach</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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Goal: The resident will be free of symptoms of dehydration and maintain moist mucous membranes, good skin turgor. Interventions: Administer medications as ordered. Monitor/document for side effects and effectiveness. Monitor/document/report PRN any s/sx of dehydration: decreased or no urine output, concentrated urine, strong odor, tenting skin, cracked lips, furrowed tongue, new onset confusion, dizziness on sitting/standing, increased pulse,</p> <p>headache, fatigue/weakness, dizziness, fever, thirst, recent/sudden weight loss, dry/sunken eyes.</p> <p>Record review of the facility's Record Request for CR#1 revealed the form was signed by RP on 10/06/2023.</p> <p>In a telephone interview on 11/19/2024 at 8:55a.m., with CR #1's family member, she stated she was the responsible party for CR #1. The Family member stated she submitted a record request in October 2023, but the facility has not yet provided the requested records as of today (11/19/2024).</p> <p>In an interview on 11/19/2024 at 11:02a.m., with the Medical records/central supply, she stated she began in medical records role on May 28, 2024. She stated the process for requesting medical records involved the family/ resident filling out the record request form. The form was then sent to the corporate office where once approved she would print the records and process their request within 24 hours. She stated that once the records were mailed corporate would then be notified that the request had been fulfilled. She stated the copy of the records that were mailed was retained for three years as part of their records. She stated that she was not aware if previous requests had been made by CR#1's family member requesting copies of the medical record.</p> <p>In an interview on 11/19/24 at 1:02 p.m., with the Administrator, he stated he found the records request made by the family member for CR#1 on 10/06/2023. The Administrator stated with CR#1 discharged the facility was unable to locate his binder to check if the record request was possibly mailed. He stated when a request was made, it should be fulfilled within 24 hours.</p> <p>Record review of facility's Release of Information policy (revised November 2009) revealed in part: .Policy statement: Our facility maintains the confidentiality of each resident's personal and protected health information. Policy Interpretation and Implementation: 3. All information contained in the resident's medical record is confidential and may only be released by the written consent of the resident or his/her legal representative (sponsor), consistent with state laws and regulations. 8.The resident may initiate a request to release such information contained in his/her records and charts to anyone he/she wishes. Such requests will be honored only upon the receipt of a written, signed, and dated request from the resident or representative (sponsor). 9. A resident may have access to his or her records within 24 hours (excluding weekends or holidays) of the resident's written or oral request .</p>		