Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 06/15/2025 Form Approved OMB No. 0938-0391

		STREET ADDRESS, CITY, STATE, ZI			
(X4) ID PREFIX TAG SUMMA			STREET ADDRESS, CITY, STATE, ZIP CODE 19424 McKay Dr Humble, TX 77338		
	rect this deficiency, please con	tact the nursing home or the state survey	agency.		
(Each de	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some **NOTI Based prograt -Reside -Reside This fa Finding Reside Record on [DA swings weakne Record 15 white care. R Record Focus Goal - Reside	[Each deficiency must be preceded by full regulatory or LSC identifying information) Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37059 Based on observations, interviews, and record review, the facility failed to maintain an effective pest control program for 3 of 6 residents (Resident #1, #2, and #3) reviewed for pest control. -Resident #1 had one medium sized roach crawling on the wall behind her bedResident #2 had several medium and small size roaches crawling on the floor and wall next to her bedResident #3 had a small roach crawling on the wall in her room. This failure could place residents at risk of residing in an environment with pests. Findings included: Resident #1 Record review of Resident #1's face sheet dated 10/15/24 revealed a [AGE] year-old female who admitted on [DATE]. Her diagnoses included anxiety, bipolar disorder (mental illness characterized by extreme mood swings), insomnia (difficulty either falling or staying asleep), cognitive communication deficit, and muscle weakness. Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed a BIMS score of 9 out of 15 which indicated moderate cognitive impairment. She required substantial assistance from staff for ADL care. Resident #1's active diagnoses included bipolar, insomnia, and muscle weakness. Record review of Resident #1's care plan dated 9/23/24 revealed the following: Focus - [Resident #1] is demonstrating ineffective coping: Sleepiness/Insomnia related to restlessness. Goal - Meet individual requirements for sleep to function safely without fatigue. Resident #2 (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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 675991

If continuation sheet Page 1 of 3

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			No. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675991	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2024		
NAME OF PROVIDER OR SUPPLIER Park Manor of Humble		STREET ADDRESS, CITY, STATE, ZIP CODE 19424 McKay Dr Humble, TX 77338			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0925 Level of Harm - Minimal harm or potential for actual harm	Record review of Resident #2's face sheet dated 10/15/24 revealed a [AGE] year-old female who admitted on [DATE]. Her diagnoses included hypertension (high blood pressure), saddle embolus of pulmonary artery (large blood clot gets stuck in the main pulmonary artery), dementia (memory loss), and pressure ulcer of unspecified site, unstageable.				
Residents Affected - Some	Record review of Resident #2's quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 out of 15 which indicated she was cognitively intact. She required moderate assistance from staff for ADL care. Resident #2's active diagnoses included stroke, hypertension, and dementia. Resident #3 Record review of Resident #3's face sheet dated 10/15/24 revealed an [AGE] year-old female who admitted on [DATE]. Her diagnoses included type 2 diabetes (high glucose), glaucoma (condition that damages the eye's optic nerve), morbid obesity, major depressive disorder, anxiety, and cognitive communication deficit. Record review of Resident #3's quarterly MDS assessment dated [DATE] revealed a BIMS score of 13 out of 15 which indicated she was cognitively intact. She required assistance from staff for ADL care. Resident #2's active diagnoses included she had medically complex conditions, hypertension, depression, and cognitive communication deficit.				
	Observation and Interview on 10/15/2024 at 9:15 a.m. of Resident #1 revealed she was awake lying in bed. Resident #1 responded to this State Surveyor's greeting and said, I am tired. Resident #1 took a long sigh said she was tired from waking up throughout the night from swatting at and killing roaches that had been crawling in her bed. There was a roach crawling on the wall behind the resident's bed. There were two dead roaches that were flattened at her bedside. CNA A walked into Resident #1's room and killed the roach. CNA A left to notify the ADMIN. Resident #1 said she has had roaches in her bed and had to continuous swat them off her bed and they have crawled on her as well. She said she has told numerous staff every day. She said the facility said they had sprayed but she did not think it worked.				
	In an interview on 10/15/2024 at 9:16 a.m. CNA A said she saw roaches in resident #1 and 2's room. She said she saw the roaches on Resident #1's bedside table and her bed. She said she documented the sightings in the pest control binder at the nurse's station. She said Resident #1 appeared tired when she rounded at the beginning of her shift (6:00 a.m.). She said the resident was at risk for skin irritation and fear of the roaches crawling on her.				
	Observation and Interview on10/15/2024 at 9:22 a.m. of Resident #2 revealed she was sitting on the edge of her bed. She said she saw roaches in her room on the floor and her walls. Resident #2 had several roaches crawling on the floor and wall next to her bed. Resident #2's head was looking down and said she did not like the roaches in her room. She said it made her skin crawl.				
	Observation and interview on 10/15/24 at 9:30 a.m. of Resident #3 revealed she was lying in bed. She said saw roaches crawl on her walls. She had a fly swatter and said she used it to kill roaches that crawled on her bed. She said the facility sprayed her room a few weeks ago but she said she still saw roaches. She said the pest control placed a roach motel in the room to catch the roaches. There was a green paper tube that was full of dead roaches.				
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			No. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675991	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2024	
NAME OF PROVIDER OR SUPPLIER Park Manor of Humble		STREET ADDRESS, CITY, STATE, ZIP CODE 19424 McKay Dr Humble, TX 77338		
For information on the pursing home's	nlan to correct this deficiency please con-	tact the nursing home or the state survey	agency	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	EIENCIES	<u>- </u>	
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Summary Statement OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information) Interview on 10/15/2024 at 9:40 a.m. this State Surveyor notified the ADMIN about the roach activity observed. Interview on 10/15/24 at 1:42 p.m. with the ADMIS said she was assigned to Resident #2 for daily Angel Rounds. She said angel rounds were performed daily to ask the residents if they had any concerns and check the room for any problems. She said she saw live and dead roaches in Resident #3's room last week. She said after she saw the roaches, she notified staff in the morning meetings. She said when she saw the live roaches, she did not bring it to Resident #3's attention and was not able to say how the resident reacted. Interview on 10/15/24 at 1:50 p.m. with the Dir. of T&L said she had seen roaches in her room and the Dir. of T&L said she advised staff in the morning meeting (consisted of department heads). She said she last saw roaches yesterday (10/14/24) but did not attend the morning meeting today because she had an appointment of the properties of the prope			