

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2023
NAME OF PROVIDER OR SUPPLIER The Vosswood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 S Voss Rd Houston, TX 77057	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review the facility failed to ensure the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week for 5 (Sunday 01/01/2023, Sunday 01/08/2023 and Sunday 02/25/2023, Saturday 03/25/2023 and Sunday 03/26/2023 of 90 days reviewed for RN coverage.</p> <p>The facility failed to maintain registered nurse coverage for 8 hours a day/7days a week on Sunday 01/01/2023, Sunday 01/08/2023, Sunday 02/25/2023, Saturday 03/25/2023 and Sunday 03/26/2023.</p> <p>This failure could place residents at risk of adverse events and not having staff to attend to events.</p> <p>The findings were:</p> <p>Record review of the staffing schedule from Sunday 01/01/2023, Sunday 01/08/2023, Sunday 02/25/2023, Saturday 03/25/2023 and Sunday 03/26/2023 revealed 5 of 90 days there was not eight-hour continuous registered nurse coverage on the weekends (Saturday/Sunday) for the dates reviewed.</p> <p>Interview with the DON on 6/19/2023 12:30 pm, she stated the reason an RN's are needed at least 8 hours a day to oversee and manage residents in the event of emergency, triage and/or skilled intervention. She stated she was notified when an RN is scheduled and doesn't show up, and she will attempt to staff it or come to the facility herself to assure proper RN coverage. She stated she is aware there was no RN coverage on 01/01/2023, 01/08/2023, 02/25/2023, 03/25/2023 and 03/26/2023. DON stated she was not employed during this time.</p> <p>Interview with the Staffing Coordinator on 6/19/2023 12:40 pm revealed she performed scheduling and has full time coverage for RNs during the week and on weekends; the schedule was reviewed and verified. She states she is notified when the registered nurse doesn't come in and will try to staff the vacancy and will call the DON when needed.</p> <p>Review of the facility's Policy and Procedure for staffing did not address the need for RN coverage 7 days a week.</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
---	-------	-----------