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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676365 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/15/2020 |
| NAME OF PROVIDER OF SUPPLIER WILLOW PARK REHABILITATION AND CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 300 CROWNE POINT BLVD WILLOW PARK, TX 76087 | |
| 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 0644 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <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, observation 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 1 of 2 residents (Resident #'s 1 and 2) reviewed for PASRR assessments. The facility failed to coordinate with the LHMA/LIDA within 2 calendar days of admission to schedule an IDT meeting and to convene and participate in an IDT meeting within 14 days. The facility failed to check the LTC portal daily and submit a complete and accurate request for NFSS for Speech Therapy in the LTC Online Portal within 20 business days after the date of Resident #1's IDT meeting. The facility failed to submit a NFSS form or request a Service Planning Team meeting with the resident's LIDDA by the noted due date to document changes or remove or update the services in the portal on the patient Care service plan form. These failures could place residents at risk of not receiving specialized services that would enhance his highest level of functioning. Findings included: Record review of Resident ID #1's face sheet not dated, revealed he was a [AGE] year-old male initially admitted to the facility on [DATE] with the following Diagnoses: [REDACTED]. Record review of Resident ID #1's PASRR Level I screening dated 11/6/2019, revealed he had a developmental disability and an intellectual disability but did not have a mental illness. Record review of Resident ID #1's PASRR Evaluation dated 11/13/19, revealed he had the following Diagnoses: [REDACTED]. Record review of the Social Workers progress notes dated from 12/9/19 to 5/26/20 revealed that the facility contacted the local mental health authority on 12/9/19 to coordinate an IDT meeting. The local authority responded on 12/11/19 that she would be available the week of 12/16/19. The Resident ID #1's IDT Meeting was held on 12/18/19. The resident's mother (legal authorized representative), local authority from a local agency, MDS nurse, DON, Director of Therapy, Administrator, Activity Director, social worker, and Dietary Manager were present. Dietary needs, nursing needs, dental need, optometry needs, and goals of specialized PT, OT and Speech were discussed to be provided. Therapy requested a new CMWC be provided through PASSR. Record review of the therapy treatment sheets and the resident's Medicaid Eligibility Service Authorization Report (MESAV) revealed that the resident had rehabilitative speech therapy from 12/2/19 to 12/22/19. No documentation was provided for the resident having received specialized speech therapy at all. Observations of Resident ID #1 on 7/14/20 at 11:00 AM revealed that he was alert and cheerful and in a customized wheelchair. He was neat and well groomed. His speech was not clear and he required extra time for communication but was able to make himself understood. He was neat and well-groomed and greeted the surveyor in an engaging cheerful manner. He was playing a hand-held video game. Interview and Record Review on 7/15/20 at 2:30 PM of the Long-Term Care Portal with the MDS nurse revealed the following information: The IDT meeting on 12/18/19 was not documented in the LTC portal. There were requests completed for OT, PT, and the CMWC. There were no submissions for ST until 4/8/20. Interview with the Social Worker on 7/14/20 at 11: 15 AM revealed that she was responsible for scheduling the IDT meetings with the local authority. She stated that the previous local authority was hard to contact she was unable to contact her by phone and emailed her on 12/9/20. She stated that the facility had an IDT meeting on 12/18/20 and another meeting was not held until June. She stated that the local authority was responsible for recording these meetings in the LTC Portal. She acknowledged that the initial IDT meeting was held late, but stated the facility should not be held responsible for this since she was only able to contact the local authority by email on 12/9/19. In an interview on 7/14/20 at 12:14 PM , the MDS Nurse stated she did not check the LTC Portal daily. She stated that she thought therapy would follow up and ensure that the proper forms were submitted in a timely manner. She stated that she had been employed by the facility since March of 2020 after the previous MDS Nurse left. She stated that she was MDS Nurse for a sister facility before accepting this position and was familiar with the PASSR process. She stated that going forward she would check the LTC Portal daily and set up a system to keep track of pending items for PASSR residents to ensure that information was entered as quickly as possible. She stated the facility had a new local authority for PASSR and hopefully things would get better. She stated that since she had been employed in March, she had not been contacted by the PASSR Unit to notify her of any pending denials or late submissions. She stated that the facility did not have a written Policy on PASSR, they followed the state and federal guidelines. In interviews on 7/15/20 at 2:30 PM and on 7/23/2020 at 11:19 AM the PASSR Unit Program Specialist stated the facility is repeatedly late on with the required time frames to initiate services. She stated the facility did not initiate Speech Services within 20 days of the initial IDT meeting which was held on 12/18/19. She stated the Initial IDT meeting was on 12/18/19 and the request for specialized ST services was not submitted until 4/15/20 and should have been submitted by 1/17/20. She stated she did not email or call the facility regarding this noncompliance. In an interview with the Director of Therapy on 7/15/20 she stated the forms for the CMWC, PT and OT were submitted by the required timeframes. She stated that the resident refused Speech Therapy after 12/22/19 and she had communicated this to the local authority. She stated that she was not aware of any other requirement on her part. In an interview on 7/15/2020 at 3:15 PM the Administrator stated that her expectation was for the facility to follow state and federal guidelines regarding the PASSR process. She stated that she had not been notified by the PASSR Unit of any late submissions or pending denials of PASSR services. She stated he had had never gotten any alerts from them or been notified by her staff that they had received any communication from the PASSR unit of pending denials. She stated she expected her MDS nurses to check the LTC portal daily.</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.