STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676332	A. BUILDING _____ B. WING _____	**07/30/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE MEDICAL RESORT AT BAY AREA	**4900 EAST SAM HOUSTON PARKWAY SOUTH PASADENA, TX 77505**

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 0624 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Prepare residents for a safe transfer or discharge from the nursing home.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review revealed facility failed to provide and document sufficient preparation and orientation to resident to ensure safe and orderly transfer or discharge from the facility for 1 of 5 residents (CR #1) reviewed for transfers. The facility failed to ensure CR #1's trilogy ventilator was not lost during transfer to the emergency room . This failure could affect residents who require transfer from the facility and placed them at risk of lost items or misappropriation of property. Findings included: Record review of CR #1's face sheet revealed [AGE] years old female was admitted to facility on [DATE] and re-admitted [DATE] with [DIAGNOSES REDACTED]. Record review of CR#1 's Care Plan target dated [DATE], noted with impaired cognitive function/ dementia or impaired thought processes related to difficulty making decisions. Engage her in simple, structured activities, avoid overly demanding tasks. Ask yes/no questions to determine her needs. She required ,[DATE] staff total assist all ADLs. Record review of [MEDICAL CONDITION] Progress Notes dated [DATE] revealed CR#1 's ventilator setting on Assist-Control mode (A/C) 12, tidal volume (TV) 500 and positive end expiratory pressure (PEEP +5),[MEDICAL CONDITION] on fraction of inspired 02 or FIO2 40% on 02 at 8L/min. Interview on [DATE] at 10:00 am, RT Director stated she was assigned to CR #1 once or twice a week during the month of [DATE]. RT added CR#1 was diagnosed with [REDACTED]. She said CR #1 was suctioned q 2 hrs and as needed. Record review of facility provided log titled Senior Care Excellence dated [DATE] revealed Facility's list of rented 16 Ventilators stand trilogy, noted with order #, order date, and serial # on 5 out of 16 trilogy ventilators listed. Interview on [DATE] at 10:35 am Respiratory Therapist (RT) Director explained above Facility's trilogy ventilator list were all rented ventilators. RT added that CR #1's ventilator was not rented and was not included on the Facility's list, since CR#1's trilogy ventilator was her own personal ventilator. Record review of progress notes dated [DATE] revealed CR #1 noted to be experiencing a potential change in condition, the following areas of concern noted: Abnormal vital signs (VS), Unresponsiveness. MD notified at [DATE] 1:34 AM. Further review noted EMS was called, and patient was transferred to the hospital. Interview on [DATE] at 10:40 am CNA D stated she was not at the facility when CR#1 was transferred out to the ER. CNA D stated she did not see any ventilator in CR#1 's room. She said she helped pack together all her personal belongings with charge nurse, and they gave it to CR#1 family member who picked them up next day. Interview on [DATE] at 11:00 am RT Director stated although she was not present when CR #1 was transferred to the hospital, she was given report that CR#1 's personal trilogy ventilator was taken by emergency medical transporter (EMS) to local ER hospital during transport. Interview on [DATE] at 1:00 pm LVN W stated he called 911 the day CR #1 was transferred to the hospital. He said during a 911 call, EMS asked status of resident and if CR#1 needed a special equipment, and the answer yes, since she was ventilator-dependent. LVN W stated he was not asked by Administrator regarding CR#1 's missing ventilator. LVN added he was assigned to her at the time but unaware she had her own personal ventilator. He added this was new information to him, since he thought ventilators belonged to the facility and facility protocol not to send out the facility's ventilator with EMS. He did not know if a Resident own or rented a ventilator. He stated EMS did not run into any problems while picking up CR #1 since they bring their own ventilator. He stated however, he could not remember if she was attached to a ventilator on her way out with EMS, since incident happened 3 months ago, and he was busy giving report at the time. He stated he told EMS to bring a ventilator with them, since EMS asked if CR#1 needs a special equipment, and she was ventilator-dependent. Interview on [DATE] at 1:30 pm with LVN S stated she was unaware CR #1 had her own personal ventilator. LVN S added Respiratory Therapists were better informed compared to facility nurses, if Resident owned or rented a ventilator. She said she was there the day CR #1 transferred to the hospital. She stated during 911 call her priority at the time was to help or keep Resident alive, until EMS arrive. LVN S added she was not at all looking for equipment at the time. Further interviews noted EMS will ask regarding status of Resident, if special equipment needed, since CR#1 was ventilator-dependent and EMS informed. Interview on [DATE] at 11:30 am RT Director stated during telephone conversation with EMS Staff on [DATE], who explained due to facility staff had already initiated CR#1's CPR, it was continued all the way to ER by EMS personnel. RT Director acknowledged EMS Staff stated there was no documentation by the EMS personnel regarding CR#1 personal ventilator used during transport to local ER, and/or there was no mention of CR#1 ventilator. Interview on [DATE] at 1:30 pm, Admission Coordinator with EMS company confirmed she spoke to the Interim DON and RT director. She said there was no documentation in the EMS note regarding CR #1's personal ventilator. Record review of the Administrator written statement undated, revealed he was not employed at the time CR #1 went out with 911. Further noted he looked all over the facility but did not find anything . This matter was addressed as thoroughly as it could have been, on top of that the family stated they no longer cared for us to try to resolve it because they had taken it upon themselves to do so . Record review of Administrator written statement undated, revealed to resolve the matter he went one step further and spoke to VP of Operations, and he was willing to work with the family. He stated he let the family know and gave his personal contact to them, but stated they no longer cared for us to resolve anything and they took care of it and that we would soon be getting a visit about the matter. He proceeded to ask once more if they were sure as he would aim to resolve any issue that we can to address matters, but family hung up on me. Telephone interview on [DATE] at 12:30 pm Administrator stated he felt he did everything reasonable to resolve the matter for CR #1, but the family was irritated in that the hospital and our facility all had different accounts whether the ventilator went with the patient or not. He reiterated he told the family, their VP of Operations was willing to work with them, but the family was not willing to work with us, as they did not like the answers provided to them. Administrator stated he let the family know as he would aim to resolve any issue. Interview on [DATE] at 12:00pm, Interim DON stated Administrator investigated throughout the facility regarding on the ventilator equipments we had in the facility. She stated he was not employed at the time of the events and Administrator looked all over the facility but did not find anything. She added his investigation concluded that our facility did not have CR #1's ventilator. Record review of the provided Facility policy on Transfer or Discharge, Emergency revised date on [DATE], revealed our facility shall make an emergency transfer or discharge when it is in the best interest of the resident.

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.