

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2025
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Katy, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1222 Park West Green Drive Katy, TX 77493	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and psychosocial needs that are identified in the comprehensive assessment such as services that are to be furnished to attain or maintain the resident's highest practicable physical well-being for 1 (Resident #5) of 5 residents reviewed for care plans.-Resident #5's care plan failed to include weights as part of their diagnosis of CHF and as a resident requiring dialysis.This failure could cause residents to not have their individualized needs met and lead to a decline in function that is not documented and treated. Record review of Resident #5's face sheet dated 11/12/2025, revealed she was a [AGE] year-old female originally admitted on [DATE] and last re-admitted [DATE]. Her medical diagnoses included end stage renal disease (final stage of chronic kidney disease where the kidneys can no longer function adequately and require either dialysis or a kidney transplant for survival), kidney transplant status (when someone is waiting for a new kidney), immunodeficiency (when someone's immune system's ability to fight infectious diseases is compromised or entirely absent), muscle weakness (generalized), major depressive disorder (a mood disorder where someone has persistent feelings of sadness and loss of interest), heart failure and dependence on renal dialysis (kidney treatment where someone's blood is cleaned and excess fluid is removed from the body when the kidneys are no longer able to perform its functions effectively). Record review of Resident #5's Comprehensive MDS dated [DATE], revealed she had a BIMS score of 5, indicating severe cognitive impairment. Resident #5 required total assistance from staff for ADLs including toileting, showering, dressing and personal hygiene. Resident #5 required substantial to total assistance with transferring in and out of bed and mobility in bed such as rolling left and right and lying to sitting on side of the bed. Resident #5 had no or unknown amount of weight loss in the last 6 months.Record review of Resident #5's care plan dated 11/12/2025, revealed she had an altered cardiovascular status r/t Coronary artery disease, Hypertension with interventions including monitor vital signs as ordered and notify MD of significant abnormalities. She was also care-planned for having potential fluid volume overload r/t CHF with interventions including monitoring, documenting, and reporting any signs or symptoms of fluid overload such as sudden weight gain and to monitor vital signs/weights as ordered and record.Record review of Resident #5's physician orders dated 11/12/2025, revealed she had orders for weights on 10/16/2025 one time a day every 7 days for 4 weeks. Record review of Resident #5's MAR and TAR for October 2025, her weight was not documented on 10/27/2025.Record review of resident #5's progress notes for October 2025, there were no weights documented for 10/27/2025.Attempted interview with Resident #5's RP on 11/12/2025 at 12:38pm, no returned phone calls or messages.Attempted interview with RN A on 11/12/2025 at 3:17pm, because she was the nurse on duty on 10/27/2025 for Resident #5. There was no answer and no returned phone calls or messages.During an interview with LVN B on 11/12/2025 at 12:00pm, she said aides did weights and then they would tell her, and she would input weights into a resident's medical record. LVN B said weights helped keep track of resident's nutrients and track their health. If weights were not documented as needed, vital labs would not be ordered. Interview with the Administrator and DON on 11/12/2025 at 3:29pm, the DON said that Resident #5 was a dialysis resident and the facility did not need to check their weights often because dialysis would monitor them. When Resident #5's dialysis sheet was requested for 10/7/2025, the DON said it was difficult to get those records, and she had already called them twice on 11/12/2025 and would try again later. The DON said weights should have been documented for Resident #5 because weights documented their progress, and the Administrator said weights were documented to track residents' care at the facility. The DON said if weights were not done, staff would not know how they were progressing and if residents were improving at the facility or not. Going forward, the DON said she would educate staff on weighing residents with one method such as with a mechanical lift or standing scale throughout their time at the facility and she would continue to review weights to ensure this compliance. Record review of the facility's policy on Quality-of-Care last revised May 2025, it read in part, Key Principles .Person-Centered Care: This facility prioritizes individual preferences, choices, and unique needs, promoting a person-centered approach to care planning and care delivery . The facility's QAPI Committee through the facility's QAPI Plan will define and monitor key performance indicators related to quality of care including