

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675995	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER SENIOR CARE HEALTH & REHABILITATION CENTER-DENTON		STREET ADDRESS, CITY, STATE, ZIP 2244 BRINKER RD DENTON, TX 76208	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source, were reported within 24 hours for one (Resident #1) of four residents reviewed for reporting. The facility failed to report an injury of unknown source when Resident #1 was found to have bruises to her face and lacerations to the inside of her mouth. These failures could affect residents by placing them at risk of incidents going unreported. Findings included: Review of Resident #1's Minimum Data Set (MDS) significant change in status assessment, dated 06/05/20, revealed the resident was a [AGE] year-old female admitted on [DATE], with [DIAGNOSES REDACTED]. The MDS assessment revealed that the resident's BIMS was 5, which meant that her cognitive skills were severely impeded. Review of Resident #1's care plan revealed the resident was to have no injuries related to falls and minimized falls during the remainder of her stay at the facility. Review of Incident Report dated 06/25/20 revealed (Resident #1) was on the floor with blood to the face and head. Patient was bleeding with a laceration inside her mouth. Both eyes were swollen and bruised. Laceration to the back of left hand and bruise to right knee. Assisted resident to bed and called 911. Interview with Family Member A on 06/25/20 at 9:51 AM revealed she received a call from the facility notifying her that Resident #1 had fallen on the evening of 06/20/20. Staff were good about communicating, but they had a high rate of turnover. Interview with Family Member B on 06/25/20 at 1:07 PM revealed he received a call from the facility notifying her that Resident #1 had fallen on the evening of 06/20/20. The resident had a black eye and was bleeding from her head. The facility told her it was an unwitnessed fall. She stated Resident #1 was going on hospice and would be moved into a group home. Interview with the DON on 06/25/20 at 12:15 PM revealed Resident #1 was found on the floor with the injuries noted to her face and inside her mouth. The DON stated they called 911 but did not report the incident because there was no known deficient practice as stated in PL 17-18. She stated she and the ADM discussed at length whether to report the incident. Interview with the ADM on 6/25/20 at 2:21 PM revealed he and the DON had discussed whether to report the incident. Review of the facility's undated Policy to Prohibit the Mistreatment, Neglect, and Abuse of Residents and the Misappropriation of Resident Property revealed, the facility will follow policies and procedures outlined in Attachment A of Provider Letter 19-17		
F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and record review, the facility failed to maintain a safe environment for one (room [ROOM NUMBER]) of one rooms reviewed for safety. The facility failed to ensure the window unit air conditioner in room [ROOM NUMBER] was not freezing and allowing condensed water to leak from under them and out onto the resident's floor. These failures placed residents at risk for an increased risk of falls and accidents. Findings included: Review of Resident #1's Minimum Data Set (MDS) significant change in status assessment, dated 06/05/20, revealed the resident was a [AGE] year-old female admitted on [DATE], with [DIAGNOSES REDACTED]. The MDS assessment revealed that the resident's BIMS was 5, which meant that her cognitive skills were severely impeded. Review of Resident #1's care plan revealed the resident was to have no injuries related to falls and minimized falls during the remainder of her stay at the facility. Observation of Resident #1's room on 06/25/20 at 10:26 AM revealed a stream of water on the floor about one to two inches wide by about a foot long that appeared to emanate from the under-side of the AC unit. The ADM and DON observed the water. The ADM attributed it to the old AC unit that had to be defrosted like a freezer. The ADM removed the cover of the unit to reveal coils that had been frozen over with condensation leaking onto the floor. The DON stated that nursing staff checked the rooms and the floors regularly and had not reported any standing water on the floor. She stated they would initiate periodic checks for water on the floor. Interview with the ADM on 06/25/20 at 11:00 AM revealed he brought invoices for new AC units to replace the older ones like the one in Resident #1's room. He reiterated that the condensation was the result of the recent humid weather.		
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.