

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455815</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TEXAS INSTITUTE FOR CLINICALLY COMPLEX CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>10851 CRESCENT MOON DR HOUSTON, TX 77064</b>	
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 0921  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents for 3 of 14 residents (Resident #1, #2, and #3) in 13 residents room ( Rooms 106, 107, 108, 123,132,133, 301, 302, 304, 305, 306, 334, and 337), and one day room ( Day room [ROOM NUMBER] ), staff, and the public reviewed for a safe environment. The facility failed to ensure Resident rooms # 106, 107, 108, 123,132,133, 301, 302, 304, 305, 306, 334 ,337 temperatures were comfortable for residents. Room temperature were ranging from 77 to 82.5 degrees Fahrenheit on 05/28/20. These failures could affect all residents , staff and visitors by placing them at risk of unsafe and uncomfortable conditions Findings include: 1. Observations on 5/28/20 at 1:24 p.m., revealed the following rooms and temperature (T) in degree Fahrenheit (F): room [ROOM NUMBER] - T-77.5 (F) room [ROOM NUMBER] -T- 79.5 (F) room [ROOM NUMBER] - T-77.5 (F) room [ROOM NUMBER] - T-78 (F) room [ROOM NUMBER] - T-82 (F) room [ROOM NUMBER] - T-80 (F) room [ROOM NUMBER] - T-81.5 (F) room [ROOM NUMBER] - T-80.5 (F) room [ROOM NUMBER] - T-81.5 (F) room [ROOM NUMBER] - T-81.5 (F) room [ROOM NUMBER] - T-82.5 (F) room [ROOM NUMBER] - T-77 (F) Day room- T-82.5 (F) Resident #1 Record review of Resident #1's face sheet revealed a [AGE] year-old female admitted to the facility on [DATE], Her [DIAGNOSES REDACTED]. Record review of Resident #1's MDS dated [DATE] revealed BIMS score 09 , indicating the resident's cognition was moderately impaired for daily decision making. Observation of room [ROOM NUMBER] and interview on 05/28/20 at 1:40 p.m. revealed room [ROOM NUMBER] belonged to Resident #1 and roommate . Resident #1 was sitting up in her bed with a fan on. Resident #1 when asked if room was comfortable stated it is hot as hell and at night. Resident #2 Record review of Resident #2's face sheet revealed a [AGE] year-old female admitted to the facility on [DATE], readmitted [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #2's MDS dated [DATE] revealed BIMS score of 09 indicating moderately impaired for daily decision-making cognitive skills. Observation of room [ROOM NUMBER] and interview on 5/28/2020 at 1:43pm revealed room temperature was 81.5 degrees Fahrenheit. Room was occupied by Resident #2 and roommate . Resident #2 who was lying down in her bed with the fan on was asked if she was comfortable with her room temperature . Resident #2 said it is very hot and at night. Resident #3 Record review of Resident #3's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE], readmitted [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #1's MDS dated [DATE] revealed BIMS score 12 indicating moderately impaired cognition. Observation of room [ROOM NUMBER] and interview on 05/28/2020 at 1:45pm revealed Room temperature was 80.5 degrees Fahrenheit. Resident #3 who was lying down in his bed with the fan on when asked if room temperature was comfortable stated it is hot sometimes and at night. Interview on 5/28/20 at 1:02 p.m., with LVN A regarding the facility temperature, she said it was very hot, they fixed the air condition recently, but some rooms were still very hot. Interview with CNA A on 5/28/20 at 1:24 p.m. regarding the facility temperature, CNA A said, rooms 301, 303, 304 were very hot. Interview with Administrator on 5/28/20 at 3:10 p.m. regarding air condition not cooling well, she said the air condition problems started last week, the air condition unit just froze up , a contractor came out and gave the facility a quote to fix it. The administrator said they were working on it. Policy regarding the facility temperature was requested but was not provided before exit. Interview with Maintenance Director on 5/28/20 at 3:35 PM, he said the facility had problems with the air conditioning units last week and they have changed 3 units. The remaining 8 units would be purchased between now and Saturday (5/30/20). He said the facility always maintained temperature in the resident rooms at 73 to 74-degree Fahrenheit. Record review of the facility's maintenance log dated May 2020 revealed the following entries for 100 and 300 Hall 5/26/20- Rooms: 101-108 (room temperature 73-degree Fahrenheit) 5/26/20- Rooms: 108-115 (room temperature 73-degree Fahrenheit) 5/26/20- Rooms: 301-304 (room temperature 76-degree Fahrenheit) 5/26/20- Rooms: 304-327 (room temperature 73-degree Fahrenheit) 5/27/20- Rooms: 101-108 (room temperature 73-degree Fahrenheit) 5/27/20- Rooms: 108-115 (room temperature 74-degree Fahrenheit) 5/27/20- Rooms: 115-127 (room temperature 72-degree Fahrenheit) 5/27/20- Rooms: 301-304 (room temperature 76-degree Fahrenheit). 5/27/20- Rooms: 304-327 (room temperature 74-degree Fahrenheit) Further review of facility temperatures log revealed there were no temperature maintenance log on 5/28/20.No more temperatures logs were provided before exit.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.