STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676384	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort Sugar Land, LLC	1803 Wescott Avenue Sugar Land, TX 77479

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, observations, and record reviews, the facility failed to provide reasonable accommodations to meet the needs of 2 (Residents #1 and #2) out of 8 residents reviewed for call lights.The facility failed to ensure a call light system was available for Resident #1.The facility failed to ensure a call light was within reach for Resident #2. This failure has the potential to put residents at risk of not having their needs met when they are unable to contact staff. Findings include:Resident #1 Record review of Resident #1's face sheet revealed she was a [AGE] year-old female admitted to the facility on [DATE]. She had diagnoses of respiratory failure with hypoxia (a critical condition where the lungs fail to oxygenate the blood adequately, leading to dangerously low blood oxygen levels, even if carbon dioxide levels are normal or low), abnormalities of gait and mobility (changes in normal walking pattern, resulting from issues in nervous, musculoskeletal, or sensory systems, causing symptoms like limping, shuffling, stiff posture, or uncoordinated steps), muscle weakness (a lack of strength in muscles, making movement difficult), and Restless Leg Syndrome (a neurological disorder causing an irresistible urge to move your legs, often with unpleasant creeping, tingling, or crawling sensations, especially when resting or at night, relieved by movement like walking or stretching, impacting sleep and daily life).Record review of Resident #1's care plan dated 11/4/2025 revealed the resident required assistance with eating set up and clean up, oral hygiene, toileting hygiene, dressing, rolling left to right, and was wheelchair dependent. Observation and interview on 12/8/2025 at 10:21 a.m., Resident #1 was in bed alert, clean and well groomed. Observation of the room did not reveal a call light. Resident #1 said she is a fall risk and said the facility was aware of her being a fall risk when she was admitted . She said she needed help going to the restroom and would fall if she got up on her own. She said she did not know where her call light was. Observation and interview on 12/8/2025 at 10:33 a.m., the Wound Care LVN assisted Resident #3 from her bed to stand and use her walker. Wound Care LVN checked the resident's bed for the resident's call light. Wound Care LVN said she did not know how long Resident #1's call light had been missing. Wound Care LVN said the call light stand was on the wall behind the resident's bed. She said the call light could be taken off the wall and clipped to the resident's gown. She said she believed the resident's call light was in another location in the facility. Wound Care LVN requested a new call light be sent to Resident #1's room. Surveyor observed new call light brought to Resident #1's room at 10:35 a.m., the call light was working and alarming.During observation and interview on 12/9/2025 at 6:12 p.m., Resident #1 was seen in bed with oxygen in use with 2 manual bells at bedside table. She said she did not know what happened to her call light. She said staff had placed bells on her bedside table to use when she needed help to use the restroom and get her walker. She said the staff came when she rang the bells, but they still took a long time to come. Observation of Resident #3 ringing her manual bells revealed bells could not be heard past 2-3 feet from Resident #3's door. RN A passed by Resident #1's door and did not hear the resident ringing the bells. Interview with RN A on 12/9/2025 at 6:17 p.m., she said she did not know where Resident #1's call light was located and stated Resident #3 was using manual bells .Observation on 12/9/2025 at 6:41 p.m., revealed Resident #1 was lying in bed with a call light clipped to her walker not in reach of the resident who was lying in bedResident #2 Record (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	review of Resident #2's face sheet revealed she was [AGE] year-old female admitted the facility on 4/19/2024. She had diagnoses of hemiplegia and hemiparesis affecting right dominant side (damage occurred in the left side of the brain, as the left hemisphere controls the body's right side and language), contractures right elbow, right shoulder, right hand, and right wrist (a permanent tightening and shortening of muscles, tendons, skin, or other tissues that restricts normal movement), aphasia (weakness/paralysis on the right, potential speech/language issues).Record review of Resident #2's care plan dated 6/2/2025 indicated she was a fall risk, interventions read in part call light within reach at all times. The resident also required assistance with toilet, bathing, eating, dressing, transfer and bed mobility.Observation on 12/8/2025 at 9:27 a.m., Resident #2 was sitting in her wheelchair with her breakfast in front of her on the bedside table. She attempted to put a straw through the foil top of a sealed juice cup. The resident's call light was observed in a basket on her nightstand and not within her reach.In an interview on 12/8/2025 at 4:40 p.m., with CNA A, she said the policy was that call lights must be in the resident's reach. She said once the call light was on staff must go and attend to what the resident needed. She said staff do not leave the light on unattended for a long time. She said it takes 2-3 minutes to respond to a call light unless you are busy. She said even if staff were busy someone else should be available to answer the call light. Said if the call light was not working, she would inform the nurse and maintenance would repair or replace the call light. She said there was no log book for call light repairs and she would call maintenance to the hall.Record review of an Email correspondence on 12/8/2025 at 4:38 p.m., with General Manager read in part We don't have the capacity (to review nurse call light log response time) with our call light system. We are anticipating a system upgrade in 2026Interview on 12/9/2025 at 7:03 p.m., CNA B said she was the only one on her hallway for 6pm shift. She said she moved around to the different resident rooms and responded to call lights as soon as possible. She said if there are 3 call lights at a time the priority will be for the person to be changed than a person that was needing a remote picked up or something minor. She said if she can complete the task for the resident she will turn off the call light once she was done. She said when she responded to the call light, but could not complete the task at that moment, she would tell the resident she would be right back but does not turn off call light. She said she will return to assist the resident as soon as she could to complete the task.Interview on 12/9/2025 at 5:39 p.m., the General Manager said she conducted the in service for call light, customer service and neglect. She said she went over expectations of reporting broken call lights. She said the expectation was for staff to answer call lights in a reasonable time. She said a reasonable time was immediately if the staff can, if not staff needed to let the resident know they were coming. She said staff signed the in service for call light and complete orientation for call light and other items.Interview on 12/10/2025 at 2:41 p.m., the DON said when there was call light concerns staff was in-serviced. She said if there was an isolated event with staff there would be a one-on-one reeducation and a complete write up. She said when the facility got complaints about call lights the facility would go into resident rooms at all times to see if call lights were available and working. She said in the evenings CNAs give showers and it can take longer to respond to call lights. She said when a resident complained about call light responses overnight, she came and observed the overnight shift. She said she did not document the overnight observation, what was completed or seen. She said the risk of not answering call lights could be a fall risk or some type of hazard for the resident.Record review of facility in service dated 11/26/2025 revealed a training on facility policy CALL LIGHT - ABILITY TO USE revised on 01/2024. Record review of facility policy CALL LIGHT - ABILITY TO USE revised on 01/2024 read in part 5.Staff members will ensure that call lights are within reach of a resident who is able to cognitively use a call light each time they leave the room. 6.Staff members will acknowledge and respond to the call light by entering the resident's room and determining and assisting with the resident's needs.