

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455916	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSITY PARK NURSING AND REHABILITATION LP		STREET ADDRESS, CITY, STATE, ZIP 4511 CORONADO AVE WICHITA FALLS, TX 76310	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary services to maintain personal hygiene for 4 of 5 residents reviewed for ADLs (Residents # 5, 20, 28 and 41). The facility did not provide Residents # 5, 20, 28 and 41 with a showers/bath on their scheduled days. The residents received one shower. This failure could place 84 residents who required assistance of 1 or 2 staff or dependent on staff for bathing at risk of not receiving care and services to meet their needs. Findings included: Record review of Resident #5's face sheet, not dated, revealed a [AGE] year-old female who was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #5's Care Plan, dated 04/02/2020, revealed Resident #5 was at risk for self-care deficit related to requiring assistance of 1-2 staff for ADL care. Nursing staff were to assist with ADL care as needed, and the resident would remain clean, neat, and well-groomed over the next 90 days. Resident has potential for communication difficulties, not a problem at this time, able to make self and needs known. Record review of Resident #5's MDS, dated [DATE], revealed Resident #5 resident was totally dependent on staff for all ADLs; except eating which she required only supervision during meal times. Record review of Resident #5's ADL flowsheet, dated 05/01/2020-05/31/2020, revealed the resident was to be showered once a day on Tuesday, Thursday and Saturday; and should be charted as accepted or refused. The only entry noted on the ADL sheet was done so on 05/07/2020 as accepted, there was no other documentation regarding showers or baths for the rest of the month. During an interview on 05/19/2020 at 10:55 a.m., Resident #5 reported that she usually only receives a shower once a week instead of the three times a week, and her last shower was received on Thursday, May 14, 2020. Resident #5 that she is told by CNAs that the shower aides call in and that is why they aren't able to get residents their showers. Record review of Resident #20's face sheet, not dated, revealed a [AGE] year-old female who was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #20's Care Plan, dated [DATE]20, revealed Resident #20 was at risk for self-care deficit related to requiring assistance of 1 staff for ADL care. Nursing staff were to assist with ADL care as needed, and the resident would remain clean, neat, and well-groomed over the next 90 days. Record review of Resident #20's MDS, dated [DATE], revealed the resident required physical help in the part of bathing activity with a one-person physical assist. During an interview on 05/19/2020 at 11:15 a.m., Resident #20 reported that shower aides are calling in a lot and so she only gets to shower once a week. Record review of Resident #28's face sheet, not dated, revealed a [AGE] year-old female who was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #28's Care Conference Report, dated 03/27/2020, revealed Resident #28 requires the assistance of one staff for all ADLs, is alert and oriented x3, and is able to make needs known and understand staff. Record review of Resident #28's MDS, dated [DATE], revealed the resident required physical help in the part of bathing activity with a one-person physical assist. During an interview on 05/19/2020 at 11:25 a.m., Resident #28 reported that her scheduled shower days are Tuesdays, Thursdays and Saturdays. Stated that she last received a shower on Thursday 05/14/2020, and routinely only gets a shower once a week due to a lack of shower aides coming to work. Record review of Resident #41's face sheet, not dated, revealed a [AGE] year-old female who was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #41's Care Plan, dated 03/09/2020, revealed Resident #41 was at risk for self-care deficit related to requiring assistance of 1-2 staff for ADL care. Nursing staff were to assist with ADL care as needed, and the resident would remain clean, neat, and well-groomed over the next 90 days. Record review of Resident #41's Care Conference Report, dated 03/09/2020, revealed that the resident is able to make needs known. Care Plan Conference Report dated 12/19/2019 revealed resident is alert and oriented x3 and able to make needs known. Record review of Resident #41's MDS, dated [DATE], revealed the resident required physical help in the part of bathing activity with a one-person physical assist. During an interview on 05/19/2020 at 12:05 p.m., Resident #41 reported there have been no showers for the last 4 Saturdays and that she was told that there was no one here to do showers on the day of this interview. She states that her regular shower days are Tuesdays, Thursdays and Saturdays; and that her last shower was on Thursday, May 14, 2020. During an interview on 05/19/2020 at 11:40 a.m., the ADON that the facility does not employ shower aides, one person a day is assigned to give showers and the other aides working each hall also assist with the easier showers and bed baths. During an interview on 05/19/2020 at 11:45 a.m., CNA B reported that the residents on Hall 4 have been begging for showers and that she is not certified for bathing residents. She stated that they put the good aides on Hall 2 and no one is getting showered like they are supposed to because there are not enough shower aides. During an interview on 05/19/2020 at 1:10 p.m., the DON said she expected for the showers and baths to be charted by the CNAs on the resident's ADL flow sheets, and for each entry to indicate whether the shower or bath was accepted or refused. During an interview on 05/19/2020 at 4:20 p.m., LVN A reported that the CNAs on each hall are responsible for ensuring that the showers on their assigned hall are completed. Record review of the Daily Assignment Sheets for 0[DATE]9/2020-05/18/2020, 30 sheets total, 15 of the assignment sheets were missing a shower assignment for staff. Review of a facility policy with a revision date of 01/2020 and a subject of Bath, Bed, Tub, and Shower states (in part): It is the policy of this home that residents will be assisted with their bathing needs and will be bathed on a routine basis.</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.