

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER SHERIDAN MEDICAL LODGE		STREET ADDRESS, CITY, STATE, ZIP 1119 S. RED RIVER EXPRESSWAY BURKBURNETT, TX 76354	
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 0553 Level of harm - Potential for minimal harm Residents Affected - Some	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the residents were given the right to participate in the development and implementation of their plans of care for 1 of 5 resident's reviewed for participation in care planning. (Resident # 1) The facility did not invite Resident #1 and her family member(s) to participate in her quarterly care plan meeting, or conduct a quarterly care plan meeting. This failure could place the residents at risk for decreased quality of care, loss of independence, and decreased psychosocial well-being. Findings included: In a record review of Resident #1's face sheet, documented the resident was a [AGE] year old female, admitted on [DATE] with the diagnoses' of malignant neoplasm-unspecified, personal history of malignant neoplasm of ovary, [DIAGNOSES REDACTED], pneumonia, history of falling and age-related cognitive decline. In an interview, on 7/29/2020 at 5:00 PM, with the MDS coordinator, she stated a quarterly MDS was completed in April of 2020, and the Social Worker (SW) was aware of any changes to Resident #1's care. During an interview, on 7/29/2020 at 2:55 pm, with Resident #1's daughter, she stated she did not remember being notified of the care plan process between the months of January 2020 thorough June 2020. During an interview, on 7/29/2020 at 5:45 PM, the SW said Resident #1 and daughter had not been invited to the quarterly care plan meeting due April 2020. The SW stated she had not sent out a care plan invitation letter for the month of April 2020 to Resident #1 or her daughter, and had not documented on Resident #1 from 1/31/2020 to 6/22/2020. The SW stated she did receive an update from the MDS coordinator for Resident #1 During an interview on 7/29/2020 at 6:00 p.m., the Administrator said he expected residents to be invited to their care plan meetings. In a review of the facility's Policy, dated 11/28/2019, and titled Social Services, documented the following (in part): The facility will ensure that psychosocial assessment and care planning are completed and reviewed or update as required. Each resident's plan of care shall be reviewed and revised by an interdisciplinary team after each MDS assessment, including both the comprehensive and quarterly review assessment to reflect the resident's current care needs.		
F 0657 Level of harm - Potential for minimal harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not conduct a Quarterly Interdisciplinary Care Plan Meeting, for 1 of 5 residents (Resident #1) reviewed for care plan completion after a Quarterly MDS Assessment. The facility did not conduct a Quarterly Interdisciplinary Care Plan Meeting for Resident #1 after a Quarterly MDS Assessment was completed on April 2020. This failure could place all residents at risk for decreased quality of care, loss of independence, and decreased psychosocial well-being. Findings include: In a record review of Resident #1's face sheet, documented the resident was a [AGE] year old female, admitted on [DATE] with the diagnoses' of malignant neoplasm-unspecified, personal history of malignant neoplasm of ovary, [DIAGNOSES REDACTED], pneumonia, history of falling and age-related cognitive decline. In an interview, on 7/29/2020 at 5:00 PM, with the MDS coordinator, she stated a quarterly MDS was completed in April of 2020, and the Social Worker (SW) was aware of any changes to Resident #1's care. During an interview, on 7/29/2020 at 2:55 pm, with Resident #1's daughter, she stated she did not remember being notified of the care plan process between the months of January 2020 thorough June 2020, and did not attend a care plan meeting for April 2020 via telephone or any other method of meeting. During an interview, on 7/29/2020 at 5:45 PM, the SW said Resident #1 and daughter had not been invited to the quarterly care plan meeting due April 2020, and the facility did not hold a care plan meeting. The SW stated she had not sent out a care plan invitation letter for the month of April 2020 to Resident #1 or her daughter, and had not documented on Resident #1 from 1/31/2020 to 6/22/2020. The SW stated she did receive an update from the MDS coordinator for Resident #1 and did not hold a care plan. During an interview on 7/29/2020 at 6:00 p.m., the Administrator said he expected residents to be invited to their care plan meetings and to hold the care plans per policy after each MDS assessment. In a review of the facility's Policy, dated 11/28/2019, and titled Social Services, documented the following (in part): The facility will ensure that psychosocial assessment and care planning are completed and reviewed or update as required. Each resident's plan of care shall be reviewed and revised by an interdisciplinary team after each MDS assessment, including both the comprehensive and quarterly review assessment to reflect the resident's current care needs.		
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.