

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARK MANOR OF MCKINNEY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1801 PEARSON AVE MCKINNEY, TX 75069</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 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</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 ensure all alleged violations involving of mistreatment, neglect, abuse or misappropriation of resident property were reported immediately, but not later than 24 hours after the allegation was made, to the State Survey Agency for two (Resident #1 and #2) of seven residents reviewed for abuse and neglect. The facility failed to report an allegation of abuse to the state agency within 24 hours when an altercation between two residents occurred that resulted in injuries to both residents. This failure could place vulnerable residents at risk of harm due to delays in reporting allegations involving abuse. Findings included: Review of Resident #1's face sheet generated 03/11/20 indicated Resident #1 was a [AGE] year-old female, admitted on [DATE] with [DIAGNOSES REDACTED].</p> <p>Review of Resident #1's Minimum Data Set (MDS) assessment dated [DATE] revealed her BIMS Summary Score was 9 (moderately impaired cognition) and had continuous inattention and disorganized thinking. Resident #1 required supervision with all ADLs and one-person physical assistance with dressing and personal hygiene. Review of Resident #2's face sheet generated 03/12/20 indicated Resident #2 was a [AGE] year-old female, re-admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #2's MDS assessment dated [DATE] revealed her BIMS Summary Score was 10 (moderately impaired cognition) and had continuous inattention and disorganized thinking. Resident #2 required supervision with all ADLs and one-person physical assistance with transfers and personal hygiene. A facility self-report worksheet provided by the facility and fax cover sheet both dated 03/11/20 revealed a nurse saw two residents hitting each other on 02/29/20 at 7:40 PM. One sustained a skin tear on her left hand and left elbow. The facility had not reported the incident before the surveyor entered the facility. The facility reported the incident to the state agency on 03/11/20 at 6:16 PM, 262 hours later. Nurses Notes dated 02/29/20 revealed the two residents had hit each other while arguing about some soap. During an interview on 03/11/20 at 4:04 PM, the Regional VP of Operations stated the incident regarding Residents #1 and #2 did have a provider investigation report and stated she was not going to lie, she did not know if it was reported to state or not and it should have been reported. She asked if she could look at the stack of provider investigation reports provided by Administrator.</p> <p>After looking at the stack she stated there was not a provider investigation report there for the incident involving Resident #1 and Resident #2. She was not able to locate a provider investigation report for the incident. Review of the facility's Resident to Resident Altercations Policy dated December 2016 reflected, .2. If two residents are involved in an altercation, staff will: .k. Report incidents, finding, and corrective measures to appropriate agencies as outlined in our facility's abuse reporting policy. Review of the facility's Abuse Investigation and Reporting Policy dated July 2017 reflected, An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than: (a) Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or (b) Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury.</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.