

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2026
NAME OF PROVIDER OR SUPPLIER Fall Creek Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14949 Mesa Dr Humble, TX 77396	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident who was unable to carry out activities of daily living (ADLs) received the necessary services to maintain grooming and personal hygiene for 2 of 5 residents (Resident #1 and #2) reviewed for ADLs. The facility failed to provide nail care to Resident #1, leaving fingernails on both hands long, jagged, split and dirty. The facility failed to provide nail care to Resident #2, leaving fingernails on both hands long, jagged and dirty. This failure could place residents at risk of infection, injury, pain, deterioration of health and a diminished quality of life. Record review of Resident #1's face sheet dated 07/25/26 revealed an [AGE] year-old admitted to the facility on [DATE] with diagnoses to include dementia (a decline in cognitive function), diabetes (a chronic condition that occurs when the body cannot properly use blood sugars), malnutrition, pressure ulcers, legal blindness, anxiety and hypertension. Record review of Resident #1's quarterly MDS (Resident Assessment and Care Screening) dated 07/17/26 revealed a BIMS score of 8 out of 15 indicating moderate cognitive impairment and had highly impaired vision. Section E of the MDS revealed no rejection of care. Resident #1 was dependent on assistance from staff for eating, showering and dressing. Resident #1 required partial/moderate assistance with personal hygiene. Resident #1 was always incontinent of bowel and bladder. Resident #1 used a wheelchair for mobility. Record review of Resident #1's care plan last reviewed on 04/24/26 read in part: Focus - [Resident #1] requires assistance to perform functional abilities in Self care and Mobility AEB poor self performance and functional range of motion to upper or lower, right or left r/t dementia. Interventions - provide the following self care assistance: shower/bath self: dependent. personal hygiene: dependent. Focus - [Resident #1] is resistive to care, showers/baths r/t dementia. Interventions - .educate [Resident #1]/family/caregivers of the possible outcome of not complying with treatment or care. if resident resists with ADLs, reassure resident, leave and return 5-10 minutes later and try again. Notify nurse/ADON/DON of refusal and document in care records. Focus - [Resident #1] is a diabetic and at risk for cognitive/physical impairment, frequent infections. Interventions - .monitor for skin changes - redness, circulatory problems, breakdown, report to MD/RP. Focus - [Resident #1] requires enhanced barrier precautions to reduce risk of MDRO's transmission, at risk for infection AEB chronic wound. Interventions. practice and promote frequent hand hygiene. Record review of Resident #1's Documentation Survey Report for July 2026 dated 07/26/26 revealed shower or bed bath was documented as given on 7/1, 7/2, 7/3, 7/6, 7/7, 7/8, 7/10, 7/13, 7/15, 7/16, 7/17, 7/19, 7/20, 7/22 and 7/24. Observation on 07/25/26 at 5:00PM, Resident #1 was awake, sitting up in bed. She had two fingers from her left hand in her mouth. The fingernails on both hands were long, with brown/black unknown matter underneath all fingernails. Observation and interview on 07/26/26 at 10:50AM, Resident #1 was sitting in a wheelchair in the activity room. Resident #1 stated she thought her nails were dirty but could not see them well and (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: 676412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2026
NAME OF PROVIDER OR SUPPLIER Fall Creek Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14949 Mesa Dr Humble, TX 77396	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	stated they should be cleaned. She stated her family member sometimes trims them and she liked them to be medium length. She was chewing on the top edge of her T-shirt with two fingers on her left hand. Her fingernails were thick and had dark matter underneath. The right hand had one fingernail that was bent/curved upward. Record review of Resident #2's face sheet dated 07/25/26 revealed a [AGE] year-old admitted to the facility on [DATE] and initially admitted on [DATE] with diagnoses to include dementia, diabetes, lung cancer, stroke, heart disease, Schizophrenia (a serious mental disorder, characterized by symptoms such as hallucinations, delusions and disorganized thinking), depression, anxiety and hypertension. Record review of Resident #2's quarterly MDS dated [DATE] revealed a BIMS score of 7 out of 15 indicating severe cognitive impairment and was visually impaired. Section E of the MDS revealed no rejection of care. He had no upper or lower extremity functional limitations in range of motion. Resident #2 was dependent on staff assistance for toileting hygiene, showers/baths, partial/moderate assistance with lower body dressing, supervision for personal hygiene and upper body dressing. Resident #2 was occasionally incontinent of urine and frequently incontinent of bowel. Resident #2 used a wheelchair for mobility. Record review of Resident #2's care plan last reviewed on 07/13/26 read in part: Focus - [Resident #2] requires assistance to perform functional abilities in Self care and Mobility AEB (poor self performance) and functional range of motion d/t stroke Interventions - provide the following self care assistance: shower/bath self: dependent. personal hygiene: supervision. Focus - [Resident #2] is resistive to care. (Refusing