

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER CLARENDON NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP TEN MEDICAL CENTER DR CLARENDON, TX 79226	
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 0641 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure an assessment accurately reflected a resident's status for 1 of 12 residents (Resident #1) reviewed for accuracy of MDS assessments. -The facility did not correctly identify behavioral issues for Resident #1 on his MDS assessment. This failure to ensure accurate assessments could affect all residents by placing them at risk for inaccurate and incomplete MDS assessment which could result in residents not receiving correct care and services. Finding include: Record Review of Resident #1's clinical record revealed a [AGE] year-old male resident admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's last MDS revealed an annual completed on 5-8-2020 with a BIMS of 11 indicating he is moderately cognitively impaired, and he has a functionality of requiring set-up help with all activities. Section E-200 Behavioral Symptoms, Presence and Frequency, Note presence and frequency. Subsection B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others). Resident #1 is marked 0, indicating no behaviors have been exhibited. Record review of Resident #1's clinical record revealed progress notes dated 5-2-2020 with the following documentation: Resident was in the dining area and was tired of listening to Resident 112A scream and curse. This resident then began screaming at 112A and attempting to start a physical altercation with 112A. Action: Staff intervened and the two were separated. Resident went back to his table. Response: Resident calmed down and waited for lunch. Record review of Resident #1's clinical record revealed progress notes dated 5-1-2020 with the following documentation: Resident was cursing and screaming at another resident. Resident was verbally redirected throughout shift. During an interview on 6-18-2020 at 11:22 AM with the MDS Coordinator who, after reviewing Resident #1's MDS dated [DATE] and progress notes, stated that the section for behaviors was marked wrong because he did have a documented behavior of screaming at another resident on the 7th day prior. The MDS coordinator reported she would get the MDS corrected and the care plan updated for increased behavior monitoring. During an interview on 6-18-2020 at 1:14 PM when question to the facility policy concerning the completed of the MDS the MDS coordinator stated, We follow the RAI manual. Record review of the Long Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.17, dated October 2019 revealed the following: Section E0200: Behavioral Symptom-Presence & Frequency Steps for Assessment 1. Review the medical record for the 7-day look-back period. 2. Interview staff, across all shifts and disciplines, as well as others who had close interactions with the resident during the 7-day look-back period, including family or friends who visit frequently or have frequent contact with the resident. 3. Observe the resident in a variety of situations during the 7-day look-back period . o Code 1, behavior of this type occurred 1-3 days: if the behavior was exhibited 1-3 days of the last 7 days, regardless of the number or severity of episodes that occur on any one of those days.</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.