

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 45E631	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER SCHLEICHER COUNTY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 104 N US HWY 277 ELDORADO, TX 76936	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to treat each resident with respect and dignity, and care for each resident that promoted maintenance of quality of life for 1 (Resident #1) of 1 residents reviewed for resident rights. The facility did not provide Resident #1 with customized wheel chair after she requested and was eligible for one. The facility did not provide a physical therapist to assess Resident #1 for a customized wheel chair. This failure could place residents at risk for decreased self-esteem, decreased self-worth and decreased quality of life. Findings included: Review of the undated face sheet for Resident #1 revealed a 75-year-female originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. #1's Annual MDS (minimal data set) dated 0[DATE] revealed she had a BIMS (brief interview for mental status) of 12 indicating she was able to make her needs known. Resident #1's Functional Status revealed she moves between locations in her room and adjacent corridor. She is self-sufficient once in chair requires limited assistance with one person. Review of Resident #1's Care Plan dated 01/15/2020 revealed the following: Problem: I required assistance to propel wheelchair for long distances I am dependent on staff to propel my wheelchair. Goal: I will accept assistance with locomotion for the next 90 days. Intervention: Provide with appropriate level of assistance to promote my safety. Encourage me to participate in propelling wheelchair, and praise accomplishments. Assist me only when necessary. Instruct me in proper use of wheelchair. Monitor my wheelchair to make sure it fits and position my body properly, and that all its parts are in safe and working order - obtain wheelchair evaluation from Physical therapy if needed. Review of Resident #1's PASRR Comprehensive Service Plan (PCSP) Form dated 01/29/19, reflected Durable Medical Equipment (DME) PASRR evaluated, Customized wheel chair not needed, Specialized Occupational Therapy and Specialized Physical Therapy was agreed upon by the following people in attendance: Resident #1, Director of Nursing (DON), MDS Coordinator, Social Worker, Physical Therapist, Legal Authorized Representative, service coordinator for the Local Intellectual/Developmental Disability Authority (LIDDA). During the meeting Resident #1 stated she would like for LIDDA to assist her with a wheel chair that fits her well. Physical Therapist attended IDT meeting and would measure resident for an appropriate wheel chair. Order to be obtained for physical therapy to evaluate and treat as indicated for a new wheel chair. During the meeting SPT (service planning team) met and reviewed services with Resident #1 now ([DATE]) she would like to receive a Customized Wheel Chair and Service Coordination. Review of Resident #1's PASRR Comprehensive Service Plan (PCSP) Form dated [DATE], reflected Durable Medical Equipment (DME) Customized Manual Wheel Chair, Specialized Occupational Therapy and Specialized Physical Therapy was agreed upon by the following people in attendance: Resident #1, Director of Nursing (DON), MDS Coordinator, Social Worker, service coordinator for the Local Intellectual/Developmental Disability Authority (LIDDA). Review of an undated Authorization Request for Nursing Facility Specialized Service (NFSS) for Customized Manual Wheelchair (CWMC) revealed the pertinent information was completed but the referral physician was not identified or information completed. Review of an undated (completed after initial investigation on 0[DATE]) Authorization Request for Nursing Facility Specialized Service (NFSS) for Customized Manual Wheelchair (CWMC) revealed the pertinent information was completed and the physical therapist completed her assessment concluding: It is suspected that the patient level of independence will decline as she ages and a custom chair will be needed. If she gets a support a new chair now she may not be eligible to get another one in the future. (resident is [AGE] years old) (continuation of the PT (physical therapist) evaluation) - Nursing: The DON had already spoken with the resident. She indicated the patient needed head support a lower chair and support for her back. The patient was asked by a representative (from Passr-Dads) if she wanted a new wheelchair and the patient said yes. During an interview on 0[DATE] at 1:15 PM with the Nursing Facility Administrator said the problem with getting Resident #1 her customized wheel chair is the physical therapist at the hospital who is contracted to the hospital refuses to assess Resident #1 for her customized wheel chair. She said it had to do with her getting paid and Administrator said she would pay her if the physical therapist would tell her how much time she would need to assess the resident. During an interview on 02/14/20 at 1:35 PM, MDS Coordinator said Resident #1 has lived at the facility since January of last year (1/29/19) and was PASRR positive at that time. She said there has been two IDT representatives that have tried to work with me but they were not able to access the portal to put in the information she needed to begin to try to get Resident #1 additional services. She said she had a new IDT represented in October 2019 and she helped me get the information into the portal. She said the problem was the physical therapist refused to assess Resident #1 unless there was a specific physician order. So, that was the delay in getting the DME to provide a customized wheel chair. She said the DON wrote a verbal order for the physical therapist to assess Resident #1 but she did not like the way the order was written. During an interview on 0[DATE] at 2:10 PM with the Hospital Administrator he said the physical therapist is contracted by an outside staffing agency and the only way she could assess Resident #1 was to get an order from the physician. He said they do only out-patient therapy and she did not have to assess Resident #1. He recognized that failure to assess Resident #1 could be a detrimental to the welfare of Resident #1. During an interview on 0[DATE] at 3:00 PM the IDT representative said she has been working with the MDS coordinator regarding Resident #1's PASSR since last year and been trying to get her specialized wheel chair but the IDT case worker had been changed several times and she had not been getting guidance on how to do the paper work. She said this has been an ongoing issue for a year. She said the last IDT meeting was 01/22/2020. During an interview on 03/05/2020 at 11:30 AM DME (durable medical equipment) professional said he has been trying to assist the facility but he is waiting on the completed paper work to be available. He said he has offered to assist the facility but they said they were having problems with getting the physical therapist to assess the resident. He said he is going to the facility soon to assist the resident in getting her customized wheel chair. During an interview on 03/05/2020 at 1:30 PM Resident #1 said she would like a new wheel chair and it would be better for her while at the facility and felt her rights were not considered.</p>		
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 and record review, the facility failed to incorporate the recommendations from the PASRR (Preadmission Screening and Resident Review) level II determination and the PASRR evaluation report into a resident's assessment, care planning and transitions of care for one (Residents #1) of three residents reviewed for administration. The facility failed to submit Nursing Facility Specialized Services (NFSS) request form for durable medical equipment for Resident #1 within 20 business days (delayed for over a year) of an Interdisciplinary Team (IDT) meeting on 1/29/19. This failure</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.

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F 0644 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>could place residents at risk for not receiving the needed care and services to attain or maintain their highest practicable physical, mental, and psychosocial well-being. Findings included: Review of the undated face sheet for Resident #1 revealed a 75-year-female originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. #1's Annual MDS (minimal data set) dated 0[DATE] revealed she had a BIMS (brief interview for mental status) of 12 indicating she was able to make her needs known. Resident #1's Functional Status revealed she moves between locations in her room and adjacent corridor. She is self-sufficient once in chair requires limited assistance with one person. 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