

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER WEATHERFORD HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 521 W 7TH ST WEATHERFORD, TX 76086	
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 (Resident #1 and #2) of 2 residents reviewed for PASRR assessments. The facility failed to submit a completed request for NFSS in the LTC Online Portal within 20 business days after the date of Resident #1's IDT meeting which resulted in a delay in receiving specialized equipment. This failure could place residents at risk of not receiving specialized services that would enhance his highest level of functioning. Findings included: Closed Records: 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 10/25/2019, 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 11/18/2019, revealed he had the following Diagnoses: [REDACTED]. #1's IDT Meeting was held on 2/6/2020 revealed a specialized air mattress was agreed upon by the IDT on that date. Record review of skin sheets from 10/25/19 to 5/4/19 revealed the resident developed no pressure related skin injuries while in the facility. His care plan initiated on admission indicated that he was at risk for pressure ulcers and a pressure relieving mattress was listed as an intervention. In an interview on 6/16/2020 @ 12:40 PM, the MDS Nurse stated that the NFSS form was not submitted into the portal. She stated that she had attended a few webinars on PASRR and was still learning the PASRR Process, but had no real training on the NFSS form. She stated she contacted the lead IDD at Pecan Valley for assistance. She stated Resident ID #1 was on and air mattress provided by the facility from his admission date of [DATE] until discharge on [DATE]. She was unable to find a DME provider that would contract to provide a specialized mattress through the PASRR Unit. She stated the Lead IDD at the local Mental Health Authority instructed her by phone that she would make a note of this information in the Long Term Care Portal. She stated the information was not recorded in the Long Term Care Portal by the Lead IDD and she is no longer with the agency. In an interview on 6/16/202 @ 3:00 PM the PASRR Unit Program Specialist stated The facility did not 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 from the Resident's comprehensive care plan in the portal on the patient Care service plan form. She stated this form is to be completed if the PASRR specialized services are no longer needed or the resident refuses services. An interview with the Resident's guardian on 6/16/2020 at 3:30 PM revealed she had no concerns with the care that Resident ID #1 received in the facility. She confirmed that the facility had the resident on a pressure relieving mattress, and he did not develop any pressure areas. She stated he was discharged to a group home on 5/4/2020. In an interview with the DON on 6/16/20 at 3:45 PM the DON stated her expectation was the facility follow the state and federal guidelines for PASRR. In an interview on 6/16/2020 at 4:00 PM the Regional Nurse Consultant stated the facility did not have a policy on PASRR. She stated they followed state and federal guidelines. In an interview on 6/16/2020 at 4:15 PM the Administrator stated that her expectation was for the facility to follow state and federal guidelines regarding the PASRR process.</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.