

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  45F411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/16/2024
NAME OF PROVIDER OR SUPPLIER  Goodall Witcher Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  101 Posey Avenue Clifton, TX 76634	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47772</b></p> <p>Based on observation, interview and record review, the facility failed to incorporate the recommendations from the evaluation report, into the resident's care planning and transitions of care for 1of 4 residents (Resident #1) who were reviewed for PASRR Coordination.</p> <p>The facility failed to incorporate the agreed upon recommendations of the IDT/SPT of customized manual wheelchair assessment, specialized PT assessment, and specialized PT in the care plan.</p> <p>This failure could place residents at risk to have their physical needs go unmet.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission paperwork, viewed 7/16/2024, reflected a [AGE] year-old-male, who admitted to the facility on [DATE]. He was diagnosed with progressive neurological conditions (which were conditions of progressive deterioration of human function,) seizure disorder, or epilepsy, (which was a condition having caused unprovoked seizures or excessive electrical activity in the brain, and PTSD (post-traumatic stress disorder.)</p> <p>Record review of Resident #1's Quarterly MDS, dated [DATE], reflected Section C., Cognitive Pattern: Indicated Resident # 1 had short-term memory problems, long-term memory problems, and had severe cognitive impairment. Section GG., Functional Abilities and Goals: Indicated Resident #1 was dependent upon staff for eating, oral hygiene, toileting, showering, dressing, and personal hygiene. [Dependent] meant the staff provided all the effort. Resident #1 utilized a manual wheelchair. Resident #1 received substantial assistance with sitting to standing and chair to bed transfer. [Substantial Assistance] meant the staff provided more than half of the effort. Section H., Bladder and Bowel: Indicated Resident #1 was frequently incontinent of both Bladder and Bowel. Section I., Active Diagnosis: Indicate Resident #1 was diagnosed with Down Syndrome (which was a disease of the body's chromosomes that typically presented as mild to moderate intellectual disability.)</p> <p>Record review of Resident #1's CP, revised 6/11/2024, indicated a problem area for falls. The goal was for Resident #1 to be free from injury. The discipline, revised on 6/11/2024 indicated Resident #1 would have used a walker in the room for short distances and a wheelchair for long distances. A second problem area for musculoskeletal concerns, revised on 6/11/2024, had the goal of no complications from musculoskeletal disease. The discipline, revised on 6/11/2024 indicated Resident #1 would have consulted with PT/OT as needed; evaluate safety, balance, and judgement.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  45F411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/16/2024
NAME OF PROVIDER OR SUPPLIER  Goodall Witcher Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  101 Posey Avenue Clifton, TX 76634	
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>Record review of Resident #1's Annual IDT/SPT report, dated 1/16/2024, indicated Resident #1 was diagnosed with an IDD. The IDT/PCSP, held with the DON and BHN E, recommended Resident #1 for a manual wheelchair assessment, a specialized PT assessment, and specialized PT.</p> <p>Record review of Resident #1's Quarterly IDT/SPT report, dated 7/16/2024, indicated Resident #1's need for a manual wheelchair assessment, a specialized PT assessment, and specialized PT was discontinued. The report entailed local authority comments which stated: Team discussed all PASRR and NFSS. DON advised that the CMWC and PT were never completed as she did not get forms from the local medical equipment supplier and thought the wheelchair was in motion as he had been measured the resident for the chair. PT was not initiated as Resident #1 continued to be on restorative therapy. DON felt he was doing well on restorative and there was no need for PT at the time. CMWC was no longer needed as he was then in a Geri Chair where he was comfortable, and it was meeting his mobility and posturing needs. Team agreed to discontinue CMWC and PT as no longer needed.