

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER FOCUSED CARE AT WESTWOOD		STREET ADDRESS, CITY, STATE, ZIP 8702 COURSE DRIVE HOUSTON, TX 77099	
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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the services provided or arranged by the facility, as outlined by the comprehensive care plan meet professional standards of quality for 1 of 15 residents (CR#1) reviewed for professional standards: -The facility failed to ensure CR#1's orders were followed as ordered by the physician. The facility failed to identify when CR #1's order for monitoring was discontinued and did not seek clarification. This failure could affect all residents and place them at risk of decline in health and well-being. Findings include: CR#1 Record review of the admission sheet for CR#1 revealed an [AGE] year old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. CR#1 was discharged to the hospital on [DATE]. Record review of CR#1's annual MDS assessment dated [DATE] revealed she had a BIMS of 08 out of 15 indicating that she was moderately impaired. Record review of CR#1's care plans initiated on 03/12/20 read in part, .I may be at risk for altered psychosocial well-being as evidence .due to COVID-19 precautions implemented .interventions .monitor/record/report .signs/symptoms . Record review of CR#1's physician orders [REDACTED].check temperature and assess respiratory status Q shift ., order dated 3/26/20. Record review of CR#1's MAR/TAR for May 2020 revealed, check temperature and assess respiratory status Q shift .respiratory assessment ., with a D/C date of 5/10/20. Telephone interview with the ADON on 5/27/20 at 3:00 pm, she said CR#1 was sent to the hospital on [DATE] due to her O2 sat dropping to 77%. When asked about the monitoring of signs and symptoms, she said all residents were being monitored for any s/s of COVID 19 as well as temperature checks. When asked why CR#1's MAR was DC'd on 5/10/20, she put surveyor on hold and came back approximately 4 minutes after and said that she checked the system and saw the same thing that it was D/C'd and that it did not pick back up. When asked if this was done in error, she said she did not know and that she was with the Regional Nurse and they were looking into it right now. In additional telephone interview with the ADON on 5/27/20 at 4:15 pm, she said she spoke with the NP regarding CR#1's D/C order and she said the NP said she had DC'd it. She said she asked the NP why it was DC'd and the NP said that it may have been done accidentally. She said they were going over all the resident's order's now to ensure it was being followed. Record review of the facility's policy for strategies to prevent the spread of COVID-19 in Long-Term Care Facilities revised on 05/14/20 read in part, .monitor residents .for fever or respiratory symptoms .all residents will have vital signs, O2 sats, and COVID-19 common symptoms .assessed at lease every shift and documented on the MAR in the electronic health record .</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.