

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Terra Bella Health and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 12262 Cityscape Ave Houston, TX 77047	

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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15976</p> <p>Based on interviews and record reviews the facility failed to ensure assessments accurately reflected the resident status for 2 of 6 residents (Resident #1 and Resident #2) reviewed for MDS assessment accuracy.</p> <p>The facility failed to ensure Resident #1, and Resident #2's behaviors were not accurately coded on their quarterly MDS assessments.</p> <p>This failure could place residents at risk for not receiving care and services to meet their needs.</p> <p>Findings included:</p> <p>Resident #1</p> <p>Record review of Resident #1's admission face sheet revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included Chronic obstructive pulmonary disease (difficulty breathing), hypertension (high blood pressure), diabetes (high blood sugar), congestive heart failure(condition where the heart cant pump blood well enough to meet the body's needs), malnutrition(not eating enough of the right food or the body unable to use the food one eat), asthma(difficulty breathing), dyskinesia (involuntary movement), irritable bowel syndrome(intestinal disorder causing pain in the belly), hyperkalemia (high level of potassium in the blood), Coronary artery disease (buildup of plaque in the artery limiting blood flow), hemiplegia (paralysis or weakness on one side of the body) schizophrenia(the ability to think, feel and behave clearly) and depression (a mental disorder that affects a person's thought, feeling and behavior).</p> <p>Record review of Resident #1's quarterly MDS dated [DATE] revealed a BIMS score of 3 indicating the resident was severely impaired for cognitive decision making. Record review of Section E:100 Potential indicators of psychosis the resident was coded has having delusional symptoms. Section E:200 Behavioral Symptoms: Physical, verbal and other behavioral symptoms the resident was coded has having no behavior. Section E: 800 Rejection of care and wandering, the resident was coded as no behavior exhibited.</p> <p>Record review of nurse's notes dated 07/15/2024 written by LVN G, Resident refused her BS fingerstick. NP L and Family Member notified. This nurse was advised by NP L to try again, in which resident refused. All parties made aware.</p> <p>(continued on next page)</p>

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: 676450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Terra Bella Health and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 12262 Cityscape Ave Houston, TX 77047	
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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the nurse's notes for Resident #1 dated 7/17/2024 written by LVN F, Staff attempted to provide shower x2; then attempted to provide bed bath. Resident became combative and continued to refuse. Attempted to notify RP; no answer.</p> <p>In an interview on 08/06/2024 at 11:58am with CNA G she said she was responsible for taking care of Resident #1 that day. She said Resident #1 was contracted and usually she would put a washcloth in her hand. At that time, she said they always tried to clean the Resident #1's hand but she would refuse sometimes. CNA G said Resident #1 would refuse care at times.</p> <p>Resident#2</p> <p>Record review of Resident #2's admission face sheet revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included Unspecified dementia with anxiety(memory loss feeling of fear and restlessness), Chronic obstructive pulmonary disease (difficulty breathing), Unspecified lack of coordination (voluntary muscle movement), Cellulitis(skin infection), protein-calorie malnutrition (inadequate protein intake), Anxiety disorder due to known physiological condition(a mental disorder or fear), Heart failure (a condition in which the heart does not pump blood as well as it should), Pain in right leg, Sciatica nerve pain), osteoarthritis (wearing of the flexible tissue at the end of the bone).</p> <p>Record review of Resident #2's quarterly MDS dated [DATE] revealed a BIMS score of 15 indicating the resident was cognitively aware for decision making. Record review of Section E :100 Potential indicators of psychosis the resident was coded has having no symptoms. Section E:200 Behavioral Symptoms: Physical, verbal and other behavioral symptoms the resident was coded has having no behavior. Section E: 800 Rejection of care and wandering, the resident was coded as no behavior exhibited.</p> <p>Record review of nurse's notes dated 06/11/2024 written by LVN G, Resident refused her lidocaine patch. Physician notified, as well as emergency contact. No n/o. Call light in reach.</p> <p>Record review of nurse's notes dated 06/07/2024 written by LVN G, Resident offered pain medication after verbalizing right arm pain, however declined medication after offered, stating it doesn't hurt anymore. All parties made aware; Neuro checks started.