

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675931	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER CEDAR HILLS GERIATRIC CENTER		STREET ADDRESS, CITY, STATE, ZIP 710 HWY 55 CAMP WOOD, TX 78833	
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 0622 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure all necessary documentation for transfer and discharge was included in the medical record for 1 of 1 resident (Resident #1) reviewed for discharge, in that: The facility did not have a physician's orders [REDACTED]. This deficient practice could place residents at risk for not receiving care and services to meet their needs upon transfer and discharge. The findings were: Record review of Resident #1's face sheet revealed an admission on 1/17/2020 with [DIAGNOSES REDACTED]. Record review of Resident #1's medical record revealed a document titled Release of responsibility For Leave of Absence dated 5/1/2020 signed by Resident #1. Record review of Resident #1's medical records did not reveal any documentation of a physician's orders [REDACTED].#1 was transported to Arlington Texas to reside with his brother without a physician's orders [REDACTED]. Record review of the facility's undated Transfer of Residents policy revealed policy and procedures stating: Transfer: 1) obtain physician's orders [REDACTED]. and give copy of signed transfer notice to the resident, representative responsible for care. 4) . copy any portion of the medical record necessary for the care of the resident. 5) send original of transfer form and portions of medical record that were copied with 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.