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	06/30/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 of 6 residents (Resident #1) reviewed for comprehensive person-centered care plans. The facility failed to develop a care plan area for Resident #1's use of a midline to receive IV antibiotics. This failure placed residents at risk for inconsistent care, complications related to midline catheter, and a decline in health status.Findings included: Record review of Resident #1's facesheet revealed a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included Type II diabetes (chronic condition where your body either resists the effects of insulin or doesn't produce enough of it), tracheostomy status (presence of an artificial opening in the neck into the trachea), osteomyelitis (an infection and inflammation of the bone), chronic respiratory failure (a long-term condition where the lungs cannot adequately pull oxygen into the blood or remove carbon dioxide from it), infection and inflammatory reaction due to indwelling urethral catheter. Record review of Resident #1's admission MDS dated [DATE] revealed a staff assessment for mental status indicating short term and long-term memory problems and cognitive skills for daily decision making were severely impaired. Record review of Resident #1's Care Plan initiated on 5/20/2026 revealed no mention of placement/use of midline catheter (a long, thin, flexible tube inserted into a vein in the upper arm to deliver intravenous (IV) fluids, medications, or blood) to administer IV antibiotics. Record review of Resident #1's progress note dated 6/12/2026 at 6:54am revealed, The doctor gave a new order for a midline for IV antibiotics for bacterial infection in the sacral wound (skin and tissue damage over the tailbone). The nurse received verbal consent from the guests' [family member]. Record review of Resident #1's progress note dated 6/12/2026 at 11:20am revealed, .Guest to start antibiotic Imipenem-Cilastatin-Relebactam Intravenous Solution Reconstituted 1.25 GM give 1 gram intravenously every 8 hours for infected sacral wound for 14 days until 6/25/2026, Daptomycin 500 mg intravenously at bedtime for infected sacral wound for 14 days until 6/26/2026, remains on Fosfomycin 3 gm every 48 hours till 6/16/2026, await midline insertion, Midline placement staff aware. Record review of Resident #1's progress note dated 6/12/2026 at 5:19pm revealed, Midline inserted to left upper arm 15cm, patent and flushable (access route that is open, unobstructed, and functioning properly to allow fluid or medication to flow freely into a vein). Record review of Resident #1's Informed Consent for PICC/Midline Insertion signed on 6/12/2026 revealed was given for a midline placement for new indication and it was placed in the left basilic vein (a major superficial vein on the inner side of your arm and forearm). Record review of Resident #1's June 2026 MAR revealed: DAPTOmycin Intravenous Solution Reconstituted 500 MG (Daptomycin) Use 500 mg intravenously at bedtime for infected sacral wound for 14 Days started on 6/12/2026 and ended on 6/25/2026 was marked as administered on all days except for 6/15/2026 where the medication was marked as hold/see nurse notes.DAPTOmycin Intravenous Solution Reconstituted 500 MG (Daptomycin) Use 500 mg intravenously at bedtime for Sacral Wound for 4 (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Weeks starting on 6/27/2026 was marked as administered on 6/28/2026 and 6/29/2026.Check IV dressing each shift and PRN every shift starting on 6/15/2026 was marked completed from 6/16/2026 - 6/30/2026.IV PICC: Monitor site and dressing. Document in progress note any signs and symptoms of infection, notify provider of signs and symptoms of infection every shift per protocol started on 6/15/2026 and marked completed for day and night shift from 6/16/2026 - 6/30/2026.Normal Saline Flush Solution (Sodium Chloride Flush) Use 10 ml intravenously every shift for PICC Line Patency as well as before and after each infusion starting on 6/15/2026 and was marked completed from 6/15/2026 - 6/30/2026.Imipenem-Cilastatin-Relebactam Intravenous Solution Reconstituted 1.25 GM (Imipenem-Cilastatin-Relebactam) Use 1 gram intravenously every 8 hours for infected sacral wound for 14 Days starting on 6/12/2026, medication marked as administered from 6/12/2026 - 6/26/2026.Imipenem-Cilastatin-Relebactam Intravenous Solution Reconstituted 1.25 GM (Imipenem-Cilastatin-Relebactam) Use 1 gram intravenously every 8 hours for Sacral Wound for 4 Weeks starting on 6/28/2026 and was marked as administered from 6/28/2026 - 6/30/2026. Record review of Resident #1's progress note dated 6/22/2026 at 6:38pm by