

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER PASADENA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4006 VISTA RD PASADENA, TX 77504	
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 observation, interview, and record review, the facility failed to coordinate assessments with the pre-admission screening and resident review (PASRR) program to 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 one of one resident (Resident #1) reviewed for PASRR assessments. -The facility failed to request a Customized Manual Wheelchair (CMWC) and Occupational Therapy services within 20 days of the IDT meeting as required. These failures could affect residents with intellectual and developmental disabilities and placed them at risk of not receiving services that would enhance their quality of life. Findings included: Review of Resident #1's Face Sheet revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His [DIAGNOSES REDACTED]. #1's care plan dated 09/24/2019 revealed he was identified as PASRR positive status related to [DIAGNOSES REDACTED]. Record review of the PASRR Portal History reflected as of 02/14/2020 NFSS Form for Occupational Therapy was not submitted within 30 calendar days of the IDT meeting. Record review of Resident #1's MDS assessment dated [DATE] revealed he had a BIMS of 15, indicating no cognitive impairment. Resident had active [DIAGNOSES REDACTED]. He required assistance of one staff for all ADLs except bathing when he requires assistance of two staff. Record review of the PASRR Comprehensive Service plan (PCSP) dated 01/10/2020 provided by the MDS Coordinator revealed an LA-IDD representative, the MDS Coordinator, Resident #1, the rehab director, and the wound care nurse were present during the IDT meeting. The PCSP revealed a CMWC, Specialized Assessment Occupational Therapy and Specialized Occupational Therapy were requested. Record review of the PASRR Comprehensive Service plan (PCSP) dated 04/13/2020 provided by the MDS Coordinator revealed the LA-IDD representatives, the MDS Coordinator, Resident #1, and Service Coordinator were present at the meeting. The PCSP revealed the CMWC and the Specialized Assessment Occupational Therapy were ongoing, and the Specialized Occupational Therapy were pending. Record review of the Medicaid Inquiry Report reflected Resident #1's Medicaid started on 04/22/2020 but there was no entry into the PASRR Portal to initiate requested PASRR services within 20 calendar days. Interview on 07/20/2020 at 11:00 a.m., with the Rehab Director he said he had been working with Resident #1 thru Medicare Part B from 04/18/2020 thru 05/21/2020. He said Resident #1 did not have Medicaid, so he could not initiate services thru PASRR. He said he was not aware that Resident #1 Medicaid benefits had started back in April. Observation and Interview on 07/20/2020 at 2:00 p.m. with Resident #1 revealed he was laying in the bed. Resident #1 said he was getting therapy because he wanted to get stronger so he could move into an Assisted Living Facility. He said he could do all his ADLs himself. Interview on 07/20/2020 at 2:24 p.m., with the State PASRR representative, he said he spoke with the Rehab Director several times about timeliness of services. He said Resident #1's services were recommended in 01/10/2020 but Resident #1 did not have funding. He said the facility never followed up and entered the request services once Medicaid started. Interview on 07/20/2020 at 2:30 p.m., with the Administrator, she said did not know when Resident #1's Medicaid started. She looked in MESAV and discovered resident's Medicaid started 04/22/2020. She said she was not aware that therapy was not notified Medicaid was approved. She said she was going to figure out a way to communicate Resident Medicaid status to therapy to keep this from happening again. Observation and Interview on 07/20/2020 at 2:00 p.m. with Resident #1 who was laying in the bed. Resident #1 said he was getting therapy because he wanted to get stronger so he could move into an Assisted Living Facility. He said he could do all his ADLs himself. Record review of the facility PASRR policy dated November 2017 states in part .If admitted , the Admissions Coordinator and/or Nursing coordinate any Specialized Services required by the resident .</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.