

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER The Heights of North Houston		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure the personal privacy during personal care for 1 (Resident #1) out of 1 residents reviewed for privacy.-The facility failed to ensure CNA M closed the door and/or the privacy curtain while providing incontinence care to Resident #1, on 6/17/26. This failure could place the residents at risk of not having their personal privacy maintained during personal care, and a decrease in dignity. Findings included: Record review of Resident #1's undated face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. The resident was diagnosed with epilepsy (seizures), acute embolism/thrombosis of the RLE (clot), drug induced dyskinesia (shaking), morbid obesity, and functional quadriplegia (unable to use arms/legs). Record review of Resident #1's Quarterly MDS assessment dated [DATE], revealed a BIMS score of 13 out of 15 which indicated normal cognition. The resident was dependent (helper does all of the effort, resident does none of the effort) for toileting. According to the assessment, the resident was always incontinent of bowel and bladder. Record review of Resident #1's Comprehensive Care Plan, dated 9/17/2025 revealed a Focus: Resident #1 had a self-care deficit, poor physical endurance, seizure disorder with medication noncompliance. The interventions revealed that toileting hygiene required 1 person assist, she was dependent, and she was bedbound and did not transfer to the toilet. Focus: Resident #1 had incontinence r/t physical limitations. Interventions included incontinent care assistance every shift and as needed. In an observation on 6/17/26 at 10:32am, Resident #1 was lying flat on her back in bed without a brief on, with her genitals exposed. CNA M was providing incontinence care to Resident #1 with the resident's door open and the privacy curtain open. In an interview on 6/17/26 at 10:39am, CNA M said she left the door open because she gets claustrophobic. She said not closing the door or curtain is a dignity issue for the resident and the resident would be embarrassed. In an interview on 6/17/26 at 10:47am, Resident #1 said she did not know the door was open and the curtain was open. She said she did not like the curtain and the door left open because someone could have seen her and that made her feel bad. In an interview on 6/17/26 at 4:01pm, the DON said she expected staff to give privacy to the residents when they were cleaning them, which could have entailed closing the blinds, closing the privacy curtain, or closing the door. She said without doing one of those, it became an issue of privacy/dignity for the resident. Record review of the facility's policy and procedure on Resident Rights (revised February 2021) read in part: Employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: be treated with respect, kindness, and dignity. privacy and confidentiality. Copies of our resident rights are posted throughout the facility, and a copy is provided to each employee, provider and contracted staff member. In addition, staff will have appropriate in-service training on resident rights prior to having direct-care responsibilities for residents. Orientation and in-service training programs are conducted quarterly to assist our employees in understanding our residents' rights. Record review of the facility's policy and procedure on Perineal Care (revised February 2018) read in part: The purpose of this procedure is to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition. Provide privacy as appropriate, such as closing doors/curtains, drape resident.		

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