

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 11/14/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48863</p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents who needed respiratory care, were provided such care, consistent with professional standards of practice for 1 (Residents #1) of 5 residents reviewed for respiratory care.</p> <p>The facility failed to ensure Resident #1's oxygen tubing was labeled and dated.</p> <p>The facility failed to make sure Resident #1's oxygen humidifier was connected to his oxygen port on his side of the room.</p> <p>These failures could place residents at risk for respiratory compromise and infection.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet reflected a [AGE] year-old male resident admitted to the facility on [DATE] with diagnoses which included Nontraumatic intracranial hemorrhage (when a blood vessel in the brain ruptures and causes bleeding:), Human Immunodeficiency virus (virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases.), Hemiplegia and hemiparesis (related conditions that cause weakness or paralysis on one side of the body), and Chronic obstructive pulmonary disease (lung disease that block airflow and causes difficulty breathing).</p> <p>Record review of Resident #1's quarterly MDS assessment dated [DATE], revealed a BIMS summary score of 13 indicating cognitively intact .</p> <p>Record review of Resident #1's care plan, initiated 08/17/24 and edited on 11/14/24, reflected that he was at risk for respiratory distress/shortness of breath due to diagnosis of COPD with the use of O2 as needed, with goals to include applying O2 as ordered, changing O2 tubing/nasal cannula/mask/humidification system weekly, and changing tubing/mask weekly.</p> <p>Record review of Resident #1's physician orders dated 09/10/24 reflected the following orders:</p> <p>Equipment oxygen: Change O2 tubing/nasal cannula/mask/humidification system weekly once a day on Sunday; 07:00 PM - 07:00 AM. Oxygen @ 2L per minute via nasal cannula PRN to maintain O2 saturations >90%</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
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's Treatment Administration Report (TAR) dated November 2024 reflected the following entry:</p> <p>Change O2 tubing/nasal cannula/mask/humidification system weekly, once a day on Sunday starting on 09/10/24.</p> <p>Interview and observation on 11/13/24 at 9:46 AM with Resident #1, who was sitting in his wheelchair, alert and oriented with a female at the bedside. His humidifier was observed closer to his roommate's bed. Resident #1 said that he does not know why they are using the oxygen port for his roommates' bed and has asked the staff to switch it since he was placed in room over 2 months ago. The humidifier was dated 11/07/24 and less than 1/8 until empty. No date was noted on the O2 tubing. The resident said he did not know the last time the O2 tubing was changed. He said he asked the nursing staff why his O2 was connected to his roommate's side of the room, but the staff never answered his question. He said the oxygen tubing sometimes gets pinched because it was caught between the bed and so far away. Resident #1 said he did not want to pull it because he could not see if the tubing was connected because the privacy curtain separates the 2 beds, and he did not want to disconnect the tubing accidentally. He said he had to make sure he did not move too fast or move around too much in his bed. He said if his O2 becomes disconnected, he would have difficulty breathing, and that would make him anxious.</p> <p>Interview and observation on 11/13/24 at 10:48 AM with LVN A, who had worked at the facility for 1 month. LVN A said he did not know why the nasal cannula was not labeled and dated or why the humidifier was not dated for Sunday, 11/10/24. He said, based on his training, the humidifier and O2 tubing should be changed every Sunday as he noted the date on the humidifier to be initial and dated for Thursday, 11/07 instead of Sunday, 11/10 with no date noted on the O2 tubing. He said he was trained on O2 therapy when onboard approximately 1 month ago. He said the risk of not labeling the O2 tubing and/or humidifier as ordered could lead to infection.</p> <p>Interview and observation on 11/13/24 at 11:06 AM with the DON, who observed the humidifier almost empty and connected to the roommate's side of the room with the date of 11/07 on the humidifier and no date noted on the NC tubing. She said her expectation was to change the humidifier and nasal cannula every Sunday as ordered by the MD. She said the risk of not changing the nasal cannula tubing and humidifier as ordered was that it could cause infection control issues and dry out the nasal cavity if the humidifier ran out of water.</p> <p>Interview on 11/14/2024 at 12:07 PM with Interim/Mobile DON, who said the staff should be changing O2 tubing and the nasal cannula every Sunday night unless there was an issue. She said the staff are trained on O2 therapy during on-boarding during their skills check-off. The risk to the resident would be respiratory distress.</p> <p>Interview on 11/14/24 at 3:16 PM with the Administrator, who had been working at the facility for close to 2 years. She said starting this week, there had been 3 CNAs on the hall. She said daily staffing was calculated based on several factors, including acuity and census. She said she thought that there was enough staff on the units based on her calculations.</p> <p>She said O2 therapy, treatment and equipment change should be as order and per policy. She said the risk of not changing the O2 nasal cannula and humidifier every week would cause infection control concerns.</p> <p>(continued on next page)</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility Oxygen Therapy policy revised 02/12/24 read in part . Procedure: 15. Label tubing and humidifier with date, time, and RC practitioner initials .