STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676400	A. BUILDING _____ B. WING _____	03/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MRC THE CROSSINGS	255 N EGRET BAY BLVD LEAGUE CITY, TX 77573

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 0656 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to use results of the comprehensive assessment to develop and implement a comprehensive person-centered care plan for 2 of 6 residents (Residents #1 and Resident #2) reviewed for Comprehensive Care Plans. --Resident #1's Comprehensive Care Plan did not document he was on contact isolation. --Resident #2's Comprehensive Care Plan did not document her language difficulties. These failures affected 2 residents and placed them at risk of not having their individually assessed needs determined and met. Findings: Resident #1 Record review of the Admission Record for Resident #1 revealed he was [AGE] years old. His admitted was 6/1[DATE]9 with the [DIAGNOSES REDACTED]. Record review of the Comprehensive Care Plans for Resident #1 dated 10/[DATE]9 read in part, .The resident has a venous/stasis ulcer of the bilateral lower extremities.Interventions/Tasks: Apply compression dressing for drainage/[MEDICAL CONDITION] control.Monitor/document/report as needed for signs/symptoms of infection: Green drainage, foul odor, redness and swelling, red lines coming from the wound, excessive pain, fever. There was no documentation for his isolation. Record review of the Order Summary Report for Resident #1 dated [DATE] read in part, .Contact Isolation for [CONDITION]. Record review of the Progress Notes for Resident #1 dated [DATE] read in part, .Resident continues on antibiotic [MEDICAL CONDITION] to wounds. There was no documentation in the progress notes of isolation. Record review of the updated Care Plan for Resident #1 dated as initiated on 3/4/20 read in part, .Resident requires isolation precautions related to [CONDITION] to wound. Interventions/Tasks: May leave room if wound drainage is contained, per resident request. During an interview and observation on [DATE] at 08:51 AM revealed Resident #1 was in his room sitting up in his wheelchair wearing a nasal cannula. He was fully dressed. He was observed with both of his legs wrapped and both feet were swollen. Isolation gowns and gloves were observed on his door. There were yellow and red biohazard bags hung in his room. During an observation on 03/04/20 at 7:30 AM Resident #1 was sitting in the dining room in his wheelchair eating his breakfast on his own. His legs were both wrapped, and he was wearing socks over his toes/lower feet. He was sitting at a table by himself. During an observation on 03/04/20 at 12:15 PM Resident #1 was sitting in the dining room in his wheelchair eating his lunch on his own. His legs were both wrapped, and he was wearing socks over his toes/lower feet. He was sitting at a table by himself. During an observation on 03/04/20 1:00 PM Resident #1 was back in his room sitting in his wheelchair. Isolation gowns continued to be on his door. There were yellow and red trash biohazard bags hung in his room. During an interview on 03/04/20 at 1:05 PM with RN A said Resident #1 was on contact isolation due to an infection in his legs. She said it was contained if he kept the wraps on his legs. She said he could come out of his room only if he left the wraps on his legs. She said sometimes he would remove the wraps on his own and decide to stay in his room. During an interview on 03/04/20 at 1:10 PM with MA A said Resident #1 no longer received an antibiotic. She said he was on contact isolation for his leg wounds and she wore gloves when she gave him his medications. During an observation on 3/5/20 at 9:55 AM Resident #1 was sitting in his wheelchair in his room with the TV on and his eyes closed. Both of his legs were wrapped, and he was wearing socks over his toes. Isolation gowns continued to be on his door and yellow and red biohazard bags hung in his room. During an interview on 3/5/20 at 10:00 AM CNA A said Resident #1 was on contact isolation for an infection in his feet/legs. She said she wore a gown and gloves when she provided care for him. She said he could come out of his room as long as he kept his legs wrapped. During an interview on 3/5/20 at 10:05 AM the MDS Nurse said resident #1 had an order for [REDACTED]. Resident #2 Record review of the Admission Record for Resident #2 revealed she was [AGE] years old. Her admitted was 9/28/16 with the [DIAGNOSES REDACTED]. Record review of the Care Plan dated as initiated on 3/26/19 for Resident #2 read in part, .The resident has a communication problem related to [MEDICAL CONDITION]. Interventions/Tasks: Anticipate and meet needs. Be conscience of resident position when in groups, activities, dining room to promote proper communication with others. Monitor for changes in condition. Reassurance and patience when resident attempts to communicate. Refer to speech therapy for evaluation and treatment as ordered. Use short phrases which require yes or no answers. There was no documentation of the resident saying repetitively That's fine or that's not fine. There was no documentation of the resident pointing to things she wanted, or of showing she was in pain. Record review of the Significant Change Minimum Data Set ((MDS) dated [DATE] for Resident #2 read in part, .Sometimes understood, usually understands. Bims score of 12. Active [DIAGNOSES REDACTED]., [MEDICAL CONDITION], Anxiety disorder, Depression, [MEDICAL CONDITION]. Record review of the Quarterly MDS dated [DATE] for Resident #2 read in part, .Usually understood, usually understands. BI[CONDITION] score of 09. Active [DIAGNOSES REDACTED]., [MEDICAL CONDITION], Anxiety disorder, Depression, [MEDICAL CONDITION]. During an observation and interview on [DATE] 08:58 AM Resident #2 was sitting up in her bed with ear phones on listening to the TV. She only repeated the words That's fine when she answered questions. During an interview on 03/05/20 at 10:05 AM the MDS Nurse said she had spoken to Resident #2 and she could understand what she wanted. She said Resident #2 said I'm fine or I'm not fine when she was answering yes or no questions. She said she was not care planned for this specifically. Record review of the Care Plans, Comprehensive Person-Centered Policy dated as revised on 12/2016 read in part, .a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychological and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation: . 2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 13. Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's condition change.

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.