LVN A revealed, .Writer flushed PICC Line noted to residents left arm post antibiotic completion and noticed leakage from line. Contacted PICC line/midline placement team to replace line and was informed that she would be out to replace it this later this evening. Record review of Resident #1's progress note dated 6/23/3036 at 5:28am revealed in part, .The Midline was replaced and started the AM med. Record review of Resident #1's progress note dated 6/25/2026 at 7:46pm revealed in part, .During routine incontinent care, resident's midline catheter was noted to have a break at the catheter hub/medication access end, rendering the line unusable. IV therapy team was notified, and the midline catheter was reinserted without complication. Record review of Resident #1's progress note dated 6/27/2026 at 4:38pm revealed in part, .New order given to extend antibiotic regimen X 4 Weeks. Imipenem 1.25gm via IV every 8 hours for sacral wound for 4 weeks. Daptomycin 500mg via IV at bedtime for sacral wound for 4 weeks. Observation on 6/30/2026 at 3:30pm, Resident #1 was lying in bed resting. Midline was observed to her right upper arm with a green cap on the port. No medication lines connected or medication infusing at the time of observation. Dressing was observed intact and no swelling or redness observed to the area. Interview on 6/30/2026 at 3:53pm, LVN B said Resident #1 was a total care resident and she had a midline to her right upper arm due to her receiving IV antibiotics for a wound infection. LVN B denied there being any current issues with the midline but stated she was aware in the past it had to be replaced. LVN B said the nurses inspect the midline every shift and also before, during, and after they administer IV infusions to check for signs of infection and to ensure the midline is working properly. Interview on 6/30/2026 at 6:13pm, the MDS Coordinator said Resident #1 does have a midline used to administer IV antibiotics for a wound infection. The MDS Coordinator reviewed Resident #1's care plan and stated there was not a care plan area included for the midline and IV antibiotics. The MDS Coordinator stated this was typically something she would include in a resident's care plan and stated anything new going on with residents is usually reviewed in morning meetings and she would update the care plan. The MDS Coordinator was not sure how the information regarding Resident #1's midline was missed and stated she may have been out the day it was discussed. The MDS Coordinator stated during the meeting they would also discuss interventions, and they would likely include information about monitoring the IV site and lines, monitoring for fluid overload, and checking for signs of infection. Interview on 6/30/2026 at 7:04pm, the DON said Resident #1 was receiving IV antibiotics for a wound infection. Resident #1 was admitted with the wounds and since admission the wounds have greatly improved. The DON said there were two occasions she knows of where Resident #1's midline needed to be replaced and they are contracted with a company that manages all of their IVs. On both occasions the team was immediately notified about the issues regarding the midline and they came out to replace the line and there were no missed doses of medication or adverse reactions from midline needing to be replaced. The DON said the midline and use of IV antibiotics was something that should be included (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in Resident #1's care plan. The DON stated the MDS Coordinator was typically the person to update and complete care plans and she had just spoken to the MDS Coordinator about the missing care plan area for Resident #1. The DON said she just went and added the area to Resident #1's care plan with appropriate interventions to prevent complications associated with the use of a midline and IV antibiotics. Record review of the facility Care Plan policy last reviewed 04/2024 revealed in part, .the care plans are updated at least every 90 days or with a significant change of the resident by the team member initiating the care plan. The care plan consists of the following: Problems as identified by reviewing the medical record and discussion with the resident and /or significant others. b. Goals are set in conjunction with the family and resident. Goals are realistic, measurable, behaviorally stated and may be long or short term. Goals should prevent decline or maintain resident function is realistic and appropriate based on the diagnosis. c. Interventions are actions taken to achieve the goal. These interventions should build on the resident's strengths, be realistic and identify those responsible for the interventions.