

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 01/13/2026
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care for one resident (Resident #1) of four residents reviewed for dietary services. -CNA C was in her first day of orientation and was assigned to assist Resident #1 with eating with no supervision. -Resident #1 had a diagnosis of dysphagia (difficulty swallowing). The failure placed Resident #1 at risk for choking and/or aspiration. Findings Include: Record review of the Face Sheet (no date) for Resident #1 revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, dementia (decline in cognitive ability), muscle wasting, and dysphagia (difficulty swallowing). Record review of Resident #1's Quarterly MDS, dated [DATE] revealed the resident had severely impaired cognition. The resident had limited functional range of motion in both arms and both legs. She required substantial/maximal assistance for eating. Record review of the Care Plan for Resident #1 dated 02/06/2025 revealed the resident was at risk for choking and aspiration related to difficulty swallowing. The Care Plan read in part .Short Term Goal target date: 03/12/2026: _____ [Resident #1] will not choke or aspirate [draw something into the lungs] thru the next review date. Observation on 01/13/2026 at 09:06 a.m. revealed CNA A assisting Resident #1 with her breakfast. The head of the bed was at approximately 75 degrees elevated. The resident received a pureed diet. She was eating very slowly with the assistance of staff. Follow-up observation at 9:29 a.m. revealed the resident had consumed approximately 50% of her meal. In an interview on 01/13/2026 at 11:30 a.m. ADON D said the facility usually provided training for 2 to 3 days and then asked the new CNA if they were comfortable working independently. In an interview on 01/13/2026 at 11:35 a.m., ST E said Resident #1 required to have the head of the bed elevated more than 45 degrees, with 90 degrees optimal. In an interview on 01/13/2026 at 11:41 a.m. CNA F said she was assigned to provide orientation for CNA C. CNA F said on the first day of orientation, CNA C assisted Resident #1 with her meal. CNA F said the new CNA worked with Resident #1 for 15 minutes by herself. In an interview via telephone on 01/13/2026 at 1:32 p.m., a family member said she observed on video that on 01/08/2026 CNA C worked with Resident #1 for 45 minutes without supervision. Review of the personnel file for CNA C revealed her date of hire was 01/07/2026. An attempt to call CNA C on 01/13/2026 at 2:39 p.m. was unsuccessful. A message with contact information was provided. No return call was received. In an interview on 01/13/2026 at 3:45 p.m. ADON D said the first day of orientation should be with another CNA. Every resident has a profile that takes time to learn. The first day is usually not hands-on, just shadowing. At the end of the orientation they are asked if they're comfortable. She said a complication could be using the wrong technique, and lack of following the care plan if not properly trained. Review of the facility policy Certified Nursing Assistant Orientation (revised 01/12/2024)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676450
		If continuation sheet Page 1 of 3

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 01/13/2026
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>revealed Appropriate instruction on any skill areas identified as a weakness shall be provided prior to delivering or completing a task.</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 01/13/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one resident (Resident #1) of four residents reviewed for infection control. -Staff providing incontinent care for Resident #1 threw wet and/or soiled incontinent pads onto the floor. The failure placed the resident, visitors and staff at risk for acquiring infection. Findings include:Record review of the Face Sheet (no date) for Resident #1 revealed she was [AGE] years old and was admitted to the facility on [DATE]. Diagnoses included, but were not limited to, dementia (decline in cognitive ability), muscle wasting, and dysphagia (difficulty swallowing). Record review of Resident #1's Quarterly MDS, dated [DATE] revealed the resident had severely impaired cognition. The resident had limited functional range of motion (inability to fully move) in both arms and both legs. Record review of the Care Plan for Resident #1 dated 02/06/2025 revealed the resident was incontinent of bowel and bladder. Review of a video clip dated 12/24/2025 at 10:46 p.m. revealed an unidentified CNA providing incontinent care for Resident #1. The staff member was standing at the left side of the resident's bed. At the 1 minute mark of the video, the staff threw the used disposable pad onto the floor. Review of a video clip dated 12/26/2025 at 06:46 a.m. revealed the same unidentified CNA providing incontinent care for Resident #1. The staff member was standing at the left side of the resident's bed. At the 1:35 minute mark of the video, the staff threw the used disposable pad onto the floor behind her. Review of a video clip dated 12/30/2025 at 07:12 a.m. revealed the same unidentified CNA providing incontinent care for Resident #1. The staff member was standing at the left side of the resident's bed. At the 1:52 minute mark of the video, the staff threw the used disposable pad onto the floor. In an interview on 01/13/2026 at 1:58 p.m. Infection Preventionist B said when a pad was soiled or wet, it should be placed in a clear plastic bag and sent to the laundry or utility closet. If placed on the floor, it would be an infection control issue. If there were feces or urine on the pad it would definitely be an infection control issue. Housekeeping would do a deep-cleaning. On 01/13/2026 at 2:10 p.m. Infection Preventionist B viewed the three videos. She said, It's definitely an infection control issue. She said she would find out who the CNA was and correct it. Review of the facility policy Infection Control Policies and Procedures Subject: Linen and Laundry Procedures (revised 05/15/2023) revealed Policy: Sanitary storage and processing of clean and soiled linen will be used to prevent the spread of infection. Universal/Standard Precautions will be utilized by all personnel who come into contact with soiled linen.</p>		