STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676356	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Heights of North Houston	303 Hollow Tree Lane Houston, TX 77090

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 that includes written standards, policies, and procedures for the program for 2 (Resident #2, Resident #3) of 4 residents reviewed for infection control. 1. ADON B failed to perform proper hygiene when she touched the tube and button device for the G Tube for Resident #2. ADON B failed to wash her hands prior, failed to wear gloves, and failed to wash her hands after for a resident on enhanced barrier precautions. 2. ADON B failed to perform proper hygiene when she opened the brief for Resident #3. ADON B failed to wash her hands prior, failed to wear a gown, and failed to wash her hands after for a resident on enhanced barrier precautions. These failures placed residents at risk for spread of infection through cross-contamination. Findings included: 1. Review of Resident #2's Face Sheet dated 5/19/2026 revealed the resident was a [AGE] year-old female admitted to the facility on [DATE]. Diagnoses included Parkinson's Disease (progressive neurodegenerative disorder), Choroidal Degeneration (vision impairment), Presbyopia (difficulty focusing on close objects), Need for assistance with personal care, Anxiety Disorder (excessive and persistent feelings of anxiety and fear that can interfere with daily activities), Dysphagia (Difficulty swallowing), Hyperlipidemia (High cholesterol), Hypokalemia (low levels of potassium), Hypercalcemia (high levels of calcium), Dementia (decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities), Essential Hypertension (High blood pressure), Kidney Failure, Cognitive Communication Deficit (impaired due to underlying cognitive difficulties, rather than a primary problem with language or speech). Review of Resident #2's MDS assessment dated [DATE] revealed the resident did not have a BIMS score because the resident has cognitive impairments and is rarely/never understood. The resident had a feeding tube (a plastic tube placed through the skin of the abdomen into the midsection of the small intestine). Review of Resident #2's Care Plan dated 2/17/2026 revealed Resident #2 required a feeding tube and was placed on Enhanced Barrier Precautions. Use Enhanced Barrier Precautions during high contact care activities for residents with feeding tube. Staff and visitors must wear gowns and gloves for high contact care. On 5/19/2026, at 2:59 p.m. ADON B was observed entering Resident #2's room. Resident #2 had an enhanced barrier precaution sign posted outside of her door ADON B was observed not wearing gloves when adjusting the g tube and pushing the button on the device. ADON B left the room without washing her hands. 2. Review of Resident #3's Face Sheet dated 5/19/2026 revealed the resident was a [AGE] year-old male admitted to the facility on [DATE]. Diagnosis of Dysphagia (Difficulty swallowing). Review of Resident #3's Care Plan dated on 02/12/2025 revealed Resident #3 required a feeding tube and was placed on Enhanced Barrier Precautions. Use Enhanced Barrier Precautions during high contact care activities for residents with feeding tube. Staff and visitors must wear gowns and gloves for high contact care. On 5/19/2026 at 3:01 p.m. ADON B was observed entering Resident #3's room. Resident #3 had an enhanced barrier precaution sign posted outside of his door. Resident #3 stated that he was not dry. ADON B did not wash hands prior to putting on gloves. ADON B did not put on a gown. ADON B (continued on next page)

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	inspected Resident #3's diaper and opened it. ADON B checked the groin area to ensure the diaper was not wet. ADON B removed the gloves. ADON B left the room without washing her hands. An interview with DON D on 5/19/2026 at 10:15 a.m. revealed that all nursing staff received in-service training on infection control policies. She stated that she did not know a single staff who would not wear gloves while doing incontinent care. She stated she could not imagine that was happening. An interview with Physician E on 5/19/2026 at 3:25 p.m. revealed that for a resident on enhanced barrier the staff should wear gloves and gown when touching any part of the feeding tube. She stated that for a resident on enhanced barrier who was having their diaper checked the staff should have worn the gloves and gown because that was considered incontinent care and was a requirement of the enhanced barrier precautions. She stated that the staff should have washed their hands before putting on the gloves and gown, and then washed their hands gain afterwards. She stated that even if you are checking the diaper to see if a resident was wet or soiled that it still counted as incontinent care because you are touching their diaper because of incontinent care. She stated that when going from one residents room to another after performing care to a resident in a manner that required the staff to wash their hands or wear gloves they should have washed their hands or worn their gloves. An interview with ADON B on 5/19/2026 at 3:53 p.m. revealed that all nursing staff received in-service training on infection control policies. She stated that she wears gloves to provide incontinent care on residents with enhanced barrier. She stated when physically providing contact the staff should put gloves and a gown on. She stated, if someone was on enhanced barrier and the staff are not touching the resident then they do not need to wear the gloves and gown. She stated that if staff are going to touch a resident who is on enhanced barrier precautions then staff should put on the gloves and gown. She stated that staff should wash hands before putting on the gloves and wash hands afterwards or use the hand sanitizer. She stated that for someone who was on enhanced barrier precautions with a feeding tube staff should wear gloves if staff are adjusting the tubing that was closest to the body only. She stated that if the feeding tube device was beeping then staff do not have to wear gloves if staff are going to hit the button on the device to put it on hold because it was further away from the body. She stated that she did not think staff have to wear gloves just because staff are messing with tubing. An interview with DON D on 5/19/2026 at 4:00 p.m. revealed ADON B should have known to wear gloves when touching the g tube for Resident #2. She stated that ADON B was the one who trained the staff during the facility infection control in-services. She stated that she did not think the way that ADON B checked a residents diaper did count as incontinent care because ADON B only opened the diaper to check. She stated ADON B should have washed her hands between visiting different residents. An interview with Physician F on 5/20/2026 at 10:15 a.m. revealed that for a resident who was on enhanced barrier precautions with a feeding tube the staff should always wear gloves per infection control policy when touching any part of the feeding tube or device. He stated that the staff should also wash hands before putting on the gloves and after taking the gloves off. He stated that it was unacceptable to go from one resident to another without washing hands in between. Review of facility policy dated 02/2025 and titled Enhanced Barrier Precautions reflected the following: Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resistant care activities . Policy Interpretation and Implementation:Enhanced barrier precautions are used as an infection prevention and control intervention to reduce transmission of multi-drug resistant organisms to residents.EPB's employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply.Gloves and gown are applied prior to performing the high contact resident care activity.Examples of high-contact resident care activities requiring the use of gown and gloves for EBP's include:(c) Transferring, (f) Changing briefs(g) Device care or use (feeding tube) Review of facility policy dated 2001 and titled Infections - Clinical Protocol reflected the following: Treatment/Management3. With the physician or provider's guidance, the staff will provide supportive (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	measures as needed, such as supplemental fluids, oxygen, holding or tapering problematic medications, additional assistance with activities of daily living.