

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455900	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER FOCUSED CARE AT MOUNT PLEASANT		STREET ADDRESS, CITY, STATE, ZIP 1606 MEMORIAL AVE MOUNT PLEASANT, TX 75455	
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 0836 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, and record review, the facility failed to provide nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The facility did not provide RN A with supervision by another RN, per the stipulations placed on RN A's nursing license by the Texas Board of Nursing. This failure could place residents at risk for a decreased quality of care and disease management. Findings included: The Texas Board of Nursing Agreed Eligibility Order regarding RN A dated July 19, 2016 stated . (7) For the remainder of the stipulation period, PETITIONER SHALL be supervised by a Registered Nurse, if licensed and [MEDICATION NAME] as a Registered Nurse .who is on the premises .the supervising Nurse .should be on the facility grounds and readily available to provide assistance and intervention in necessary . A Texas Board of Nursing Order Granting Modification dated 3/13/2018 regarding RN A indicated the stipulation requiring a supervising Registered Nurse be on the facility ground and readily available when RN A was working was continued. An undated facility staff roster indicated the facility employed five RNs, RN A, RN D, RN F, RN E (the wound care nurse), and the DON. The time detail reports for the RNs from 5/1/20 - 7/20/20 indicated RN A worked on the following dates and times with no other RN at the facility; *5/1/20 -6:00 a.m. - 6:30 a.m.; *5/2/20- 6:00 a.m.-2:00 p.m.; *5/3/20- 6:00 a.m.-2:00 p.m.; *5/6/20- 6:00 a.m.- 6:30 a.m.; *5/7/20- 6:00 a.m.-6:30 a.m.; *5/8/20- 6:00 a.m.-6:30 a.m.; *5/9/20- 6:00 a.m.-2:00 p.m.; *5/12/20- 6:00 a.m.-6:30 a.m.; *5/13/20- 6:00 a.m.-6:30 a.m.; *5/14/20- 6:00 a.m.-6:30 a.m.; *5/15/20- 6:00 a.m.-6:30 a.m.; *5/18/20- 6:00 a.m.-6:30 a.m.; *5/19/20- 6:00 a.m.-6:30 a.m.; *5/20/20- 6:00 a.m.-6:30 a.m.; *5/21/20- 6:00a.m.-6:30 a.m.; *5/25/20- 6:00a.m.-6:30 a.m.; *5/26/20- 6:00a.m.-6:30 a.m.; *5/27/20- 6:00a.m.-6:30 a.m.; *5/30/20- 6:00a.m.-2:00 p.m.; *5/31/20- 6:00a.m.-2:00 p.m.; *6/5/20- 6:00a.m.-6:30 a.m.; *6/6/20- 6:00a.m.-2:00 p.m.; *6/7/20- 6:00a.m.-2:00 p.m.; *6/11/20- 6:00a.m.-6:30 a.m.; *6/12/20- 6:00a.m.-6:30 a.m.; *6/13/20- 6:00a.m.-2:00 p.m.; *6/19/20- 6:00 a.m.-6:30 a.m.; *6/20/20- 6:00a.m.-2:00 p.m.; *6/24/20- 6:00 a.m.-6:30 a.m.; *6/25/20- 6:00 a.m.-6:30 a.m.; *6/29/20- 6:00 a.m.-6:30 a.m.; *6/30/20- 6:00 a.m.-6:30 a.m.; *7/1/20- 6:00 a.m.-6:30 a.m.; *7/2/20- 6:00 a.m.-6:30 a.m.; *7/6/20- 6:00 a.m.-6:30 a.m.; *7/7/20- 6:00 a.m.-6:30 a.m.; *7/8/20- 6:00 a.m.-6:30 a.m.; *7/11/20- 6:00a.m.-2:00 p.m.; *7/12/20- 6:00a.m.-2:00 p.m.; *7/13/20- 6:00 a.m.-6:30 a.m.; *7/14/20- 6:00 a.m.-6:30 a.m.; *7/17/20- 6:00 a.m.-6:30 a.m.; *7/18/20- 6:00a.m.-2:00 p.m.; *7/19/20- 6:00 a.m.-12:30 p.m. During an interview on 7/21/20 at 3:12 p.m., RN A said he had been on the 6:00 a.m.-2:00 p.m. shift since the end of May. RN A said he just started working the 2:00 p.m.-10:00 p.m. shift today (7/21/20). RN A said his nursing license required him to work with another RN at the facility, who was readily available in the event he required assistance. RN A said, usually, he worked the same shift as LVN C. RN A said LVN C was a RN. RN A said LVN C usually worked on the secured unit and they had not had much interaction. He said he had not seen her name tag to see if it indicated she was an LVN or RN. He said the DON told him LVN C was a RN. RN A said the DON was sometimes at the facility when he worked, but not all the time. During an interview on 7/21/20 at 3:26 p.m., the DON said RN A had stipulations on his license indicating he was not to be the only RN in the facility at any given time. The DON said RN A may have been the only RN at the facility at times in the past few months. She said with COVID-19 it was possible she did not ensure RN A had another RN at the facility during some of his shifts. The DON said LVN C was not a RN. She said she realized earlier today she had not scheduled another RN to work 2 p.m.-10:00 p.m. with RN A tonight (7/21/20). The DON said she would have to send RN A home or stay at the facility until 10:00 p.m. She said she was usually in the facility from 6:30 a.m. to 6:30 p.m. Monday through Friday. The DON said those hours varied and she occasionally worked weekends as well. The DON said she did not clock in or out so there would be no record of her actual time in the facility. During an interview on 7/21/20 at 4:00 p.m., the administrator said she expected the DON to ensure the stipulations on RN A's license were followed. The administrator said RN A was hired before she started at the facility. She said she was aware there were stipulations on RN A's license but was not aware of what those stipulations entailed.</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.