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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676273 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/14/2023 |
| NAME OF PROVIDER OR SUPPLIER Park Manor of the Woodlands | | STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Windsor Lake Boulevard The Woodlands, TX 77384 | |
| 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 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44669</p> <p>Based on interview and observation the facility failed to ensure residents received drinks consistent with preference and sufficient to maintain hydration for 10 of 10 (confidential group) and 3 of 21 (Resident #1, Resident #2, and Resident # 78) of residents reviewed for hydration.</p> <p>The facility did not provide hot coffee to residents during mealtimes.</p> <p>This failure could place residents who depend on the facility for their hydration needs at risk for thirst, dehydration, and decreased quality of life.</p> <p>Findings included:</p> <p>Record review Resident #1's face sheet revealed resident admitted to the facility on [DATE]. Resident #1's was diagnosed with essential (primary) hypertension, type 2 diabetes mellitus without complications, cerebral infarction, unspecified, spinal stenosis (space inside the backbone is too small placing pressure on the spinal cord and nerves), site unspecified, muscle weakness (generalized), unspecified atrial fibrillation (irregular heart beat), benign prostatic hyperplasia with lower urinary tract symptom (weak urine stream causing frequent urination), narcissistic personality disorder (inflated sense of self-importance), other recurrent depressive disorders, insomnia, unspecified nicotine dependence, unspecified, uncomplicated, adult failure to thrive (decline and health and ability), and pain, unspecified.</p> <p>Record review of Resident #1's care plan dated 06/05/23 revealed resident had ADL self-care performance deficit with limited mobility.</p> <p>Record review of Resident #1's admission MDS dated [DATE], revealed Resident #1's BIMS was scored as 13 which indicated his cognition was intact. Resident #1's active diagnoses included medically complex condition.</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 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review of Resident #2's face sheet revealed a [AGE] year-old male who admitted into the facility on [DATE]. The resident was diagnosed with unspecified fall, subsequent encounter, encounter for other specified surgical aftercare, essential (primary) hypertension, type 2 diabetes mellitus without complications, elevated white blood cell count, benign prostatic hyperplasia with lower urinary tract symptoms (weak urine stream causing frequent urination), hyperlipidemia (hardening of the arteries), unspecified), pain, unspecified, presence of left artificial knee joint, encounter for other orthopedic aftercare, aftercare following joint replacement surgery.</p> <p>Record review Resident #2 care plan dated revealed Resident #2's was at risk for weight fluctuations due to his changes in appetite, and difficulty adjusting to new environment from recent hospitalization .</p> <p>Record review of Resident #2's admission MDS dated [DATE], revealed Resident #2's BIMS was scored as 14 which indicated his cognition was intact. Resident #2's active diagnoses included hip and knee replacement.</p> <p>Record review of Resident #78's face sheet revealed a [AGE] year-old male who admitted into the facility on [DATE]. The resident was diagnosed with dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, overactive bladder, constipation, unspecified anemia, unspecified, pain, unspecified, gastro-esophageal reflux disease without esophagitis (inflammation of the esophagus/throat), other muscle spasm, insomnia, unspecified, dehydration, Alzheimer's disease with late onset.</p> <p>Record review of Resident #78's care plans dated 05/04/2023 revealed Resident #78 had the potential for fluid volume deficit with medication side effects.</p> <p>Record review of Resident #78's admission MDS dated [DATE], revealed Resident #78's BIMS scored of 12 indicates moderate cognitive impairment. Resident #78's active diagnoses included traumatic brain disfunction.</p> <p>Observation on 07/12/23 at 08:43 AM Resident #2 observed in the activities room sitting in his wheelchair in front of the television drinking coffee from a white styrofoam cup.</p> <p>Interview on 07/11/23 at 08:55 AM Resident #78 stated that his coffee is always cold at every mealtime every day. He told staff (could not provide exact dates, names, or titles) his coffee is always cold, but they do not do anything about it.</p> <p>Interview on 07/11/23 at 10:00 AM Resident #1 stated that coffee is always cold at every mealtime every day. He told staff (could not provide exact dates, names, or titles) his coffee is always cold and asked for a fresh hot cup.</p> <p>Interview on 07/11/23 at 10:02 AM Resident #2 stated that the facility does not serve hot coffee. He stated he has to go all the way down to the activities room to get a fresh hot cup of coffee. He stated some days he is too tired and does not have the energy to wheelchair himself down to the activities room on at the end of hall-3 from his room on hall-4, especially after physical therapy.</p> <p>(continued on next page)</p> | | |

