

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER CORONADO HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1504 W KENTUCKY AVE PAMPA, TX 79065	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, and record review, the facility failed to promote residents rights in a manner and in an environment that maintained or enhanced each resident's rights for 2 of 5 (Resident #2 and Resident #2) residents reviewed for resident's rights, in that: Resident #2 and #5 were not allowed to purchase the number of items they wanted with their personal funds. This failure could result in a decline in resident self-worth, self-esteem and cause an increase in anxiety and confusion regarding their status to remain in the facility. Findings include: Record review of Resident #2's clinical record revealed a [AGE] year-old male resident admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident # 5's last MDS dated [DATE] revealed a BIMS score of 11, indicating moderate cognitive impairment. During an interview on 07/13/20 at 10:53 AM when asked about getting items from the store on store day. Resident (R#2) stated, I don't like that I can't buy an unlimited number of items from the store and that I am limited to 3 items a week. Resident (R#) also stated that, I don't feel that the facility should be able to tell me how many items that I can get when it is my money and not theirs. Resident #5 stated, I feel limited when I can only get two bags of chips and a some cookies when I would like to get other items too. Record review of Resident #5's clinical record revealed a [AGE] year-old male resident admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident # 2's last MDS dated [DATE] revealed a BIMS score of 12, indicating moderate cognitive impairment. During an interview on 07/13/20 at 12:36 MM when asked about getting items from the store on store day. Resident (R#5) stated, I usually get bottled water so that leaves me with two items that I can get, and I like to make sandwiches if I don't like what they make. It's hard to get everything when you can only get three items each week. During an interview on 07/13/20 at 10:28 AM when asked about how store runs for the residents are being conducted the ADM stated, store runs are conducted by the activity director once a week on Thursday. Each resident is given a form that they can fill out with up to 4 items. The facility started doing only 4 items about two months ago because it was taking the activity director two days to do all the shopping for the residents. During an interview with the AD on 7/13/20 at 1:57 PM stated, I do the runs to the store for the residents every week on Thursday. Each week I give out a sheet to each resident and I gather the sheets from any residents that have items that they need. The items range from fruit to nightgowns. Record review of the Thursday Store Shopping List shows 3 numbered spots for items. Under the area for the items it states, Store Day for all Resident's will be every Thursday. I will come to each resident's room on Thursday morning and pick up your list. The form also states, Please limit store items to 3 items per resident. This includes: nicotine, crafting items, clothing items, hygiene products, and any grocery items. Please put 1 item on the numbers above. Anything over 3 items or that is not listed on the numbers will be carried over to the next weeks list.</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.