

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675982	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER PARK PLAZA LTC PARTNERS, INC.		STREET ADDRESS, CITY, STATE, ZIP 2210 HOWARD ST SAN ANGELO, TX 76901	
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 0645 Level of harm - Potential for minimal harm Residents Affected - Some	<p>PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to coordinate with the state agency to ensure residents with mental illness receive care and services for two of two residents (Resident # 1 and Resident #2) reviewed for PASRR (Preadmission Screening and Resident Review). The facility failed to correctly complete the NFSS (Nursing Facility Specialized Screening) form and submit within 20 days for Resident # 1 and Resident #2 with a mental illness diagnosis. This failure could place residents at risk for not receiving specialized care and services to meet their unique needs. Findings include: Review of Resident # 1's face sheet revealed he was an [AGE] year-old male admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident # 1's Annual MDS (minimal data set) dated 07/23/2020 revealed a BIMS (brief interview for mental status) of 15 and able to make his needs known. Review of Resident # 1's care plan updated 8/14/19 revealed resident has a positive PASRR for mild intellectual disability. Focus: Resident #1 would like to have physical therapy only so Goal: Resident #1 will receive specialized services to meet his needs related to IDD/MI (intellectual developmental disability/mental illness) to promote his highest level of function through the review period. Intervention: Complete and submit a new PASSR Level 1 from the MDS for any re-admission or change of condition for PASSR Evaluation Positive status for any new services. During an interview on 09/03/2020 at 2:40 MDS Coordinator A said she just took over from the previous MDS Coordinator C and realized she was going to be late with the NFSS as well after talking to MDS Coordinator B and called the PASSR Program Specialist notifying her she was going to be late. She said in the interview she knew she would probably be cited for this failure to get the NFSS sent on 12/20/19. Review of Resident # 1's PASSR Level 2 Screening dated 11/02/19 revealed Section B PASRR Screen (Screener), subsection B400D, marked yes for sensorimotor development with ambulation, positioning transferring or hand eye coordination to the extent that a prosthetic, orthotic, corrective or mechanical support device could improve independent functioning. Review of Resident #1's NFSS dated 12/27/2019 revealed type of service requested was for physical therapy. And should have been submitted on 12/20/19 to start services. Review of the initial PASSR Level 2 screen and recommendation for physical therapy and the NFSS initial day During an interview on 09/02/2020 at 11:00 AM MDS A said she took over from the previous MDS Coordinator and the NFSS was late because she was not aware it had not been turned in and knew she would be probably cited for the NFSS being later than 20 days. She said she started in December 2019 and the NFSS form was sent 12/27/2019 and was late. During an interview on 09/02/2020 at 3:00 PM Human Resource Coordinator revealed MDS Coordinator C relinquished her position on 11/10/2019 and MDS Coordinator A assumed her position on 12/09/19 Review of Resident # 2's face sheet revealed she was a [AGE] year-old female admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #2's significant change in status MDS dated [DATE] revealed she had a BIMS 14 indicating she was able to make her needs known Review of Resident #2's Care Plan dated 09/02/2019 initiated a Positive PASSR 2 for IDD (intellectual developmental disability) revealed Section B PASRR Screen (Screener), subsection B400D, marked yes for sensorimotor development with ambulation, positioning transferring or hand eye coordination to the extent that a prosthetic, orthotic, corrective or mechanical support device could improve independent functioning. Review of Resident #2's NFSS dated 12/27/2019 revealed type of service requested was for physical therapy and orthotic devices. And should have been submitted on 12/20/2020 to start services. Review of an email between MDS Coordinator B, Administrator and the PASSR Program Specialist on 12/19/19 revealed the confirmation of Resident #2's NFSS being late and acknowledged by the Administrator and MDS Coordinator B. Facility policy on PASRR and was not provided.</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.