

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/13/2024
NAME OF PROVIDER OR SUPPLIER The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE 11353 Sugar Park Lane Sugar Land, TX 77478	
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** 27846</p> <p>Based on observations, interviews, and record review, the facility failed to ensure that each resident who was incontinent of bowel/bladder and each resident with an indwelling catheter received appropriate treatment and services to prevent urinary tract infections, for 1 of 9 residents (Resident #1) reviewed for incontinent care and for indwelling urinary catheters.</p> <p>The facility failed to ensure Resident #1's indwelling catheter (a tube into the bladder to drain urine) stabilizer (strap or secure device attached to the resident's thigh to prevent the tube from moving) was in place.</p> <p>This failure could place residents with urinary catheters at risk for accidental dislodgement of the catheter and trauma to the bladder and urethra.</p> <p>Findings included:</p> <p>Record review Resident #1's (undated) face sheet revealed a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included quadriplegia (a condition that causes paralysis in all four limbs and the body from the neck down), pressure ulcer of sacral region stage four (injury to skin and underlying tissue with involvement of the muscle or bone), and neuromuscular dysfunction of bladder (a condition that occurs when the nerves and muscles of the bladder do not communicate properly with the brain, resulting in bladder control issues).</p> <p>Record review of Resident #1's annual MDS assessment dated [DATE] revealed Resident #1 rarely/never made himself understood to others. Resident #1 rarely/never had the ability to understand others. Resident #1 was absent of speech. The resident's BIMS was unscored. Resident #1's cognitive skills for daily decision making was severely impaired. Resident #1 had impairment of bilateral upper and lower extremities. The resident was dependent on staff for oral hygiene, toileting hygiene, shower/bathe, upper body dressing, and lower body dressing. Further review of Resident #1's MDS revealed he had an indwelling catheter. Section I Active Diagnoses revealed Resident #1 had a neurogenic bladder, pressure wound stage four, and quadriplegia.</p> <p>Record review of Resident #1's care plan initiated 05/09/2023 and revised 08/12/2024 revealed the following:</p> <p>Problem: Resident #1 was at risk for infection related to indwelling catheter.</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>Goals: Resident#1 would remain free of urinary tract infection during period of catheterization.</p> <p>Interventions: Change drainage bag, keep tubing below level of bladder, and free of kinks and twists.</p> <p>Record review of Resident #1's Physician order sheet revealed foley catheter reinsert foley and change monthly as needed. Order dated 08/13/2024.</p> <p>Observation on 10/12/2024 at 12:30 PM assisted by LVN C and CNA B revealed Resident #1 was in bed positioned on his left side. The resident's catheter tube came from the right side of the resident's brief. The catheter tube was positioned over the resident's right leg to the drainage bag on the side of the bed. Observation revealed no strap or device to secure the catheter tube to the resident's thigh. Observation at this time revealed no trauma to the resident's urethra (a hollow tube that allows urine to exit the body). Resident #1 was nonverbal.</p> <p>In an interview on 10/12/2024 at 1:38 PM LVN A stated she provided wound care to Resident #1 at approximately 9:30AM. LVN A stated Resident #1 did have a catheter leg strap this morning during the care. LVN A stated if she did not see a catheter strap on a resident, she would apply one. LVN A stated that sometimes the strap came off. LVN A stated she has been in-serviced on the use of a catheter strap. The purpose of the strap was to secure the catheter to prevent it from pulling out. The strap also kept the drainage tube in position to allow urine to drain properly. LVN A stated the risk of the catheter tube not being secured to the resident's thigh was the catheter could be pulled out. She stated there could be trauma to the urethra also. LVN A stated she was not sure why there was no strap at this time.</p> <p>In an interview on 10/12/2024 at 1:49 PM CNA B stated this morning while in the resident's room she was on the opposite side of the bed. CNA B stated she was unable to see if there was a strap on the catheter. CNA B stated she was in-serviced on catheter care. CNA B stated the catheter tube needed to be secured to his leg to keep the tube from moving when the resident was turned. CNA B stated if she saw a resident did not have his tube secured, she would notify the nurse .</p> <p>In an observation and interview on 10/12/2024 at 1:53 PM accompanied by CNA B revealed Resident #1 was on his left side. Resident #1's catheter tube was coming out the left side of his brief between his legs. The catheter tube was observed to be under his left leg. In an interview with CNA B, she stated the tube should not be under his leg. CNA B stated she did not see a strap to secure the tube in place to the resident's leg. CNA B stated the strap was to prevent the tube from pulling and it being under his leg could interfere with the urine flow. CNA B stated she was not sure why there was no catheter.</p> <p>In an observation and interview on 10/12/2024 at 2:09 PM LVN C stated she did not notice there was not a strap to secure the resident's tube this morning. Observation at this time LVN C assessed Resident #1's catheter. LVN C stated she saw the drainage tube was between his legs and under his left leg. LVN C stated at this time there was no leg strap in place. LVN C stated the tube should not be under the leg because it could interfere with the urine drainage. She stated the tube should be secured to prevent pulling and help the flow of urine. LVN C stated the risk of it not being secured was it could pull out or create trauma. If the resident did not have a catheter tube secured in place, we needed to place one. The policy was that the catheter drainage tube was to be secured to the resident's thigh.</p> <p>(continued on next page)</p>		

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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>Observation and interview on 10/12/2024 at 2:16 PM LVN D stated she was the nurse for Resident #1. LVN D stated the drainage tube was between the resident's legs and under his left leg. LVN D stated the drainage tube was not secured to the resident's leg. LVN D stated she did not know why it was not secured. LVN D stated the policy was the catheter drainage tubes were to be secured. The risk of the tube not being secured was the tube could pull and cause trauma to the urethra. LVN D stated if she saw a resident without the securing device, she would put one on the resident.</p> <p>Interview on 10/12/2024 at 2:45 PM RN DON stated she came from another facility today. The RN DON stated the policy was a resident's catheter tube was to be secured in place to the resident's thigh to prevent pulling, trauma, and ensure the urine was draining by gravity. The RN DON stated the purpose of the secure catheter tube was to prevent trauma and help the urine drain. The risk of not securing was the tubing could pull. The RN DON stated she assessed the resident and saw the catheter was not secured. The RN DON stated the catheter strap was placed to secure the catheter. She stated she did not know why it was not secured.</p> <p>Interview on 10/12/2024 at 4:00PM the Administrator stated she came from another facility today. The Administrator stated the policy was the catheter tubing should be secured in place. The risk was the catheter could be pulled out and could cause damage. To prevent this in the future she stated she would do an audit of all catheters to ensure they were secured.</p> <p>Record review of facility's Catheter Care, Urinary policy (Revised September 2014) read in part: .Purpose: The purpose of this procedure is to prevent catheter-associated urinary tract infections .Maintaining Unobstructed Urine Flow 1. 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 . Changing Catheters 2. Ensure that the catheter remains secured with a leg strap to reduce friction and movement at the insertion site. (Note: Catheter tubing should be strapped to the resident inner thigh.) .Steps in the Procedure 18. Secure catheter utilizing a leg band .</p>		