STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676460	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort Webster, LLC	16130 Galveston Rd Webster, TX 77598

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, the facility failed to maintain an infection control protocol to prevent the development and transmission of disease and infection for 1 of 1 resident (Resident #1) observed for infection control. The facility failed to ensure CNA A followed proper infection control protocol and hand hygiene procedures during incontinent care and Foley catheter care for Resident #1. This failure could place residents at risk by exposing them to the spread of infection and or communicable diseases.Record review of Resident #1's face sheet dated 4/24/2026 revealed a [AGE] year-old female admitted to facility on 4/22/2026. Resident #1 had a diagnosis of retention of urine (the inability to completely or partially empty the bladder resulting in some urine remaining in bladder),Record review of Resident #1's Entry Minimum Data Set (MDS) indicated the assessment was in progress of being completed as of 04/24/2026.Record review of Resident #1's care plan read in part, . the resident has a urinary catheter, date initiated 04/22/2026. Goal: The resident will have minimal complications related to catheter use. Interventions: . Monitor/record/report to MD for signs and symptoms of UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul smelling urine, fever, chills. Further review revealed the resident has bowel incontinence.During observation on 4/24/2026 at 10:48 am, Resident #1 was provided incontinent care by CNA A and assisted by CNA B who was orienting with CNA A. Resident was positioned in bed for peri care but was not laid down flat due to resident complaining of feeling dizzy. CNA A donned gown and double gloves. CNA A did not clean resident's bedside table prior to placing her supplies on the bedside table. Her supplies consisted of peri wash cleanser bottle, some loose gloves, a packet of wipes with 1 wipe on top of the packet, a basin with water and wash cloth. CNA A then placed a clear trash bag in the trash can beside resident's bed on the floor.CNA A started by removing the adhesive from the side and opened the brief. Resident #1 had a large bowel movement. CNA A then rolled the brief halfway to cover the feces and wiped resident's pubis area. She discarded the wipes in the brief, then rolled the brief and removed it from under the resident. CNA A used the same gloved hand to grab the cleanser bottle and sprayed another wipe and proceeded to wipe resident's pubis area. She discarded her first layer of glove and took another wipe provided by CNA B and grabbed the cleanser bottle and sprayed the wipe. She continued to clean resident's peri area. After discarding the dirty wipes and her gloves, CNA A donned a clean pair of gloves but did not sanitize her hands before donning clean gloves. CNA A grabbed the cleanser bottle with dirty gloves four times during the entire incontinent care. CNA A did not sanitize her hands each time she donned clean gloves during incontinent care. After completing incontinence care and foley care, CNA A placed Resident #1 on her left side and started to tuck in the new briefs under resident. Resident #1 expelled large flatulence combined with feces. CNA A continued to apply brief on resident and left resident on her side to finish moving her bowels. CNA A did not remove her gloves. Using the same gloved hands, she placed a new clear bag in the trash can and picked up the wash basin from the bedside table. She proceeded to the bathroom to discard basin content in toilet, discarded her gown and gloves, and performed hand hygiene at the sink.During a group interview on 4/24/2026 at 11:15 am, with the Administrator, DON and CNA A, The Administrator and DON explained to CNA A that (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she did not follow infection control protocol when she grabbed the cleanser bottle with dirty gloves. CNA A agreed that she may have missed to follow infection control protocol and that she did not realize she was doing it. DON and Administrator said that cleanser bottle was not shared and was used for one resident only. DON did not respond when asked about CNA A using double gloves and stated he will provide more education on maintaining infection control during incontinent care.During an interview on 4/24/2026 at 12:45 pm with DON and ADON, ADON stated skilled checks are performed upon hire, quarterly and as needed when completing infection control trending and tracking. DON stated gloves should be changed in between treatment from dirty to clean. DON stated hand washing should be done before and after patient care and whenever it was needed. ADON stated residents can have negative outcomes from contamination and increased risk for infection. ADON stated they will provide in-services and education as they cannot follow every CNA into every resident room to audit skills check. DON stated his expectation was for care to be provided appropriately and as needed. ADON stated they will monitor signs and symptoms of UTI such as suprapubic pain (area just above the pubic bone), increased urinary frequency, dysuria (painful or difficult urination) and fever.Record review of the facility's Infection Control Policy dated July 2020 last revision/reviewed May 2024 read in part ?.by establishing and maintaining 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. Standard Precaution: . equipment or items in the resident's environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. Perform hand hygiene: Before and after contact with a resident, Immediately after touching blood, body fluids, non-intact skin, mucous membranes or contaminated items (even when gloves are worn during contact), Immediately after removing gloves, When moving from contaminated body sites to clean body sites during resident care, After touching objects and medical equipment in immediate resident care area.