STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676381	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Houston Rehabilitation and Healthcare Center	13428 Bissonnet Houston, TX 77083

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that residents who needed respiratory care were provided care, consistent with professional standards of practice, the comprehensive person-centered care plan and the residents' goals and preferences for 2 of 4 residents (Residents #27 and #48) reviewed for respiratory care.-The facility failed to ensure Resident #27's and Resident #48's oxygen humidifier bottle on the oxygen concentrator had enough water in the bottle to function properly.These failures could place residents who required respiratory treatments at risk of receiving inadequate respiratory treatments and could result in a decline in health.Resident #27Record review of Resident #27's undated face sheet revealed she was an [AGE] year-old female who was admitted to the facility on [DATE] and was readmitted on [DATE]. Her diagnoses included hypertension (high blood pressure), atrial fibrillation (irregular or rapid heartbeat), congestive heart failure (when the heart does not pump blood effectively), chronic obstructive pulmonary disease (difficulty breathing) and chronic respiratory heart failure with hypoxia (a condition where the lungs cannot get enough oxygen into the blood or eliminate enough carbon dioxide from the body).Record review of Resident #27's admission MDS dated [DATE] Section CO500 revealed a BIMS of 15 indicating the resident was cognitively intact. Section: O 0110 reflected the resident was coded as having oxygen therapy. Record review of Resident #27's care plan dated 2/06/2026 revealed:Focus: Resident #27 requires the use of O2 via nasal canula.Goal: Resident #27 will maintain optimal breathing and evidence s\s of respiratory distress through the next review.Intervention: Allow rest periods during all tasks-do not rush. Apply O2 via nasal canula as ordered. Monitor O2 sats as needed, notify MD of any abnormalities.Observation on 4/05/2026 at 4:00pm revealed Resident #27 was in bed and her O2 was infusing at 4 Lper minute. The humidifier bottle was dated 3/30/2026 and the bottle was empty.In an interview on 4/5/2026 at 4:00pm with Resident #27 revealed that staff normally do not check the water bottle on the humidifier. She said she always had to tell them the humidifier bottle had no water and they took a long time to change the bottle whenever it was empty. Further interview with Resident #27 regarding how she was feeling she said she was okay, but her nostril was a little dry.In an interview on 4/5/2026 at 4:03pm LVN D said she checked the water at the beginning of her shift and there was a small amount of water in the bottle but had not checked it since. She said she was going to look at it and change it. Further interview with LVN D revealed the water on the humidifier was changed weekly and as needed. She said whenever the bottle was empty it should be changed. She said the water should be checked at the beginning of each shift to ensure everything was working properly. She said if there was no water in the bottle it could cause dryness in the resident nose and nosebleed. She said she should check the humidifier, but it was overlooked. Resident #48Record Review of the undated face sheet for Resident #48 revealed she was a [AGE] year-old, female who was admitted to the facility on [DATE] and readmitted [DATE]. Her diagnoses included hypertension (high blood pressure), atrial fibrillation (rapid heart rate that causes poor blood flow), chronic obstructive pulmonary disease (difficulty breathing) and chronic respiratory heart failure with hypoxia (a condition where the lungs cannot get enough oxygen into the blood or eliminate enough carbon dioxide from the body).Record review of Resident #48's quarterly MDS dated [DATE] (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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Section CO500 revealed a BIMS score of 15 indicating the resident was cognitively intact. Section O: Special treatment revealed the resident was coded as receiving respiratory treatment and oxygen therapy.Record Review of the care plan dated 6/23/23 revealed Resident #48 was care-planned for oxygen therapy at 2-5LPM continuously for sats below 92%.Record review of the physician's orders dated 2/20/23 revealed Resident #48 was to receive 02 at 2L/m via NC Continuously every shift. Additional order dated 6/4/24 revealed Oxygen at 2-4 LPM via nasal cannula continuously. Monitor 02 sat. every shift.Observation on 4/5/26 at 4:50pm revealed Resident #48 lying in bed with the canula in her nostrils and O2 infusing at 4.5 liters per minute. Observed the oxygen tank humidifier water bottle was dated 3/29/2026 with no water in the bottle.During an interview on 4/5/26 at 4:50pm with Resident #48 she said water on the humidifier was supposed to be changed once a week. She said they never usually come to change the water on the humidifier as they should. She said she will tell them, but sometimes they take a long time. She said that morning the nurse checked the nebulizer, but she did not check the humidifier. In an interview on 4/5/2026 at 4:55pm with LVN B revealed she was the nurse assigned to Resident #48. She said she went to the resident's room and checked the water bottle. She said the water was low, but she had not checked it since. She said she was going to change the water bottle. LVN B stated having no water in the bottle could cause shortness of breath, may cause sinus problems and could cause residents to have mental confusion.In an interview on 4/5/2026 at 5:45pm with the DON, she said the responsibility of the nurses was to make rounds and check the humidifier. She said the nurses should check the water, or the entire oxygen tank during their rounds. When the water bottles were empty, they were required to replace them. The DON stated the oxygen flow without water could lead to resident nose bleeding, oxygen issues and cause nose dryness.Record review of the undated Policy for Oxygen Administration implemented 10/2022 and revised 1/2026, revealed: Policy:Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive centered care plans, and the resident's goal and practices.Definition:Oxygen therapy is the administration of oxygen at concentration greater than in ambient air (20.9%) with the intent of treating or preventing the symptoms and manifestation of hypoxia. Policy Explanation and Compliance Guidance5. Staff shall perform hand hygiene when administering oxygen or when in contact with oxygen equipment.c. Change humidifier bottle when empty, or per facility policy, or as recommended by the manufacturer. Use only sterile water for humification.Types of delivery systema. Nasal Canula- Oxygen is administered through plastic cannulas in the nose. Effective for low oxygen concentration less than 40%. Requires humidification at flow rate greater than 4 liters/minutes.