

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2020
NAME OF PROVIDER OF SUPPLIER THE ENCLAVE		STREET ADDRESS, CITY, STATE, ZIP 18803 HARDY OAK SAN ANTONIO, TX 78258	
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, consistent with resident rights, that include measurable objectives and time frames to meet residents' physical, mental, and psychosocial needs for 1 of 7 residents (Resident #1) reviewed, in that: The facility did not develop a comprehensive person-centered care plan to include interventions for the services to be furnished to attain or maintain Resident #1's highest practicable physical, mental, and psychosocial well-being. This deficient practice could affect residents and place them at risk of being inappropriately cared for and at risk for other medical problems. Findings include: Record review of Resident #1's Face Sheet revealed Resident #1 was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's Care Plan, undated, revealed a focus area, I use a specialized call light, initiated 6/16/20. There were no interventions or tasks documented. Record review of Resident #1's Care Plan, undated, revealed a focus area, I have a self-care deficit, initiated 6/26/20. There were no interventions or tasks documented. Record review of Resident #1's Care Plan, undated, revealed a focus area, I am at risk for experiencing discomfort or pain, initiated 6/16/20. There were no interventions or tasks documented. Record review of Resident #1's Care Plan, undated, revealed a focus area, I use an assist/enabler bar or rail to aid in my ability to participate in my care when in bed, initiated 6/16/20. There were no interventions or tasks documented. Record review of Resident #1's Care Plan, undated, revealed a focus area, Resident has the potential for skin impairment/burn related to hot liquid encounters, initiated 6/16/20. There were no interventions or tasks documented. Record review of Resident #1's Care Plan, undated, revealed a focus area, tasks documented all light use, initiated 6/16/20. There were no interventions or tasks documented. During an interview on 10/1/20 at 1:48 pm, MDS Coordinator A acknowledged Resident #1's care plan was missing interventions and tasks from the following focus areas: I use a specialized call light, I have a self-care deficit, I am at risk for experiencing discomfort or pain, I use an assist/enabler bar or rail to aid in my ability to participate in my care when in bed, Resident has the potential for skin impairment/burn related to hot liquid encounters, and call light use. Record review of a facility policy titled, Comprehensive Care Plans, dated February 2017, page 51, revealed the community develops a comprehensive care plan for each resident that included measurable objectives and timetables to meet a residents medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment and the care plan will describe the services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. There was not a facility policy submitted regarding care planning.		
F 0836 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews the facility failed to submit a complete and accurate request for nursing facility specialized services in the LTC Online Portal (NFSS Form) within 20 business days after the date of the IDT meeting for 1 of 1 Residents (Resident #2) reviewed for PASARR services, in that: The NF was notified and instructed to submit a Nursing Facility Specialized Services Request by a specific deadline but did not. This deficient practice could affect residents who are PASARR positive. The findings included: Record review of Resident #2's Face Sheet revealed she was initially admitted on [DATE] and then admitted again on 5/23/20 with [DIAGNOSES REDACTED]. Record review of Resident #2's PASRR Level 1 Screening, date of assessment 12/7/19, revealed Resident #2 had a Yes for Developmental Disability. Record review of Resident #2's PASRR Comprehensive Service Plan (PCSP) Form (PASRR IDT meeting), date of meeting 1/16/20, revealed the meeting was an initial meeting and the IDT was in agreement that Resident #2 was to receive the following PASRR services: OT, PT, ST, and independent living skills training. Record review of Resident #2's PASRR Comprehensive Service Plan (PCSP) Form (PASRR IDT meeting), date of meeting 4/21/20, revealed the meeting was a quarterly meeting and the IDT was in agreement that Resident #2 was to receive the following PASRR services: OT, PT, ST, and independent living skills training. Record review of Resident #2's Nursing Facility Specialized Services (NFSS) Activity and Portal History revealed the NFSS Form was not submitted until 4/29/20. During an interview on 10/1/20 at 1:31 pm, MDS Coordinator A stated Resident #2 was PASARR positive and received the following specialized services as of July 16, 2020: OT, ST, PT and a pressure reducing mattress. MDS Coordinator A stated the therapy department submitted the NFSS Request on April 21, 22, 24th for each of the disciplines respectively, OT, ST, and PT. The MDS Coordinator A stated Resident #2's IDT (PCSP) on January 16, 2020 was the initial IDT meeting. MDS Coordinator A stated Resident #2 had an IDT meeting on April 21st, 2020. The MDS Coordinator A stated Resident #2 was Medicaid and discharged on [DATE]nd, 2020. Resident #2 returned to the facility on [DATE]rd, 2020 and Resident #2 went back on Medicaid on July 21, 2020. During an interview on 10/2/20 at 12:55 pm, MDS Coordinator A stated Resident #2 became PASARR positive on 1/8/2020. The MDS Coordinator A stated during the January 16, 2020 IDT (PCSP) the IDT discussed PT, OT and ST. The MDS Coordinator A stated she was not employed at the facility at the time and she did not know why the NFSS was submitted late. Record review of a facility policy titled, PASRR Preadmission Screens: Residents with mental illness or mental [MEDICAL CONDITION], dated 2/2017, page 46 of 114, did not address timeframes or deadlines for submit a Nursing Facility Specialized Services Request.		
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.