

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER MCALLEN TRANSITIONAL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2109 SOUTH K ST MC ALLEN, TX 78503	
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 0623 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to send a copy of the notice of discharge to a representative of the Office of the State Long Term Care Ombudsman, for two Residents (R#1 and R#2) of two residents reviewed for transfer/discharge. The facility did not send a copy of the transfer/discharge notices to the Ombudsman after R#1's and R#2's transfers to the hospital. This failure could place residents at risk of not having access to available advocacy services for the appeal process. The findings were: 1) Record review of R#1's Admission Record revealed R#1 was [AGE] years-old and was admitted to the facility on [DATE]. R#1's [DIAGNOSES REDACTED]. Record review of R#1's Quarterly Minimum Data Set (MDS) assessment, dated 05/14/20, revealed R#1: -had adequate hearing, -had adequate speech, -had adequate vision, -was able to make self understood, and -was able to understand others. Record review of R#1's nursing notes, dated 05/10/20, revealed R#1 was transferred to the hospital after R#1 called EMS stating he had shortness of breath and chest pain. There was no documentation in R#1's clinical record that the Ombudsman was notified in writing of R#1's discharge from this facility. 2) Record review of R#2's Admission Record revealed R#2 was [AGE] years old and was admitted to the facility on [DATE]. R#2's [DIAGNOSES REDACTED]. Record review of R#2's Quarterly MDS assessment, dated 06/01/19, revealed R#2: -had adequate hearing, -had clear speech, -had adequate vision, -was able to make self understood, and -was able to understand others. Record review of R#2's nursing notes, dated 05/27/20, revealed R#2 was transferred to the hospital for critical BUN (blood urea nitrogen), creatinine, and potassium levels. There was no documentation in R#2's clinical record that the Ombudsman was notified in writing of R#2's discharge from this facility. In an interview on 06/04/20, the Ombudsman said the facility had not sent notification of any discharges since the last survey (last survey was 08/26/19). In an interview on 06/05/20 at 10:15 a.m., the facility's Social Worker A said she was the person who would send any paperwork to the LTC Ombudsman Office monthly. Social Worker A said she had not sent the discharge notices to the Ombudsman since January due to there being many discharges each month. In an interview on 06/05/20 at 4:15 p.m., the Administrator said they are working on finding a way to make sure all the discharges they had were sent to the Ombudsman. Record review of the facility's, Notice of Proposed Transfer/Discharge Tracker, revealed the Ombudsman was last notified on 11/20/19.</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.