

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2024
NAME OF PROVIDER OR SUPPLIER Waterside Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1213 Water St Kerrville, TX 78028	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26869</p> <p>Based on observations, interviews, and record reviews a facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes, Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care for 1 of 1 (Resident #1) resident with PASARR recommendations in that:</p> <p>Resident #1 NFSS for therapy services was not submitted timely.</p> <p>The Failures could affect residents with PASSR services and could result in residents not receiving the PASSR recommended services.</p> <p>The findings included:</p> <p>Record review of Resident #1's Admission record dated 3/7/2024 was admitted on [DATE], readmitted on [DATE] with diagnoses of Quadriplegic Cerebral Palsy, Schizophrenia, Severe intellectual disabilities, and Muscle Weakness.</p> <p>Record review of Resident #1's Quarterly MDS dated [DATE] revealed Resident #1's BIMS was severely cognitively impaired.</p> <p>Record review of Resident #1's Care plan dated 2/20/2024 revealed Resident had a positive PASRR evaluation related too: ID (intellectual development)/DD (developmental disability) severe intellectual disabilities. Resident requires specialized services: rehabilitative therapy (OT/PT), pending MCD(medicaid) eligibility, currently on services with MCR(Medicare) part B; behavioral support; specialized assessment; DME(Durable Medical Equipment); & habilitation coordination.</p> <p>Record review of Resident #1's P1(PASARR 1) dated 6/5/2023 revealed Resident #1 had an intellectual disability, indicated as yes. Record review of Evaluation revealed a response of Yes for Intellectual Disability, Developmental Disability</p> <p>Record review of Resident #1's PASSR Comprehensive Service Plan (PCSP) dated 2/2024 revealed Resident #1 was recommended Physical Therapy.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of complaint intake #482711 dated 2/7/2024 revealed Resident #1 has not received a Medicaid service as a result of the following: 1. The NF was notified and instructed to submit a NFSS(Nursing Facility Specialized Services) Request by the deadline, 10/15/2023, but failed to do so. 2. The NFSS Request submittal by the NF was denied and there was not a follow up submittal to ensure the request was approved to provide specialized services for PASRR for Resident #1.</p> <p>Record review of Resident #1's NFSS dated 9/20/2023 for Physical Therapy (PT) revealed Therapist A typed his name, instead of a unique and original signature.</p> <p>Record review of Resident #1's cite for NFSS communication on 10/9/2023 at 3:13 PM from TMHP(Texas Medicaid Healthcare Partnership) reflected, Each request must have its own, unique and original signature. [NAME] may not use typed signatures, stamps or copied signatures. Please complete the following steps 1. Upload a valid and completed signature page this is original and not a copy or typed, ensure signature and legible and the signature dated match the portal, and resubmit. 2. Set all appropriate tabs that are in pending denial status to pending state review before 10/15/2023 to avoid a system-generated denial.</p> <p>Record review of Resident #1's cite for NFSS communication on 10/16/2023 at 9:15 AM revealed Denied. THMP: 7 days have elapsed since the request was Pending Denial and the requested Service or Assessment is Denied.</p> <p>Interview on 3/7/2024 at 6 PM with the corporate nurse confirmed Resident #1's NFSS for physical therapy was typed, instead of a unique original signature. Interview with the Administrator and corporate nurse stated the MDS staff was responsible for the PASARR residents care and treatment was let go this last week.</p> <p>Interview on 3/7/2024 at 7pm with Therapist A left a voicemail. Interview on 3/8/2024 with therapist A stated, when he first filled out the NFSS for Resident #1 he typed in his name. Then at some point, unknown date stated he resigned his name and signature with an original signature.</p> <p>Record review of policy Admission Criteria dated 2001 revealed 8. Nursing and medical needs of individual with mental disorder or intellectual disabilities will be determined by coordination with the Medicaid Pre-Admission Screening and Resident Review program (PASARR) to the extent practical.</p>