

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675852	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA		STREET ADDRESS, CITY, STATE, ZIP 4810 KEMP BLVD WICHITA FALLS, TX 76308	
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 ensure the coordination, follow-up and provision of services agreed upon during the IDT meeting for 2 of 2 residents (Resident ID #1 and #2) reviewed for Pre-Admission Screening and Resident Review (PASRR) specialized services. Resident #1 did not receive specialized physical therapy and a specialized wheelchair in a timely manner. The IDT meeting for Resident #1 was held on 12/17/19 and recommended specialized PT and a customized manual wheelchair. Resident #2 did not receive specialized OT in a timely manner. The IDT meeting for Resident #2 was held on 12/11/19 and specialized OT was recommended. This failure could affect residents identified as having positive PASRR conditions, placing them at risk for decreased quality of life and for not receiving specialized services and/or support services in the most appropriate setting. The findings included: Review of Resident ID #1's Face Sheet, dated 06/24/2020, revealed he was a [AGE] year old male with the following Diagnoses: [REDACTED]. Review of the record for Resident #1, revealed an IDT meeting was held on 12/17/2019, and the facility did not initiate Specialized Services within the required 20 business days after the IDT meeting. The specialized services included specialized PT and a customized manual wheelchair. The NFSS (Nursing Facility Specialized Services) form was not submitted correctly until 2/28/2020 in the portal, approved on 03/19/2020, and the process was not completed on 05/29/2020. In an interview on 06/24/2020 at 12:42 PM, with the RN MDS Supervisor and the SW, they both stated the COTA submitted the original NFSS form for Specialized Services after the IDT meeting held on 12/17/2019 for Resident #1, which required PT and a Specialized wheelchair, and the request was denied. They stated the need for a wheelchair was not triggered until 02/28/2020 for Resident #1. The MDS supervisor stated they realized on this date the resident met the need to get Specialized OT. They both stated the follow up (submission of additional documents or corrected documents to the PASRR unit) for Resident #2 was not done within the 30-day time frame after the request was denied. The SW stated she was the staff member responsible to check the Portal for updates after the IDT meetings to ensure follow-ups. Observation on 06/22/2020 at 4:10 PM, revealed Resident ID #1 had a specialized wheelchair at bedside in his room. In an interview, on 06/22/2020 at 4:20 PM, Resident #1, he stated he had not had the wheelchair very long, and the facility had some trouble getting it. Review of Resident ID #2 Face Sheet, dated 06/24/2020, revealed she was a [AGE] year-old female with the following Diagnoses: [REDACTED]. Review of Resident #2's PASRR Nursing Facility Specialized Service form, provided by the facility from SimpleLTC, not dated, documented an IDT meeting was first held on 09/25/2019, and annual IDT meeting was held 12/11/2019, and then another IDT meeting was held on 2/26/2020. On 12/11/19 the IDT recommended specialized OT. The SimpleLTC portal documented specialized OT was approved 3/3/2020. The record documented the last IDT meeting was held 06/03/2020, and Resident #2 continued to meet the need for Specialized OT. Interview with the SW and RN MDS Supervisor, on 06/24/2020 at 12:50 PM, both stated the required IDT meetings were held, and the required follow-up was missed. The SW stated she would check the portal, but did not see an approval, and the SW thought the COTA was also checking the portal. In an interview with Resident #2, on 06/22/2020 at 2:01 PM, she was not able to answer questions about any Specialized Services she had received, and the responsible party was not able to be reached. In an interview, on 06/25/2020 at 5:15 PM, the Administrator stated the SW or designee was responsible to check the portal, per policy, to meet the deadlines required by HHSC to ensure all Residents received the Specialized Services they needed. Review of the facility's policy/procedure PASSR, last revision date 08/23/2017, revealed the following (in part): Policy Interpretation and Implementation . Facility initiates Specialized Services by submitting request to HHSC within 30 days of the IDT meeting. IDT communicates, via SimpleLTC Portal, changes in condition or need for changes to Specialized Services.</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.