</p> <p>Record review of nurse's notes dated 06/06/2024 written by LVN D, Resident was sitting in bed, watching tv. Nurse and nurse aide went into room and offered shower for resident and offered to change bed linen. Resident stated that she will clean herself and did not want her linen changed at the moment. Resident did request window to open a little bit. Nurse opened window to resident's desired preference. RP and management notified.</p> <p>In an interview on 8/07/2024 at 4:10pm with MDS Coordinator LVN A she said when she does the MDS review, she reviews the nurse's notes, activities of daily living, interview residents and staff to complete the MDS. She said she was not the one who did the behavior section of the MDS. She said the Social Worker does the behavior section of the MDS.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Terra Bella Health and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 12262 Cityscape Ave Houston, TX 77047	

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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with the Social Worker on 08/07/2024 at 4:20pm she said when she does the MDS review, she reviews the nurse's notes, activities of daily living, interview residents who can communicate, nurses, and CNA's to complete the behavior section of the MDS. She said she usually looked at behavior that occurs during the 7- day look-back period and code the behaviors on the MDS. She said she did not know how she missed the documentation on the resident's behavior.</p> <p>In an interview on 8/29/2024 at 2:00pm with CNA G said she worked with Resident #2, and she changed her every two hours. She said she was a heavier wetter. She said sometimes when she tries to change the resident, she will refuse to be changed and sometimes she also refused for her bed linen to be changed .</p> <p>During an interview on 8/29/2024 at 4:00pm with the Administrator regarding the behavior coding on Resident #2's MDS she said Resident #2 has behavior of refusing care and sometimes she refused for her bed linen to be changed. She said she should be coded for behavior on the MDS.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Terra Bella Health and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 12262 Cityscape Ave Houston, TX 77047	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15976</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good grooming, and personal hygiene for one of six residents (Residents #1) reviewed for ADL care.</p> <p>The facility failed to ensure staff provided consistent care with grooming and hygiene for Resident #1.</p> <p>This failure could place residents who were dependent on staff for ADL care at risk of not receiving needed hygiene care which could cause skin breakdown, a loss of dignity and self-worth.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission face sheet revealed a [AGE] year old female who was admitted to the facility on [DATE]. Her diagnoses included Chronic obstructive pulmonary disease (difficulty breathing), hypertension (high blood pressure), diabetes (high blood sugar), congestive heart failure(condition where the heart can't pump blood well enough to meet the body's needs), malnutrition(not eating enough of the right food or the body unable to use the food one eat), asthma(difficulty breathing), dyskinesia (involuntary movement), hyperkalemia (high level of potassium in the blood), Coronary artery disease (buildup of plaque in the artery limiting blood flow), hemiplegia (paralysis or weakness on one side of the body) schizophrenia(the ability to think, feel and behave clearly) and depression (a mental disorder that affects a person's thought, feeling and behavior).</p> <p>Record review of Resident #1's quarterly MDS dated [DATE] revealed a BIMS score of 3 indicating the resident was severely impaired for cognitive for decision making. Resident #1 required substantial/maximum assist with toileting and shower/bathe dependent and incontinent of bowel and bladder.</p> <p>Record review of Resident #1's care plan, with an onset date of 10/12/2021, reflected ADLs were care planned for Resident#1 requires assistance with ADL's d/t impaired cognition, impaired mobility and incontinence of bowel and bladder.</p> <p>Goal: Will maintain a sense of dignity by being clean, dry, odor free and well-groomed over next 90 days.</p> <p>Approach: BATHING: Total with 1-2 person assist. BED MOBILITY: Extensive with 1-2 person assist. Extensive with 1-2 person assist. EATING: Extensive with 1 person assist. Encourage independence, praise when attempts are made. TOILETING: Extensive/Total with 1-2 person assist.