

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676328	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER LAS COLINAS OF WESTOVER		STREET ADDRESS, CITY, STATE, ZIP 9738 WESTOVER HILLS BLVD SAN ANTONIO, TX 78251	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment and described the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 1 of 3 residents (Residents #1) whose care was reviewed, in that: Resident #1's care plan did not address the resident's PEG tube care. This deficient practice could place residents who needed PEG tube care at-risk of not receiving appropriate treatment and services. The findings were: Record review of Resident #1's face sheet, dated 03/11/2020, revealed the resident was admitted to the facility on [DATE], and re-admitted on [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #1's Quarterly MDS, dated [DATE], revealed the resident had a PEG tube. Record review of Resident #1's physician's orders [REDACTED]. #1's comprehensive care plan, last reviewed and revised on 12/27/2019, revealed there was no care plan that addressed the resident's PEG tube care. Observation on 03/11/2020 at 12:06 p.m. revealed Resident #1 had a PEG tube and LVN A administered enteral feeding with [MEDICATION NAME] 1.5 via Resident #1's PEG tube per the resident's physician order. During an interview with LVN A on 03/11/2020 at 11:09 a.m., LVN A confirmed Resident #1 had a PEG tube and received all foods, medications, and water via the PEG tube. LVN A stated the resident had on Nothing by Mouth, status. During an interview with the DON on 03/11/2020 at 1:38 p.m., the DON confirmed Resident #1's comprehensive care plan did not address the resident's PEG tube care. The DON stated the resident's care plan should have addressed the resident's PEG tube care. Record review of the facility's policy and procedure titled Care Plans - Comprehensive, revised 09/2010, revealed: . 3. Each resident's comprehensive care plan is designed to identify the professional services that are responsible for each element of care and reflect currently recognized of practice for problem areas and conditions . 5. Care plan interventions are designed after careful consideration of the relationship between the resident's problem areas and their causes. When possible, interventions address the underlying sources of the problem areas, rather than addressing only symptoms or triggers. It is recognized that care planning individual symptoms or care are triggers in isolation may have little, if any, benefit for the resident 7. The resident's comprehensive care plan is developed within seven (7) days of the completion of the resident's comprehensive assessment (MDS).		
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.