

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675820	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER THE LENNWOOD NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 8017 W VIRGINIA DR DALLAS, TX 75237	
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 0641 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to have assessments that accurately reflected the status of one (Resident #1) of five residents reviewed for resident assessments. The facility failed to ensure Resident #1's Quarterly Minimum Data Set (MDS) Assessment reflected his current wound/[MEDICAL CONDITION]. This failure placed residents at risk of not having accurate assessments, which could compromise their plan of care. Findings included: Review of Resident #1's Face Sheet, dated 09/17/20, reflected he was a [AGE] year-old male admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident #1 was readmitted to the facility on [DATE]. Review of Resident #1's comprehensive care plan, undated, revealed the resident had potential impairment to skin integrity related to decreased mobility. The care plan reflected Resident #1 had a diabetic ulcer to his right lateral malleolus. Review of Resident #1's Weekly Surgical Note, dated 06/10/20, reflected right lateral malleolus diabetic wound. Review of Resident #1's quarterly Minimum Data Set (MDS), dated [DATE], reflected Resident #1 had none of the above marked under the section M for other ulcers, wounds and skin problems which included [MEDICAL CONDITION]. During an interview with the MDS Coordinator on 09/17/20 at 10:07 AM she stated she completed Resident #1's Quarterly MDS Assessment, dated 06/23/20. She stated the resident's wound was on his care plan and should have been on the MDS as well. She stated it was an oversight and should have been identified on his MDS Assessment. During an interview with the DON on 09/17/20 at 10:10 AM she stated MDS Assessments were supposed to reflect any wounds the resident had acquired. She stated the individual who completed the MDS Assessment could determine if a resident had a wound by assessing the resident, and/or reviewing the resident's clinical record. She stated any changes in status, including wounds, should be reflected on the resident's MDS Assessments. Review of the facility's policy Resident Assessment Instrument, dated September 2019, revealed: .3. The purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functions capacity.		

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.