</p> <p>Observation on 08/06/2024 at 11:50am revealed Resident#1 was in bed, bed in low position, with fall mat at the right side of the bed. Resident #1 was alert and oriented with some confusion. Resident #1's right hand was in a fist position and left hand was not folded together. Resident #1's right hand nails were long and dirty with brown stuff and pressed into the palm of the hand making an indentation. The left-hand fingernails were also long and dirty with brown stuff in them. Resident #1's hair was matted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Terra Bella Health and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 12262 Cityscape Ave Houston, TX 77047	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 08/06/2024 at 11:58am with CNA G said she was responsible for taking care of Resident #1 that day. She said Resident #1 was contracted and confirmed she did not have anything in her hand. At that point she said they always tries to clean the Resident #1's hand but she would refuse at times. She said she tried to clean the hand earlier but did not finish. She said she had reported the resident's long nails to the nurse, and they told her someone was going to trim the resident's nails. The CNA was asked, at that time to clean the resident contracted hand with wipes, the CNA gently put wipes in the resident right hand and proceeded to clean the hand. In between the fingers were black lines that looked like a buildup. When the CNA removed the wipes, they were brown/yellowish in color. At that time CNA G said she was not able to identify the substance on the wipes. At that time CNA G said sometimes the resident will put food in her hands so she did not know if it was food.</p> <p>In an interview with LVN E on 08/06/2024 at 12:05pm she said Resident #1 should have a hand roll. She said she did not know why she did not have a hand roll. She said she was going to clean Resident #1's hand and put a hand roll in it.</p> <p>Observation and interview on 08/06/2024 at 12:10pm revealed the DON looked at Resident #1's hand and said the nails were long and needed to be cut. She said she was going to ensure they were trimmed. At that time the DON saw the ADON and told her to medicate the resident and to cut her nails. At that point she said she was going to get therapy involved. She said the aides were not supposed to cut resident's nail. She said the Podiatrist was the one who was supposed to cut the resident's nails, but nursing can also cut resident's nails.</p> <p>In an interview on 08/06/2024 at 4pm with CNA G she said she was not that one who usually gave Resident #1 her shower. She said Resident #1 usually got her shower on the 6:00pm to 6:00am shift and she did not know if the staff had washed the resident hair the previous night. She said she usually her up in the morning, cleaned her up and combed her hair. She said she did not comb the residents hair that morning. She also said the resident sometimes refused to have her hair combed and refused incontinent care .</p> <p>In an interview on 08/06/2024 at 4:45pm with LVN C she said she did not actually work with the resident, but she saw the resident's hair and her hair could do with some hair care. She said the staff who provide care should comb the resident's hair.</p> <p>Record review of the facility Nursing Policies and Procedures dated May 5, 2023, read in part .</p> <p>Subject: Activities of Daily Living (ADL) refer to task related to personal care including grooming, oral hygiene, transfer, eating, bathing and communication system.</p> <p>Policies: The facilities should provide the necessary care to all residents that are unable to carry out ADL's on their own to ensure they maintain proper nutrition grooming and hygiene.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Terra Bella Health and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 12262 Cityscape Ave Houston, TX 77047	

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)
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15976</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents with limited range of motion received appropriate treatment and services to increase range of motion and/or prevent further decrease in range of motion for one (Resident #1) of six residents reviewed for range of motion.</p> <p>The facility failed to have interventions in place to address Resident #1's hand contracture.</p> <p>This failure could place residents with ROM issues at risk for decline in range of motion, decreased mobility, and worsening contractures.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission face sheet revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included Chronic obstructive pulmonary disease (difficulty breathing), hypertension (high blood pressure), diabetes (high blood sugar), congestive heart failure(condition where the heart can't pump blood well enough to meet the body's needs), hemiplegia (paralysis or weakness on one side of the body) schizophrenia(the ability to think, feel and behave clearly) and depression (a mental disorder that affects a person's thought, feeling and behavior).