STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676204	A. BUILDING _____ B. WING _____	**08/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
FOCUSED CARE AT CEDAR BAYOU	**2000 W BAKER RD BAYTOWN, TX 77521**

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 0842 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain clinical records on each resident that were complete and accurately documented in accordance with accepted professional standards of practice for 1 of 6 residents (CR #1) reviewed for medical records in that; CR #1 had multiple days of missing documentation on his treatment administration record for wound care. The facility failed to complete the Weekly Wound Assessment for CR #1's right arterial wound. These failures could place residents at risk of having incomplete and inaccurate records which could impact their treatment and health. Findings include: Record review of CR #1's face sheet revealed, an [AGE] year-old-male admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of CR #'1s Care plan date initiated 2/13/20 read in part, Focus: The resident has Arterial injury to LEFT and RIGHT HEEL, and Lateral Malleolus related to disease process [MEDICAL CONDITION], Immobility .Interventions: .Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate. Record review of CR #1's physician orders [REDACTED]. Record review of CR #1's physician orders [REDACTED]. Record review of CR #1's physician orders [REDACTED]. For Debridement Until resolved. Record review of CR #1's physician orders [REDACTED]. Record review of CR #1's June 2020 TAR revealed an order for [REDACTED]. On 6/25/20, and 6/28/20 there was no checkmark or signature on the TAR indicating the treatment was conducted. Further record review of CR #1's June 2020 TAR revealed an order for [REDACTED]. Further record review of CR #1's June 2020 TAR revealed an order for [REDACTED]. Record review of CR #1's Weekly Wound assessment dated [DATE] revealed, an assessment completed on the left heel arterial wound, there was no assessment completed on the right heel arterial wound. Record review of CR #1's July 2020 TAR revealed wound treatment orders, Right Lateral Heel and Left Heel: Clean c NS/WC pat dry apply Santyl and Calcium Alginate with a dry drsg. for Debridement Until resolved. On 7/1/20 there was no checkmark or signature on the TAR indicating the treatment was conducted. Further record review of CR #1's July 2020 TAR revealed an order for [REDACTED]. Further record review of CR #1's s July 2020 TAR revealed wound treatment orders, Santyl Ointment 250 Unit/GM ([MEDICATION NAME]) Apply to RT HEEL topically one time a day for WOUND CARE. On 7/1/20 there was no checkmark or signature on the TAR indicating the treatment was conducted. Interview on 8/05/20 at 1:34pm with the DON, she stated the Treatment nurse started working full-time at the facility the first week of July further stating she was previously the weekend treatment nurse. The DON was informed there were multiple days of missing documentation on CR #1's June and July TAR and the Weekly Wound Assessments was not completed for CR #1's right arterial wound on 6/26/20. She stated she was on leave from work between 6/27/20 until 7/14/20 and when she came back, she revamped the system for wound care. When asked if wound care was completed on CR #1 as ordered, she stated yes. She stated the notes should have been consistent with documentation. She stated 80% of their staff were out due to COVID and they were not using agency nurses. She said she and the Administrator were out of the facility, so they were working bare bones. Interview on 8/05/20 at 3:19pm with LVN #1, when asked if she completed wound care on CR #1, she stated the days she worked she completed wound care further stating all nurses were doing their own wound care for the hall they were assigned. When asked why she did not document the treatment completed, she stated at that time it was busy and crazy, so she probably did not document because she forgot, stating she did complete wound care. She said there was barely any staff and she was the only one who tested negative, so she was basically everywhere. Further interview on 8/05/20 at 3:19pm with LVN #1, when asked what the facility's policy was on completing wound documentation, she stated everything is supposed to be documented. Interview on 8/05/20 at 3:44pm with LVN #2, when asked if she completed wound care on CR #1, she said yes, she helped with wound care when they did not have a wound care nurse. She stated she documented whatever she completed, further stating if she did not document it was because it was a busy day, or she could not complete everything at once. She stated she was trying to answer calls and patients concerns further stating, if I know I have to do a task, the documentation may not be completed because things happen. Interview with the DON on 8/05/20 at 4:49pm, when the surveyor asked the DON for the facility's policy on clinical documentation and/or wound care documentation, she stated there was no such policy.

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.