

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675112</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HERITAGE OAKS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1112 GIBBINS RD ARLINGTON, TX 76011</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 0849  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</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 obtain from hospice the hospice election form, most recent hospice plan of care and the physician certification and recertification of the terminal illness specific to each patient for two (Residents #1 and #2) of four residents reviewed for hospice records. 1. The facility failed to obtain a hospice election form specific to Resident #1. 2. The facility failed to obtain a hospice election form, physician certification and recertification of the terminal illness, and hospice care plans specific to Residents #2. This failure could affect residents by placing them at risk for services and treatments not being coordinated. Findings included: 1. Review of Resident #1's face sheet (undated) revealed he was a [AGE] year-old male admitted to the facility on [DATE]. He had an active [DIAGNOSES REDACTED]. He was initially certified for hospice services on 11/28/19. Review of Resident #1's hospice binder and clinical chart revealed no hospice election form. 2. Review of Resident #2's face sheet (undated) revealed she was a [AGE] year-old female admitted to the facility on [DATE]. She had an active [DIAGNOSES REDACTED]. Hospice services started on 10/11/18. Review of Resident #2's hospice binder and clinical chart revealed no evidence of the following documents: Physician's Determination of Terminal Illness, Hospice Election Form, and Hospice Care Plan. 3. Interview with the ADON on 03/26/20 at 12:29 PM revealed the hospice documentation was kept in the residents' hospice binders at the nurses' station and was kept current by hospice staff. She said the hospice binders were used as reference. She stated, I think it's more for hospice and for us to look and make sure they come and the aide has come and bathed the residents. She said hospice providers should be putting their nursing notes in the residents' hospice charts. The ADON said the previous DON and previous SW were the ones that worked together to ensure all required hospice documentation was obtained. She stated there currently was no social worker employed at the facility. Interview with the DON on 03/26/20 at 4:54 PM revealed she was a new employee and had been at the facility for two days only. She was told the hospice companies required the facility to notify them if clinical documents were missing and they would send it to the facility to be placed in the residents' hospice charts. 4. Review of the facility's Hospice Program Policy, revised April 2014, revealed the policy did not address the documentation the facility should obtain from hospice service providers specific to each resident.</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.