showers.) r/t anxiety. Interventions. give clear explanation of all care activities prior to and as they occur during each contact. Focus - [Resident #2] is a diabetic and at risk for cognitive/physical impairment, frequent infections. Interventions. monitor for skin changes - redness, circulatory problems, breakdown, report to MD/RP. Focus - [Resident #2] requires enhanced barrier precautions to reduce risk of MDRO's transmission, at risk for infection AEB skin tear. Interventions. practice and promote frequent hand hygiene. Record review of Resident #2's Documentation Survey Report for July 2026 dated 07/26/26 revealed shower or bed bath was documented as given on 7/2, 7/4, 7/9, 7/14, 7/21, 7/23 and 7/25. Resident refused on 7/7 and 7/16. Further review revealed no documentation was made on 7/17/26 to 7/20/26 as Resident #2 was out of the facility. Observation on 07/25/26 at 4:50PM, Resident #2 was awake, lying on his back in bed. Resident #2's fingernails on both hands were long, jagged and with dark brown unknown matter underneath all the fingernails. Resident #2 was asked what his thoughts were on the condition of his fingernails, as he looked at them, he did not verbalize a response. In an interview on 07/26/26 at 10:55 AM, the Activities Director stated she offers nails services every Tuesday and that after baths/showers the CNAs are supposed to clean and trim fingernails unless the residents were diabetic then the nurses were responsible for trimming. In an interview on 07/26/26 at 11:00 AM, LVN A stated nail care for Resident #2 would be negotiated with the resident first because in the past he had fought staff and refused care. LVN A stated she can trim them if needed and if he would allow. In an interview on 07/26/26 at 11:20AM, the Activities Director stated Resident #2 has allowed her to provide nailcare in the past, cleaning and filing the nails. The Activities Director stated that she would negotiate with him if he refused and then she would return at another time, he would usually agree then. The Activities Director could not recall the last time she provided nail care for Resident #2 and would document on her computer but had lost some documentation d/t computer issues, therefore was unable to provide the documentation of nail care at the time of the interview. The Activities Director stated diabetic residents' nails would be trimmed by nurses because of infection control, if the nails were long, it could break skin or cut the skin. In an interview on 07/26/26 at 11:55AM, LVN B stated she was responsible for residents in 200 Hall but was not too familiar with Resident #1, (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2026
NAME OF PROVIDER OR SUPPLIER Fall Creek Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14949 Mesa Dr Humble, TX 77396	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	however she was aware that the CNAs were responsible for nail care unless the residents were diabetic and only nurses or podiatry were allowed to trim diabetic residents' nails. LVN B stated the risk for diabetics would be infection if the skin gets cut as it could turn into a wound and worse case lose a limb because of an infection. In an interview on 07/26/26 at 12:10PM, CNA C stated he was not assigned to Resident #1 but had been helping the CNA who was assigned. CNA C stated Resident #1's fingernails needed cleaning and trimming and if Resident #1 was diabetic he would not be allowed to trim them, he would only be allowed to scrub and clean them. CNA C stated part of his job included checking fingernails on all his residents every morning for cleanliness. CNA C stated he received training on ADL care through the Agency. CNA C stated he would check with the charge nurse and ask if Resident #1 was diabetic first to see what type of nailcare he would be allowed to provide for Resident #1. In an interview on 07/26/26 at 12:35PM, LVN B stated she looked at Resident #1's fingernails on both hands and stated the nails had debris under them, some nails were curved and split. LVN B stated Resident #1 was diabetic and would follow up by gathering more information before starting to clip the nails. In a telephone interview on 07/26/26 at 1:10PM, Resident #2's family member stated that Resident #2 does prefer to have a little length to his fingernails, and that he prefers to shower a few times a week but not daily. The family member stated that she expected Resident #2's hands and fingernails to be trimmed and clean and was not aware if he had ever refused nail care. In an interview on 07/26/26 at 4:00 PM, the DON stated the CNAs were responsible for nail care and ultimately the nurses were responsible and should delegate the task when nail care is needed. The DON stated only nurses and podiatry were allowed to trim diabetic residents' nails because if the skin should get nipped or cut then it could become an infection issue for the diabetics. The DON stated she ensured nursing staff tend to resident ADLs including nail care by conducting random checks, audits and relied on CNAs completing shower sheets. The DON stated if a resident refused nail care she expected CNAs to notify the nurse and the nurses to document the refusal. The DON stated she conducted staff inservice on ADLs which included nail care about one month ago. Record review of the facility policy for Resident Showers dated 01/2023 and last reviewed/revised on 06/2026 read in part: Policy: It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice, nail care will be performed during shower days and as needed.		