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	05/20/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents had the right to a safe, clean, comfortable, and homelike environment including but not limited to receiving treatment and support for daily living safely for 6 of 10 residents (Residents #1, #2, #3, #5, #9, and #10) reviewed for resident rights. The facility failed to ensure Residents #1, #2, #3, #5, #9, and #10 had privacy curtains that were free of stains and other build-up. These failures could place residents at risk of injuries, cross-contamination, avoidable infections and a decrease in quality of life.Residents #2 and #9 Record review of Resident #2's face sheet dated 05/20/2026, he was a [AGE] year-old male originally admitted on [DATE] with medical diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side (weakness and paralysis following a stroke), dementia (declining brain function related to thinking and judgement that is severe enough to impact daily life) and cognitive communication deficit (difficulty expressing and communicating with others). Record review of Resident #2's Quarterly MDS dated [DATE], he had a BIMS of 03 out of 15, indicating severe cognitive impairment. Resident #2 was totally dependent on staff for all ADLs, including eating, oral and personal hygiene, dressing, showering and toileting.Record review of Resident #9's face sheet dated 05/20/2026, he was a [AGE] year-old male originally admitted on [DATE] and last re-admitted on [DATE] with medical diagnoses including injury of nerve root of cervical spine (damage to spine), functional quadriplegia (paralysis), polyneuropathy (damage to peripheral nerves which can cause pain, numbness and weakness in the hands and feet) and vascular dementia (decline in cognitive function due to reduced blood flow to the brain).Record review of Resident #9's Quarterly MDS dated [DATE], Resident #9 had a BIMS score of 15 out of 15, indicating total cognitive intactness. He was totally dependent on staff for all ADLs, including eating, oral and personal hygiene, dressing, showering and toileting.Observation and interview with Residents #2 and #9 on 05/20/2026, the curtain near Resident #9's bed had black stains near the netting at the top of the curtain and one-inch-long brown stain in the middle of the curtain. Resident #2's curtain was observed with gray markings along the length. When asked how often curtains were changed, Resident #9 said that the last time the facility washed their curtains was seven months ago during the holidays. Resident #9 said they told aides about the curtains needing to be washed in recent times, but they did not think aides told who they needed to tell. Resident #9 said he did not remember which aides he talked to about the soiled curtains. Resident #9 said it was his home and he wanted his room to be clean.Observation and interview with the HKS on 05/20/2025 at 12:50 p.m., she checked Resident #9's curtain and said they needed to be washed. The HKS said that Resident #2's curtain also needed to be washed because it also had brown stains along the bottom. Resident #10 Record review of Resident #10's face sheet dated 05/20/2026, she was a [AGE] year-old female originally admitted on [DATE] and last re-admitted [DATE] with medical diagnoses including dementia (declining brain function related to thinking and judgement that is severe enough to impact daily life), generalized anxiety disorder (excessive worry and anxiousness), history of falling and abnormalities of gait and mobility.Record review of Resident #10'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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	indicated Resident #10 had a BIMS score of 09 out of 15, indicating moderate cognitive impairment related to thinking and memory. Resident #10 required moderate assistance with dressing and oral hygiene, maximal assistance with showering and toileting, and was totally dependent on staff for personal hygiene.Interview and observation with Resident #10 on 05/20/2026 at 9:06a.m., Resident #10 was in their room and appeared to be comfortable and without distress. Resident #10's middle privacy curtain had brown spots all along the right side. Resident #10 said they did not see anyone come to change and clean their curtains. Resident #10 said they would do it if they asked but that staff should clean it when there were stains. In a later observation on 05/20/2026 at 12:41p.m., the curtain with reddish-brown spots were still in the room.Observation and interview with the HKS on 05/20/2025 at 12:50 p.m., she inspected curtains in Resident #10's room and found the stains along with additional black stains along the bottom of the curtain and said the curtains needed to be removed and washed. Resident #10 was then observed walking down the hall and did not respond to questions. Resident #3 Record review of Resident #3's face sheet dated 05/20/2026, he was a [AGE] year-old male originally admitted on [DATE] with medical diagnoses including dementia (declining brain function related to thinking and judgement that is severe enough to impact daily life), chronic kidney disease and muscle weakness.Record review of Resident #3's Quarterly MDS dated [DATE], indicated Resident #3 had a BIMS score of 03 out of 15, indicating severe cognitive impairment related to thinking and memory. Resident #3 required moderate assistance with all ADLs including oral and personal hygiene and showering and toileting.Observation of Resident #3's room on 05/20/2026 at 9:13 a.m., Resident #3 was not in the room. The middle curtain had reddish spots along the top facing Resident #3's side.Interview with CNA C on 05/20/2026 at 12:08 p.m., she said she did not see any soiled curtains and that it was Housekeeping staff responsibilities to take care of curtains. CNA C said she did not know how often housekeeping staff checked on the curtains. If she saw soiled curtains, CNA C said she would tell her charge nurse so they could take care of it. CNA C said soiled curtains could be considered negligent and that they could cause infections.Interview with CNA M on 05/20/2026 at 12:21 p.m., she said she did not see any soiled curtains and that laundry and housekeeping departments were in charge of ensuring clean curtains. CNA M said if she saw soiled curtains she would report it to her nurse. CNA M said soiled curtains could affect residents because soiled items in the room could cause infection control issues and they also would not make residents feel good seeing them.Observation and interview with the HKS on 05/20/2025 at 12:50 p.m., the HKS inspected the middle curtain and observed brown stains at the bottom of the curtain facing Resident #3's side. The HKS thensaid the curtain needed to be taken down for washing. Residents #1 and #8 Record review of Resident #1's face sheet dated 05/20/2026, she was a [AGE] year-old female originally admitted on [DATE] and last re-admitted on [DATE] with medical diagnoses including dementia (declining brain function related to thinking and judgement that is severe enough to impact daily life), chronic kidney disease, major depressive disorder (prolonged periods of sadness, hopelessness and feelings of worthlessness), and dysarthria and anarthria (motor speech condition where there is muscle weakness and slurred speech).Record review of Resident #1's Quarterly MDS dated [DATE], indicated Resident #1 had a BIMS score of 05 out of 15, indicating severe cognitive impairment related to thinking and memory. Resident #1 required maximal assistance with dressing and showering and required moderate assistance with oral and personal hygiene.Record review of Resident #8's face sheet dated 05/20/2026, she was a [AGE] year-old female originally admitted on [DATE] and last re-admitted on [DATE] with medical diagnoses including dementia (declining brain function related to thinking and judgement that is severe enough to impact daily life), muscle weakness and tremors.Record review of Resident #8's Quarterly MDS dated [DATE], indicated Resident #8 had a BIMS of 09 out of 15, indicating moderate cognitive impairment related to thinking and memory. Resident #8 required maximal assistance with oral and personal hygiene and total assistance with toileting, showering and taking off or putting on footwear.Observation and interview with Resident #1 on 05/20/2025 at 9:15 a.m., there was a black stain at the end of Resident #1's (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	privacy curtain, with several dark spots along the curtain. Resident #1 said that curtains did not get cleaned often. When asked the last time the curtain was removed and washed, Resident #1 said she did not know. Resident #1 said she would like the curtains cleaned. When asked how it made her feel, Resident #1 whispered something and did not repeat herself when asked.Observation and interview with the HKS on 05/20/2025 at 12:50 p.m., the HKS inspected Resident #1 and Resident #8's curtains and found stains along the sides and bottom and said that they both needed to be removed for wash.Interview with CNA B on 05/20/2025 at 2:38 p.m., she said she did not notice any soiled curtains in Resident #1 and Resident #8's hall. She said if she saw soiled curtains, CNA B would report it right away to the housekeeping department and that privacy curtains were the responsibility of Housekeeping and Maintenance. CNA B said it was not okay to leave soiled curtains up because that was a form of neglect and that residents could feel they were living in an unsanitary environment.Interview with the HKS on 05/20/2025 at 1:05 p.m., she said that housekeeping staff should be inspecting resident curtains every time staff went into rooms and should report to the HKS when they were unclean so the HKS could tell Maintenance to take them down and bring them to the laundry room to be washed. The HKS said she would also conduct rounds and take curtains to the wash when she sees that they were soiled. The HKS said residents had a right to live in a clean home and that dirty curtains could cause infections. The HKS said she expected rooms to be clean and that she trained staff on monitoring for room cleanliness.Attempted interview with HK N on 05/20/2025 at 2:23 p.m., a voicemail was left and there was no returned response as of exit.Interview with the Administrator and DON on 05/20/2026 at 4:37 p.m., the DON said soiled privacy curtains should be cleaned, and it was part of deep cleaning before new residents arrived at the facility and was conducted once a month for whoever needed it. The DON and Administrator did not hear of complaints of soiled curtains. The DON said they expected soiled curtains to be reported to Housekeeping, Maintenance and Nursing departments. The Administrator said that it could make residents feel like their environment was not clean.Record review of the facility's policy titled Safe and Homelike Environment last reviewed or revised January 2023, it read in part, Policy: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. A homelike environment is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A determination of homelike should include the resident's opinion of the living environment. 3. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment.