

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675479</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FRANKLIN HEIGHTS NURSING &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>223 S RESLER EL PASO, TX 79912</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 0644  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</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 incorporate the recommendations from the PASARR evaluation into a resident's assessment, care planning and transitions of care for 1 of 3 residents (#1) reviewed for PASARR services. Resident #1's requests for special habilitative services was denied. The State PASARR unit communicated the facility must re-submit by 5/8/20. The facility did not re-submit the request for services until 5/15/20. This failure delayed special habilitative services for Resident #1. The findings included: Review of the face sheet dated 6/4/2020 revealed Resident #1 was a [AGE] year old male admitted on [DATE]. Review of the History and Physical dated 6/4/20 documented [DIAGNOSES REDACTED]. #1 had ID and DD. Review of the PASARR Evaluation dated 1/17/20 revealed Resident #1 had ID and recommended Specialized Services. Review of Physician order [REDACTED]. (dated 1/31/20) OT evaluation completed for specialized PASARR services. Recommend OT services 3 time a week for 30 days to include therapeutic exercises, therapeutic activities, self care, manual therapy, group therapy, neuro reeducation. b. (dated 1/31/20) PT evaluation completed. To be seen 3 times a week for 60 days for specialized PASARR services to include neuro re-education, therapeutic exercises/activities, gait training, manual therapy, group therapy and safety awareness. Review of the quarterly IDT revealed it was held on 4/14/20 and recommended specialized habilitative services for Resident #1. Review of the NFSS Therapist, Referring Physician and NF Administrator Therapy Signature page revealed signatures were completed on 4/28/20. Review of an email, dated 5/5/20, from the State PASARR Program Specialist to the facility NFA revealed the email was to summarize their phone conversation regarding the facility's non-compliance with the requirements outlined in the Texas Administrative Code, Chapter 19, Subchapter BB, section 19.2704(i)(7)(A), which stated the facility must initiate nursing facility specialized services within 20 business days after the date that the services are agreed to in the IDT meeting for Resident #1. The NFA needed to submit a NFSS request form for Specialized Services (Therapies and Assessments OT and PT) by 5/8/2020 through the Texas Medicaid and Healthcare Partnership (TMHP) Long Term Care Portal found at: <a href="http://www.tmhp.com/Pages/LTC/ltc_home.aspx">http://www.tmhp.com/Pages/LTC/ltc_home.aspx</a> In an interview on 7/29/20 at 2:51 PM, MDS Nurse A said something was wrong with the paperwork when Resident #1 was admitted on [DATE]. An R had been added to his name and his Medicaid number was incorrect. Authorizations were initially submitted on 2/15/20 but were not accepted. MDS Nurse A said the request was re-submitted and was denied again. When the errors were discovered, the process of a new PL1 and the PASARR evaluation had to be restarted. When the request for services was again submitted on 5/15/20, it was denied again because of the physician's signature was not accepted. It was submitted again and again denied. When the request for services was resubmitted on 6/11/20 it was approved and services were started 6/17/20. The services were started on 6/17/20. MDS Nurse A said she was unaware that the request for services had to be resubmitted by 5/8/20. In an interview on 7/29/20 at 2:45 PM, the NFA said she did receive a phone call that the services had been denied and she needed to resubmit by a certain date - she does not remember the date. She said she went to MDS and told them they had to submit by the new date and she said they did.</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.