

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675624	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER WHITEHALL REHAB & NURSING		STREET ADDRESS, CITY, STATE, ZIP 1116 E LOOP 304 CROCKETT, TX 75835	
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 0585 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based upon interview and record review, the facility failed ensure prompt efforts were made to resolve resident grievances for 1 of 4 residents reviewed for grievances. (Resident #1) The facility did not promptly resolve a grievance Resident #1 made regarding not receiving showers. This failure could place the residents who file grievances at risk for having their rights violated, poor hygiene and of neglect and a decreased quality of life. Findings included: A Grievance Report dated 06/22/20 indicated Resident #1 did not receive showers on her scheduled shower days. The facility follow-up and grievance resolution sections were blank. An undated Station 1 Shower List indicated Resident #1 was scheduled to receive showers on Mondays, Wednesdays and Fridays during the 10 p.m. - 6:00 a.m. shift with the notation, 2:00 a.m. per Resident #1's request beside her name. The most recent MDS dated [DATE] indicated Resident #1 was cognitively intact and did not reject care. Section G indicated Resident #1 required extensive physical assistance of two staff for transfers and was totally dependent upon staff for bathing. An undated care plan indicated Resident #1 had functional limitations and required assistance of two staff with personal hygiene, showers and grooming. During an interview on 07/02/20 at 1:50 p.m., Resident #1 said she wanted showers and did not get them. She said she did not refuse showers. She said staff did not want to assist her with her showers. Resident #1 said this was the second time she had gone many days without a bath and she complained both times, but nothing was done to correct it. She said she still had not received a bath since filing a grievance on 06/22/20. An undated Bath Refusal Report for the previous 180 calendar days indicated Resident #1 refused on the following four dates only: 01/09/20, 01/14/20, 01/20/20 and 01/28/20. A Resident Bathing Type by Day Chart indicated Resident #1 did not get a bath, shower or bed bath on the following 34 dates: - 04/03/20 (Friday) - 04/06/20 (Monday) - 04/08/20 (Wednesday) - 04/15/20 (Wednesday) - 04/17/20 (Friday) - 04/22/20 (Wednesday) - 04/24/20 (Friday) - 04/29/20 (Wednesday) - 05/01/20 (Friday) - 05/04/20 (Monday) - 05/06/20 (Wednesday) - 05/08/20 (Friday) - 05/11/20 (Monday) - 05/13/20 (Wednesday) - 05/15/20 (Friday) - 05/18/20 (Monday) - 05/20/20 (Wednesday) - 05/22/20 (Friday) - 05/25/20 (Monday) - 05/27/20 (Wednesday) - 06/01/20 (Monday) - 06/03/20 (Wednesday) - 06/05/20 (Friday) - 06/08/20 (Monday) - 06/10/20 (Wednesday) - 06/12/20 (Friday) - 06/15/20 (Monday) - 06/17/20 (Wednesday) - 06/19/20 (Friday) - 06/22/20 (Monday) - 06/24/20 (Wednesday) - 06/26/20 (Friday) - 06/29/20 (Monday) - 07/01/20 (Wednesday) During an interview on 07/02/20 at 3:00 p.m., the administrator said he the DON talked to the resident about her shower times but there was no documentation to support that. The administrator said Resident #1 had not complained to him. During an interview on 07/02/20 at 3:10 p.m., the DON said she received a complaint about Resident #1 not getting baths. She said Resident #1 liked her showers at 2:00 a.m. and usually gets them but refused one time. The DON said she investigated the complaint received 06/22/20 but did not notify Resident #1 of the outcome and did not know Resident #'s baths were still not being done. The DON said she did not document actions taken to resolve the concern, the follow up or anything related to this investigation. The DON said it was her responsibility to follow up on the grievance but the outcome was unknown. During an interview on 07/02/20 at 4:02 p.m., after reviewing the shower refusal logs which indicated Resident #1's last refusal was in January 2020, the administrator said he had nothing to add regarding Resident #1 not refusing showers. During an interview on 07/02/20 at 4:06 p.m., LVN D said the CNAs turn all shower sheet in to her. LVN D said there were no shower sheets for the entire month of June 2020 because they were not turned by whomever was to give Resident #1 a bath. She said the absence of a shower sheet would not be indicative of a refusal. Resident #1 had not complained to LVN D. A facility policy entitled Grievance Policy dated 11/19/16 indicated, „Social Service under the guidance of the Administrator is responsible for the following: maintains a system to keep records (file, log, copy of grievance registration forms, etc.) of all complaints reported which contains the date of report, circumstances, specifics of investigation, action taken, and follow-up with the complainant .The Administrator (grievance officer) is responsible for the following: maintain a Grievance Log for three years; review grievances to validate investigation of the facts and circumstances of the grievance; written findings of fact, conclusion and recommendations and validate with person issuing the grievance timely . During an exit interview on 07/02/20 at 4:15 p.m., the facility was asked for additional information regarding Resident #1 and none was provided.</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.