

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TREVISO TRANSITIONAL CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1154 EAST HAWKINS PARKWAY LONGVIEW, TX 75605</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 0677  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide care and assistance to perform activities of daily living for any resident who is unable.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who were unable to carry out activities of daily living received necessary services to maintain personal hygiene for 1 of 4 residents reviewed for ADLs. (Resident #1) The facility did not provide Resident #1 with timely incontinent care, she waited about 1 hour. This failure could place residents who required assistance from staff for toileting at risk for embarrassment, rashes, infections, discomfort, and skin break down. Findings included: A face sheet dated 03/04/2020 indicated Resident #1 was [AGE] years old, readmitted on [DATE] with [DIAGNOSES REDACTED]. An MDS dated [DATE] indicated Resident #1 was understood and understood others. She was moderately intact with a brief interview for mental status score of 12. She required extensive assist for bed mobility, transferring, dressing, toileting and personal hygiene. Resident #1 was total dependent for bathing, was always incontinent of bowel and bladder and at risk for pressure injury development. A revised care plan dated 1/07/2019 indicated Resident #1 had potential impairment to skin integrity related to contact [MEDICAL CONDITION] fragile, skin to sacrum/coccyx, and potential for pressure ulcer development. Approaches included to check for incontinence during rounds, provide care as needed, keep skin clean and dry. A care plan dated 8/12/2019 indicated Resident #1 had bladder incontinence related to impaired mobility. Approaches were for: two staff to assist with toileting and one person to assist with personal hygiene. The care plan also indicated the resident had bowel incontinence. An approach was for staff to check resident during rounds and assist with toileting as needed. During an observation and interview on 3/4/2020 at 8:50 a.m., Resident #1's room had a foul smell of BM, she said it was her brief that was causing the room to smell. Resident #1 said she had told staff she needed to be changed at 6 a.m. She said staff came in and turned off call light and said they would return, but they had not been back. During an observation on 3/4/2020 at 8:55 a.m., Resident #1 pressed the call light for assistance with incontinence care. During an observation on 3/4/2020 at 8:56 a.m., the staffing coordinator/CNA answered the call light and asked Resident #1 what she needed. The resident told her she needed to be changed. The staffing coordinator/CNA left the room and told CNA A the resident had asked for her breakfast. During an observation on 3/4/2020 at 8:57 a.m., CNA A entered Resident #1 room with her breakfast tray and left the room. During on observation and interview on 3/4/2020 at 9:01 a.m., Resident #1's room still had a foul smell of BM. The residents breakfast tray had been placed on the beside side table in front of her, she said she told both the staffing coordinator and CNA A she needed to be changed. During an observation on 3/4/2020 at 9:43 a.m., the hallway by Resident #1's room had a foul smell protruding from her room. During an interview on 3/4/2020 at 9:44 a.m., Resident #1 said she had not received incontinence care. During an interview on 3/4/2020 at 9:45 a.m., LVN B was notified by the investigator, Resident #1 had asked and had not received care for several minutes. During an observation on 3/4/2020 at 9:47 a.m., LVN B and CNA A entered Resident #1's room to assist with care. During an interview on 3/4/2020 at 9:59 a.m., the staffing coordinator/CNA said Resident #1 told her she needed to be changed and she notified CNA A. During an interview on 3/4/2020 at 10:07 a.m., CNA A said the staffing coordinator/CNA did not tell her Resident #1 needed incontinence care, she was told the resident wanted her breakfast. CNA A denied being aware Resident #1 needed incontinence care. During an interview on 3/4/2020 at 10:22 a.m., the DON said the staff had previously been in-serviced on answering call lights. She said she expected all staff who were licensed or certified to perform patient care to residents.</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.