

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER KINDRED TRANSITIONAL CARE AND REHABILITATION-GRAPE		STREET ADDRESS, CITY, STATE, ZIP 1005 IRA E. WOODS PARKWAY GRAPEVINE, TX 76051	
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 F 0644	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to coordinate assessments with the pre-admission screening and resident review (PASRR) program to the maximum extent practicable to avoid duplicative testing and effort, which included incorporating the recommendations from the PASRR level II determination and the PASRR evaluation report into a resident's assessment, care planning and transitions of care for two (Resident #1 and #2) of two residents reviewed for pre-admission screenings. The facility failed ensure Resident #1 and Resident #2 received OT/PT services agreed upon in their IDT meetings when the facility failed to re-submit the Nursing Facility Specialized Services (NFSS) request for OT/PT services after it was initially denied. This failure placed resident's at risk of not having their specialized needs assessed and met by the facility. Findings included: 1. Record review of Resident #1's face sheet revealed she was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed she had a BIMS score of 8 indicating moderate cognitive impairment. She required extensive assistance for bed mobility, transfer, dressing, toileting, and personal hygiene, and total assistance of two people for bathing. Resident #1 had care plans to address the need for PT and OT. Review of care plan dated 05/29/19 revealed Resident #1 had been identified as having a PASRR positive status related to an intellectual disability. Goals were that Resident #1 would maintain her highest level of practical well-being and intervention included providing service coordination, evaluate for habilitative services to maintain current level of functioning and to receive PT/OT services. Record review of the plan developed for Resident #1's IDT(Interdisciplinary Team) meeting conducted on 12/10/19 revealed it was agreed that OT/PT services would be initiated. Review on 03/11/20 of the LTC portal revealed the NFSS request was submitted on 12/18/19 and it was denied on 12/27/19. The review revealed the reason for denial was, Therapist and Physician signature dates submitted on the attached signature page do not match the date that was entered on the NFSS form. Also, the therapist and physician signature cannot come before the date of the assessment. You cannot review an assessment if it has yet to take place. There was no further evidence that the request for specialized services was resubmitted through the portal. 2. Record review of Resident # 2's face sheet revealed she was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #2's quarterly MDS assessment dated [DATE] revealed she had a BIMS score of 9, indicating moderate cognitive impairment. She required extensive assistance for bed mobility, transfer, dressing, toileting, and personal hygiene, and total assistance of two people for bathing. Review of care plan dated 05/30/19 revealed Resident #2 had been identified as having a PASRR positive status related to an intellectual disability. Goals were that Resident #2 would maintain her highest level of practical well-being and intervention included providing service coordination, evaluate for habilitative services to maintain current level of functioning and to receive PT/OT services. Record review of the plan developed for Resident #2's IDT(Interdisciplinary Team) meeting conducted on 06/12/19 revealed it was agreed that OT/PT services would be initiated. Review of the LTC portal revealed a request for NFSS was submitted on 10/09/19 and it was denied on 10/18/19. According to the LTC portal review the reason for denial was, Need handwritten signatures on the signature page instead of being typed. There was no further evidence that the request for specialized services was resubmitted through the portal. In an interview on 02/25/20 at 1:05 PM with the facility Social Worker revealed she had submitted the NFSS for Resident #1 and Resident #2 in the portal, but the request was denied. She stated both requests had been denied because the paperwork was not submitted timely the first time. She stated she did not realize that she had to re-submit the paperwork again. The Social Worker stated that Resident #1 had received PT/OT periodically during her stay and had requested it to be started again and Resident #2 had been receiving OT and PT since she admitted but it was under Medicare Part B. She also stated that she had instructed she should be checking the LTC portal daily so she can follow up on pending denial status. In an interview on 02/25/20 at 1:25 PM the therapy director stated Resident #1 and Resident #2 had been screened for both PT and OT however she was not aware that after a denial, that the paperwork had to be resubmitted. An interview on 02/25/20 at 2:15 PM with the Administrator revealed his staff had just had training the week prior (02/17/20) from the corporate office regarding PASRR and they had more training scheduled. He also stated he was not aware a request for Resident #1 and Resident #2 was denied. He stated they had to re-submit the request. He stated the facility was going to be reviewing all residents who received PASRR services to make sure they were completing the paperwork timely and correctly. He stated they did not have a specific policy regarding resubmission after a denial.</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.