

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455999</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PORT LAVACA NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>524 VILLAGE RD PORT LAVACA, TX 77979</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 0656  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframe's to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 2 of 10 residents (Residents #1 and #2) whose care plans were reviewed, in that: 1. Resident #1's care plan did not address the resident's treatment for [REDACTED]. 2. Resident #2's care plan did not address the resident's [MEDICATION NAME] treatment for [REDACTED].</p> <p>This deficient practice could place residents at risk of not receiving needed treatment due to inaccurate care plans. The findings were: 1. Record review of Resident #1's face sheet, dated 03/12/2020, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's Quarterly MDS, dated [DATE], revealed a BIMS score of 00, which indicated the resident was severely cognitively impaired, and required extensive assistance of two persons or more for bed mobility, transfer, toilet use, and personal hygiene for ADLs. Further review revealed the resident required extensive assistance of one person for walking in room, and locomotion on unit and used a wheelchair for mobility, required limited assistance of one person for eating and locomotion off unit, and was totally dependent on two persons for showering. Record review of Resident #1's progress notes revealed: - 0[DATE]20, Resident #1 was found to have head lice. The physician was notified, and treatment was administered on 0[DATE]20 on the p.m. shift. - 02/25/2020, Resident #1 continued in isolation for head lice following treatment. - 02/27/2020, Resident #1 continued on isolation precautions. - 02/28/2020, Resident #1 was taken off isolation precautions. Record review of Resident #1's care plan, last revised on 01/10/2020, revealed there was no documentation to address the resident's treatment and isolation for head lice. 2. Record review of Resident #2's face sheet, dated 03/12/2020, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #2's Quarterly MDS, dated [DATE], revealed a BIMS score of 00, which indicated the resident was severely cognitively impaired, required extensive assistance of two persons or more for bed mobility, transfers, and toileting and required extensive assistance of one person for personal hygiene. Further review revealed the resident required limited assistance of one person for walking in room and corridor, locomotion on and off unit, and eating, required limited assistance of two persons for dressing, and used a wheelchair for mobility. Record review of Resident #2's progress notes revealed on 0[DATE]20, Resident #2 was treated for [REDACTED]. Further review revealed Resident #2 did not have head lice, however the resident was treated [MEDICATION NAME] and placed in isolation because her roommate (Resident #1) had an active case of head lice. Resident #2 was removed from isolation on 02/28/2020. Record review of Resident #2's care plan, last revised on 01/15/2020, revealed the resident's care plan did not address the resident's treatment and isolation for head lice. During an interview with the DON on 03/12/2020 at 2:11 p.m., the DON confirmed Resident #1 had an active case of head lice and was treated for [REDACTED]. #2 was treated [MEDICATION NAME] and isolated. The DON stated Resident #2 had a group of young visitors who may have been the cause of the head lice and no other residents had head lice, as it was confined to one room only. During an interview with the DON on 03/12/2020 at 4:20 p.m., the DON confirmed Residents #1's and #2's care plans did not address treatment and isolation for head lice. The DON stated the residents' treatment and isolation should have been care planned under skin integrity. During an interview with the Administrator on 03/12/2020 at 4:52 p.m., the Administrator stated he would have expected a care plan for isolation and lice treatment to be on an acute plan for Residents #1 and #2. Record review of the facility's policy titled Care Planning, revised 12/2017, revealed, A comprehensive, person-centered care plan is developed and implemented for each resident to meet the resident's physical, psychosocial and functional needs.</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.