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| <p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Interview on 07/12/23 at 08:43 AM Resident #2 stated he received coffee on his breakfast tray this morning, but it was not hot and did not taste good. He stated he comes to the activities room to get hot cups of coffee. He stated it is not always easy for him to get to the activities room when he is feeling weak and/or tired especially on days when he has had therapy.</p> <p>Interview on 07/12/23 at 09:33 AM AD stated that at the monthly resident council's meetings the resident's regularly complain of cold food and coffee and the Administrator and DM address every time.</p> <p>Interview on 07/12/23 at 10:15 AM during the confidential resident council meeting, 10 of 10 residents stated that they did not receive hot coffee during mealtimes on a consistent basis. Coffee is poured by the CNAs on each hall. The coffee must sit for a while before being poured. If they are lucky, it's hot, but it is often cold or lukewarm at best.</p> <p>Interview on 07/12/23 at 12:27 PM the Administrator stated that he will ensure that hot coffee is available more by speaking with the DM and having her check temperatures and change warm or cold coffee with hot coffee. He stated that the coffee machine was broken recently, and residents were complaining of cold coffee. The coffee machine had since been repaired and he was not aware of any cold coffee complaints until this one. The staff are required to take coffee temperatures before the coffee goes out on the floor. He stated that there is always hot coffee in the dining room at all times.</p> <p>Interview on 07/13/23 at 10:10 AM DM stated she has been the DM for the last five years. She stated she works Monday thru Saturday and most Sundays. She stated she is scheduled to work 7 AM to 4 PM but often comes in early and stays late for her shifts. She stated that the residents have complained of cold coffee in the past. She stated and for that reason, kitchen staff no longer serve coffee on the trays to avoid serving cold coffee. She stated that two coffee urns are filled with coffee for each of the 4 halls. Coffee temperatures are taken prior to the coffee leaving the kitchen and logged on the coffee temperature log before the breakfast, lunch, and dinner meals. She stated the two urns are placed on top of each of the food carts. She stated once the carts are on the hall, the CNAs are responsible for pouring coffee for the residents who desire coffee and who have no coffee dietary restrictions. She stated that she had coffee temp logs for May 2023, June 2023 and July 2023 and would provide copies along with the coffee temp policy.</p> <p>Record review of the facility's Grievance QA Log dated May 2023: Date of Grievance 05/17/2023. Grievance: Coffee Temperature. Resident's Name: Resident Council. Following Investigation: Date 05/17/2023. Person Assigned: AIT. Resolution: Monitoring Temp with thermometer. Date Complainant Notified 05/17/0223.</p> <p>Record review of Grievance/Complaint Report dated 05/17/2023. Received by AD. Resident Representative: Resident Council. Following investigation Date: 05/15/2023 Person Assigned: AIT. Manager Meeting. tested coffee on hall with thermometer. Resident Council informed of temperature results at next council meeting. Form completed by AIT.</p> <p>Record review of Grievance QA Log dated June 2023: Date of Grievance 06/08/2023. Grievance: Dietary Concern. Resident's Name: Resident Council. Following investigation Date: 06/09/2023 Person Assigned: DM. Resolution: 1:1 with staff. Discussed with Residents. Date Complainant Notified: 06/09/2023.</p> <p>(continued on next page)</p> | | |

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

Printed: 05/22/2025
Form Approved OMB
No. 0938-0391

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35897</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for food procurement in</p> <p>1.The facility failed to ensure that ice scoops will be cleaned and stored in a separate container that limits cross-contamination.</p> <p>2.The facility failed to ensure that all cold and dry goods items will be stored 6 inches above the floor.</p> <p>These failures could place residents at risk of foodborne illness and disease.</p> <p>Findings included:</p> <p>1. Observation on 7/13/23 at 8:30 AM with Dietary A revealed that the ice scoop was left in the ice bin on top of the ice.</p> <p>2. Observation on 7/13/23 at 9:00 AM with the Dining Services Director revealed that dry goods and cold foods were stored 4 inches above the floor.</p> <p>Interview with the Dining Services Director on 7/13/23 at 9:20 AM revealed the ice scoop should not be left in the ice bin.</p> <p>Interview with the Dining Services Director on 7/13/23 at 9:25 AM revealed that dry goods and cold foods will be appropriately stored 6 inches above the floor to ensure that food is not subject to contamination, leakage, rodents or vermin.</p> <p>Record review of Facility 's Policy and Procedure for Ice dated 9/2017 read in part. Ice will be prepared and distributed in a safe and sanitary manner 5. Ice scoops will be cleaned and stored in a separate container that limits exposure to dust and moisture retention. And or stored in ice machine on holder provided for storage.</p> <p>Record review of Facility's Policy and Procedure Dry Goods and Cold Foods Storage dated 9/2017 read in part. All dry goods and all cold foods will be appropriately stored in accordance with the FDA Food Code rule 228.224 1. All items will be stored on shelves at least 6 inches above the floor 4. The Dining Services Director or designee regularly inspects the dry and cold storage area to ensure it is well lit, well ventilated, and not subject to sewage or wastewater back flow or contamination by condensation, leakage, rodents, or vermin.</p> <p>https://www.dshs.texas.gov/sites/default/files/foodestablishments/pdf/GuidanceDocs/TFER-2021_TAC-228_August-2021.pdf</p> | | |