

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Crimson Heights Health & Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 19279 McKay Dr. Humble, TX 77338	

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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</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: 676463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Crimson Heights Health & Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 19279 McKay Dr. Humble, TX 77338	
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 0813</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, interview and record review the facility failed to enact a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling and consumption, for 1 resident (Resident #1) of 8 residents reviewed in that:Resident #1's personal refrigerator located in Resident #1's room observed on 11/19/2025, revealed two undated containers of ice cream that had liquified and leaked onto the shelves of the refrigerator unit. Additionally, a clear plastic cup containing a red liquid was observed to have a lid on it with a date that read 10/28.This failure could place residents at risk of foodborne illness due to consuming foods that might be spoiled.The findings included:Review of Resident #1's face sheet, dated 11/19/2025, revealed that the resident was an [AGE] year-old female that had initially admitted to the facility on [DATE] with diagnoses that included: Dementia (a decline in mental ability), Polyneuropathy (numbness in extremities), Immunodeficiency (weakened immune system), and Type 2 diabetes mellitus (body does not produce/use insulin effectively). Record review of Resident #1's Quarterly MDS Assessment, dated 09/26/2025, reflected the resident's BIMS score was 11 out of a possible 15, which indicated moderate cognitive impairment, indicating problems with thinking and memory that may require assistance with daily tasks, and the resident required set up or clean-up assistance with eating. Record review of Resident #1's Comprehensive Care Plan, dated 09/25/2025, revealed the resident . requires assistance with ADLs at times. For intervention Resident requires supervision with eating at times. Record review of the Angel Rounds personal refrigerator temperature check logs, dated 10/01/25 to 10/31/25, for the 300 and 400 halls found that some staff members were marking all temperatures for personal refrigerators each day. Other staff members were only marking temperatures that were found to be over 42 degrees and left the other dates blank. Temperatures for Resident # 1, initialed by the Community Assistant, had all temperatures marked for each day, no temperatures for Resident #1 were found to be out of parameters.In an observation on 11/19/2025 at 11:33 AM it was revealed Resident #1 was not in their room. There was a personal refrigerator in the room, and inside the refrigerator there were two undated containers of ice cream that had liquified and leaked onto the shelves of the refrigerator unit. Additionally, a clear plastic cup containing a red liquid was observed to have a lid on it with a date that read 10/28.In an interview on 11/19/2025 at 1:50 PM with the ADON it was revealed that staff are to look into resident personal refrigerators on a daily basis during Angel Rounds where each department head had a list of assigned residents and that the staff were to mark resident's food found in their personal refrigerators with the date and also to record the temperature the personal refrigerator was at 41 degrees or below, and if they find spoiled foods to ask the resident if they can throw the items out.In an interview on 11/19/2025 at 2:00 PM with CNA A it was revealed that CNA staff do look into refrigerators for expired foods. CNA A stated that she did not know anything about temperature logs for personal refrigerators or what temperature a personal refrigerator was safe at. CNA A stated that they just make sure that the refrigerator is cold and not too warm. In an interview on 11/19/2025 at 2:22 PM with CNA B it was revealed that she did open resident personal refrigerators to look for expired foods and that she would ask the resident if she could throw an item out before she threw it away. CNA B stated that there were thermometers in the refrigerators and that 70 degrees would be too warm and that she would tell a nurse or the maintenance staff if a refrigerator was that hot. In an interview on 11/19/2025 at 2:34 PM with Community Assistant it was revealed that she participated daily in Angel Rounds where they went in and talked to residents they were assigned and checked on their rooms and personal refrigerators, and that she always marked down all personal refrigerator temperatures. She stated that Resident #1 was one of her assigned residents, but she was unaware that there were any expired foods in Resident #1's refrigerator. She stated that she vaguely remembered putting a date on some red Kool-Aid or something in Resident #1's refrigerator but did not remember any containers of ice-cream. Community Assistant stated that spoiled or expired foods should be taken out of resident personal refrigerators because if a resident was to eat spoiled or expired foods the resident could get sick. In an interview on 11/19/2025 at 4:21 PM with AD it was revealed that she participated in Angel Rounds where all department heads in the facility were supposed to go into resident rooms and check on the resident and the residents' personal refrigerators. She stated that she marked down all temperatures of the personal refrigerators she checked, but she was not sure if everyone did write the temperatures down. She stated that they do the checks to make sure that residents do not eat spoiled or expired foods. She stated that residents</p>		