</p> <p>Record review of Resident #1's quarterly MDS dated [DATE] revealed a BIMS score of 3 indicating the resident was severely impaired for cognition for decision making. Resident #1 required substantial/maximum assist with toileting and shower/bathe dependent and decline in range of motion to one side of the upper and lower extremities.</p> <p>Observation on 08/06/2024 at 11:50am revealed Resident#1 was in bed, bed was in a low position, with fall mat at the right side of the bed. Resident #1 was alert and oriented with some confusion. Resident #1's right hand was in a fist position and left hand was not folded together. Resident #1's right hand nails were long and dirty with brown stuff and pressed into the palm of the hand with an indentation. The left-hand fingernails were also long and dirty with brown stuff under them. Resident #1's hair was matted.</p> <p>In an interview on 08/06/2024 at 11:58am with CNA G said she was responsible for taking care of Resident #1 that day. CNA G said Resident #1 was contracted and confirmed she did not have any hand roll in her hand. At that time, she said they always tried to clean the Resident #1's hand but she would refuse at times. She said she had reported the resident's long nails to the nurse, and they said someone was going to trim the resident's nails. She said she tried earlier to clean the resident hand but did not complete it. CNA G was asked at the time to clean the resident contracted hand with wipes, the CNA gently put wipes in the resident right hand and proceeded to clean the hand. When she removed the wipes, they were brown/yellowish in color. In between the fingers were black lines that looked like a buildup. She said she was not able to identify the substance on the wipes. At that time CNA G said sometimes the resident will put food in her hands so she did not know if it was food.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Terra Bella Health and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 12262 Cityscape Ave Houston, TX 77047	
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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/6/2024 at 12:05pm with LVN E she said Resident #1 should have hand rolls. She did not know why Resident #1 did not have any hand roll in her hand. She said she was going to clean the hand and put hand roll in the hand.</p> <p>Interview and observation on 08/06/2024 at 12:10pm with the DON revealed she looked at Resident #1's hand and said the nails were long and needed to be cut. She said she was going to ensure the nails were trimmed, and that the resident had hand roll in her hand. At that time the DON saw the ADON and asked her to medicate the resident and cut her nails. The DON then said she was going to get therapy involved with Resident#1's contracture. She said the staff should put a hand roll in the resident's hand. She said the aides were not supposed to cut resident's nail. She said the Podiatrist was the one who was supposed to cut the resident's nails, but the nurses can also cut resident's nails.</p> <p>Record review of Care plan dated Problem Start Date: 10/10/2021 Resident #1 has a history of CVA with right hemiplegia and dysphagia. Resident#1 will maintain current levels of ADLs and not have another CVA thru the next review, administer medications as ordered. Assist with ADLs and comfort measures as needed. Encourage socialization and activity attendance as tolerated. Keep M.D. and R.P. informed of resident's progress. The care plan does not include interventions to address the hand contracture.</p> <p>In an interview on 8/29/2024 at 1:15pm with MDS Coordinator LVN A she said the care plan should address approaches that were put in place to address range of motion. She said she was going to update the care plan to address Resident #1's contractures .</p> <p>Interview with the Administrator on 8/29/2024 regarding Resident #1 contracture she said she was going to check Therapy to see if they were working with Resident #1. She said the resident was on therapy schedule for therapy.</p> <p>Record of the therapy report revealed that Resident #1 was picked up by therapy as of 8/27/2024 after the contracture issues was brought to the facility's attention. Resident was assessed and therapy started working with the resident to address active range of motion to right shoulder and hand roll to right hand and hygiene and grooming task.</p> <p>Review of Resident #1's electronic medical record revealed that there are no interventions to address the resident's hand contracture.</p> <p>Record review of the Restorative Nursing Policies and Procedures dated 2/29/2024 read in part .</p> <p>Subject: Joint Mobility/Range of Motion Program and Splinting.</p> <p>Policy:</p> <p>Patient/resident will be assessed for joint mobility limitation upon admission, readmission quarterly, annually and significant changes through the comprehensive nursing assessment. A restorative program will be implemented through the care plan to increase, maintain, or prevent deterioration of joint mobility and to maximize physical function when referral to therapy.</p>		