

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455727	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2020
NAME OF PROVIDER OF SUPPLIER PARK MANOR HEALTH CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 207 E PARKERVILLE RD DESOTO, TX 75115	
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 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to have evidence that alleged violations of neglect were thoroughly investigated for one (Resident #1) of one resident reviewed for neglect. The facility failed to investigate allegations of neglect when Resident #1 was sent to the hospital after becoming unresponsive and was treated for [REDACTED]. Findings included: Review of Resident #1's face sheet dated 03/21/20 reflected the resident was a [AGE] year-old male who admitted to the facility on [DATE] and readmitted on [DATE]. Review of Resident #1's MDS (Minimum Data Set) assessment dated [DATE] reflected the resident had [DIAGNOSES REDACTED]. The assessment revealed Resident #1 was cognitively impaired, had clear speech, was able to be understood and understood others. Resident #1 required extensive assistance from staff with bed mobility, transfers, locomotion on unit, dressing, and toilet use. Resident #1 required limited assistance from staff with eating and one-person assist with personal hygiene. Resident #1 used a wheelchair for mobility. Review of Resident #1's MAR (Medication Administration Record) dated March 2020 reflected an order for [REDACTED]. Review of Resident #1's Narcotic Count Sheets revealed no count sheet for [MEDICATION NAME]. Review of Resident #1's SBAR (Situation, Background, Assessment, Recommendation) dated 03/19/20 reflected resident was non-responsive with a pulse rate of 48 and slow, shallow respirations. The SBAR revealed Resident #1 was transferred to the emergency room and the physician and responsible part were notified. The SBAR was signed by LVN . Review of Resident #1's hospital discharge After Visit Summary dated 03/19/20 reflected the resident was diagnosed and treated for [REDACTED].#1's Nurse's Notes dated 03/19/20 at 10:15 PM and signed by LVN A reflected, . patient readmitted to facility. Patient admitted to hospital for [MEDICAL CONDITION], opiate overdose. During an interview with the DON on 03/21/20 at 5:23 PM, the DON stated Resident #1 was eating when he suddenly became unresponsive to verbal or tactile stimuli and his heart rate dropped to 40. The DON stated Resident #1 was sent to the hospital. The DON stated the nurse re-admitting the resident was responsible for checking discharge paperwork and notifying the physician. The DON stated she had not seen the hospital discharge summary for Resident #1 until today. The DON stated neither she nor the Administrator received notification when Resident #1 returned from the hospital. The DON stated LVN A readmitted Resident #1 and performed the re-admission assessment. The DON stated she was notified by LVN A on 03/20/20 that Resident #1 received [MEDICATION NAME] (used to treat narcotic overdose) while in the hospital. The DON stated she had never heard of a patient receiving [MEDICATION NAME] for [MEDICATION NAME] and that was the only controlled substance Resident #1 was receiving. The DON stated she should have notified the Administrator and called the physician and asked for lab orders. The DON stated she had not notified the Administrator of Resident #1's opiate overdose diagnosis. During an interview with the facility Administrator on 03/21/20 at 5:54 PM, she stated if she had seen Resident #1's discharge papers from the hospital, she would have called the hospital and requested more information. She stated if the hospital confirmed Resident #1's overdose she would have initiated a self-report within two hours. The Administrator stated she would have initiated an investigation; reviewed charts with the DON and contacted the corporate nurse. She stated she was not sure if there was a policy/procedure for a resident's return to the facility. Review of facility Abuse, Neglect, Exploitation and Misappropriation policy dated 2017 reflected the following: The Health Care Center's abuse prohibition program includes standards and practice guidelines that address the essential components of an abuse, neglect, exploitation and misappropriation of property prohibition program to include screening, training, prevention, identification, investigation, protection, reporting and response. The Health Care Center establishes and implements mechanisms for reporting, investigation, and protecting residents from actual or potential harm. The Health Care Center will conduct an investigation of all alleged or suspected cases of abuse, neglect or misappropriation of property, and will provide notifications and information to the proper authorities according to state and federal regulations.</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.