but not limited to .unintended weight loss</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility failed to ensure each resident had acceptable parameters of nutritional status such as usual body weight or desirable body weight range for 1 (Residents #2) of 5 residents reviewed for weights. -The facility failed to weigh Resident #2 on 10/4/2025 per physician orders. This failure has the potential to affect other residents requiring weight management, especially those who have weight loss and weight gain and who could be at risk of serious harm due to poor nutrition and weight loss. Record review of Resident #2's face sheet dated 11/12/2025, revealed he was a [AGE] year-old male originally admitted on [DATE] with medical diagnoses including burn of second degree of male genital region, Chronic Obstructive Pulmonary Disorder (damage to the lungs causing swelling, irritation inside the airways, lead to narrowed airways and difficulty breathing), type 2 diabetes mellitus (high blood sugar), anemia (low red blood count), dependence on renal dialysis (kidney treatment where someone's blood is cleaned and excess fluid is removed from the body when the kidneys are no longer able to perform its functions effectively), major depressive disorder (a mood disorder where someone has persistent feelings of sadness and loss of interest), and heart failure. He was discharged on 10/14/2025 to a private home. Record review of Resident #2's Comprehensive MDS dated [DATE], revealed he had a BIMS score of 15, indicating his cognition was intact. Resident #2 required total assistance/total dependence on staff for toileting, showering, dressing and footwear. He was totally dependent on staff with transferring in and out of bed and mobility in bed. Resident #2 had no or unknown amount of weight loss in the last 6 months. Record review of Resident #2's care plan dated 11/12/2025, revealed he was care-planned for ADL self-care performance deficits and limitations in physical mobility and had interventions such as substantial assistance with toilet transfer, moderate assistance with toileting. Resident #2 was also care-planned for having altered cardiovascular status r/t A-fib (atrial fibrillation meaning irregular heartbeat) and CHF with interventions including monitoring, documenting and reporting PRN any changes in lung sounds and evaluating chest pain and changes in pain level and requesting medication from the physician. Resident #2 was also care-planned for the potential for alterations in nutrition and hydration with interventions including monitor/record/report to MD PRN s/sx of malnutrition: emaciation (being unusually thin or weak), muscle wasting, or significant weight loss: 3lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months. Record review of Resident #2's physician orders, he had orders for weights with a start date of 09/30/2025 for 1 time a day for 3 days, then 1 time a week for 4 weeks and another order start date of 10/04/2025 for one time a day every 7 day(s) for 4 weeks. Record review of Resident #2's MAR and TAR for October 2025, his weight was not documented on 10/4/2025. Record review of Resident #2's weights, he weighed the following: 9/30/2025 at 5:29pm: 177 lbs. 10/1/2025 at 2:06am: 177 lbs. 10/13/2025 at 12:19pm: 161.3 lbs. (8.9% weight loss from 9/30/2025 during admission to 10/14/2025 discharge) During an interview with LVN B on 11/12/2025 at 12:00pm, she said aides did weights and then they would tell her, and she would input weights into a resident's medical record. LVN B said weights helped keep track of resident's nutrients and track their health. If weights were not documented as needed, vital labs would not be ordered. Interview with the Administrator and DON on 11/12/2025 at 3:29pm, the DON said that Resident #2 was a dialysis resident and the facility did not need to check their weights often because dialysis would monitor them. The DON said weights should have been documented for Resident #2 because weights documented their progress, and the Administrator said weights were documented to track residents' care at the facility. The DON said if weights were not done, staff would not know how they were progressing and if residents were improving at the facility or not. The DON said Resident #2 left the facility before she could re-measure his weights but that Resident #2's discharge weight of 161.8 and the 8.9% weight loss was incorrect. Going forward, the DON said she would educate staff on weighing residents with one method such as with a mechanical lift or standing scale throughout their time at the facility and she would continue to review weights to ensure this compliance. Record review of the facility's policy on Quality-of-Care last revised May 2025, it read in part, Key Principles . Person-Centered Care: This facility prioritizes individual preferences, choices, and unique needs, promoting a person-centered approach to care planning and care delivery . The facility's QAPI Committee through the facility's QAPI Plan will define and monitor key performance indicators related to quality of care including but not limited to .unintended weight loss .</p>		