

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>675847</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____              | (X3) DATE SURVEY COMPLETED<br><b>08/24/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>WINTERS HEALTHCARE RESIDENCE</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>506 VAN NESS<br/>WINTERS, TX 79567</b> |   |
| 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 0851<br><br><b>Level of harm</b> - Potential for minimal harm<br><br><b>Residents Affected</b> - Many                            | <b>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</b><br><br>Based on interview and record review, the facility failed to follow guidelines for mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. The facility failed to submit staffing information to CMS. The facility's failure could place residents at risk for personal needs not being identified and met, decreased quality of care, decline in health status, and decreased feelings of well-being within their living environment. The findings included: Review of the facility's Employee List dated 8/20/20 indicated the following: 1 Administrator 2 RNs (included DON) 5 LVNs (included ADON and MDS Coordinator) 10 CNAs (included 1 CMA and Activity Director) 1 Maintenance Personnel 4 Housekeeping Personnel 1 BOM (Business Office Manager) 1 Laundry Personnel 3 Dietary Personnel 1 Therapist 1 Social Worker Record review of the facility CMS form 672 (Resident Census and Conditions of Residents) dated 8/20/20 provided by the MDS Coordinator indicated a total of 17 residents in the facility. During an interview with the Administrator on 8/20/20 at 3:03 pm, he said that a Payroll Based Journal had not been submitted by the hospital that owned the facility because they were not familiar with the requirement for reporting staffing to CMS. He said the facility did not have a Payroll Based Journal for submission to CMS policy. He said the last time it may have been reported was with the company that owned the facility prior but could not confirm. He said the facility changed ownership in December 2019 - January 2020. |   |   |
| 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.