

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455575	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2322 Morgan Ave Corpus Christi, TX 78405	

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)
<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48633</p> <p>A complaint and incident investigation (490830, 490679) entrance date was conducted on 03/19/24. The census was 119.</p> <p>Acronyms:</p> <p>MDS-Minimum Data Set</p> <p>BIMS-Brief Interview for Mental Status</p> <p>Tag: F623 S/S= B Surveyor Name(s): [NAME]</p> <p>Immediate Supervisor: [NAME]</p> <p>Based on interviews and record review the facility failed to ensure the notice of transfer or discharge was made by the facility at least 30 days before the resident was transferred or discharged and record the reasons for the transfer or discharge in the resident's medical record and send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman, for 1 of 4 residents (Resident #1) reviewed for transfer and discharge.</p> <p>The facility did not meet the requirements to discharge Resident #1 due to not providing a written 30-day notice, not documenting the discharge appropriately, and not contacting the Ombudsman.</p> <p>This failure could place residents at risk of improper discharge planning and diminished quality of life.</p> <p>Findings included:</p> <p>A Face sheet dated 3/19/2024 indicated Resident #1 was a [AGE] year old who was admitted on [DATE] with diagnosis of Dementia (a progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking), Cerebral Infarction (the result of disrupted blood flow to the brain due to problems with the blood vessels that supply it), Aphasia (difficulty with speech), and muscle wasting (the decrease in size and wasting of muscle tissue).</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>A quarterly MDS assessment dated [DATE] indicated Resident #1 had a BIMS (Brief Interview for Mental Status) of 01 which indicated severe cognitive impairment and the resident had not exhibited signs of wandering.</p> <p>Record review of Resident #1's care plan, undated revealed, Resident #1 was at risk for elopement related to impaired safety awareness, impulsiveness, and poor insight due to dementia.</p> <p>A record review of Resident #1's progress notes dated 3/11/2024 indicated Resident #1 attempted to elope had refused care from staff. The Resident's representative expressed the recent increase of behaviors was due to increase of family member visits.</p> <p>A Record review of Resident #1's progress notes dated 3/18/2024 indicated Resident #1 was on one-to-one monitoring due to exit seeking behaviors and elopement risk. The resident's representative was contacted on 3/18/2024 and approved transfer to a different facility.</p> <p>Record review of Resident #1's progress note dated 3/18/2024 at 9:10 a.m., reflected the resident was on a 1:1 (a 1:1 is where a staff member stays with a resident and does not allow the resident out of eyesight) and remained on a 1:1 until discharge, thus keeping the resident safe until other arrangements were made for Resident #1.</p> <p>Record review of Resident #1's progress notes on 3/19/2024 and 3/20/2024 indicated transfer of Resident #1 but did not reflect a reason for the transfer.</p> <p>Record review of Resident #1's nursing progress notes dated 3/19/2024 indicated the Ombudsman was informed about the transfer, however, Resident #1 was transferred on 3/18/2024.</p> <p>During an interview on 3/19/2024 at 2:02 p.m., the Social Worker stated he drove to Resident #1's family members home to inform her of the transfer of Resident #1 and stated at first the family member did not agree but after being told they had 5 days to find Resident #1 a place to go if they did not accept this transfer, the family member agreed.</p> <p>During a phone interview on 3/19/2024 at 3:42 p.m., with the Nurse Practitioner, he/she stated it was a risk to the other residents to keep Resident #1 in the facility and stated staff had expressed the need for Resident #1 to be transferred due to Resident #1's high risk of elopement. The Nurse Practitioner stated he/she was not aware of the facility's internal policies or process for discharging Resident #1. The Nurse Practitioner stated the facility could not provide 30 days of 1:1 care for Resident #1.</p> <p>During an interview on 3/20/2024 at 1:35 p.m., the Administrator stated Resident #1 needed urgent medical care and this met the exemption to provide a 30-day notice for discharge because the facility could not provide the level of care, Resident #1 needed due to his attempts to elope.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Record review of facility's Transfer and Discharge policy dated 10/13/2022 stated, a notice must be provided at least 30 days prior to a facility-initiated transfer or discharge of the resident. Exceptions to the 30-day requirement apply when the transfer or discharge is effected because: the health and/or safety of the individuals in the facility would be endangered due to the clinical or behavioral status of the resident; the resident's health improves sufficiently to allow a more immediate transfer or discharge; an immediate transfer or discharge is required by the resident's urgent medical needs; or a resident has not resided in the facility for 30 days. The facility's Transfer and Discharge policy also included verbiage stating, documentation of the reason for transfer or discharge and the necessity for the resident's welfare and the needs that cannot be met in the facility, and the service available to meet the needs will be documented in the resident's medical record. And in exceptional cases a notice must be provided to the resident, the resident's representative if appropriate, and the Long-Term Care Ombudsman as soon as practicable before the transfer or discharge.</p>		