</p> <p>Record review of an intake record, dated 6/27/2024, reflected the facility had not submitted an NFSS, to HHSC on the TMHP website, for Resident #1 within 20 days of his IDT/PCSP, held on 1/16/2024. (An NFSS was a request submitted on the TMHP website to HHSC. The NFSS approval was required, from HHSC, for the facility to have received reimbursement for the services recommended in the IDT/PCSP.) The recommended services agreed upon, in the IDT/PCSP on 1/16/2024, were a manual wheelchair assessment, a specialized PT assessment, and specialized PT. The intake record, dated 4/15/2024, stated [This communication is to summarize our phone conversation regarding your facility's non-compliance with the requirements outlined in the Texas Administrative Code, Chapter 19, Subchapter BB, section S19. 2704(i)(7)(A), which states your facility must initiate nursing facility specialized services within 20 business days after the date that the services are agreed to in the IDT/PCSP meeting for the resident we spoke about, (Resident #1.) As discussed on the phone, you will need to submit a NFSS request forms for PASRR Specialized Services (Therapies and Assessments PT) by 4/18/2024 and CMWC (customized manual wheelchair) by 4/18/2024 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>.</p> <p>Observation on 7/16/2024 at 9:50 AM of Resident #1 revealed him asleep in a reclining Geri-chair in the television room next to the nursing station. The resident did not appear to be in any distress.</p> <p>Interview on 7/16/2024 at 10:10 AM with the MDSC revealed she remembered speaking to someone on the phone about Resident #1's NFSS as well as the email dated, 4/15/2024. She stated she was unaware of the PASRR NFSS process and referred the matter to the DON.</p> <p>Interview on 7/16/2024 at 10:35 AM with BHN E revealed she participated in Resident #1's IDT/PCSP on 1/16/2024. She concurred the results of the IDT/PCSP were for Resident #1 to have received an assessment for a manual wheelchair, a specialized PT evaluation, and specialized PT. She stated she told the facility the facility they had 20 days from the date of the meeting, which occurred on 1/16/2024, to submit the NFSS through the THMP website. Resident #1 had a loner wheelchair at the facility, as well as a Geri-chair that reclined. Although he had not received a specialized PT, he received restorative PT at the facility. She did not feel the non-submittal of the NFSS reduced Resident #1's quality of care or quality of life. BHN E was at the facility on 7/16/2024 for a scheduled IDT/PCSP with Resident #1. BHN E stated she had planned to reassess Resident #1's need for an assessment for a manual wheelchair, a specialized PT evaluation, and specialized PT.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  45F411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/16/2024
NAME OF PROVIDER OR SUPPLIER  Goodall Witcher Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  101 Posey Avenue Clifton, TX 76634	
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>Interview and record review on 7/16/2024 at 12:25 PM with the DON revealed the MDSC informed her about the phone call and the email, dated 4/15/2024. The DON stated she scheduled an assessment through a local medical equipment agency on 2/19/2024 for Resident #1 to have received a manual wheelchair assessment on 3/5/2024. The DON was the facility staff member who was responsible for submitting the NFSS to the TMHP website. Record review of a progress note in the facility's documentation platform, dated 2/19/2024, reflected a representative from a local medical equipment agency was scheduled to assess Resident #1 for a customized wheelchair on 3/5/2024. Upon request, the DON did not have a copy of the assessment from 3/5/2024. After the assessment for the customized wheelchair on 3/5/2024, the DON stated Resident #1 had begun to show a decline in condition. She did not think Resident #1 still needed a customized wheelchair or specialized PT. Instead, the facility provided Resident #1 with restorative PT and utilized a reclining Geri-chair, which was donated to the facility. The DON knew she was past the 20-day requirement for having submitted the NFSS on the TMHP website. She stated the PASRR process was confusing and could not figure out how to submit the documentation and lacked the resources. One of the resources the DON referred to for PASSR was the Detailed Item by Item guide to Completing the Authorization Request for PASARR Nursing Facility Specialized Services, dated September 2023. Upon request, the facility did not have a policy to cover PASRR. The DON, who was also Resident #1's RP, stated she understood that some RPs might have criticized the facility for not following through with the NFSS process, but whole heartedly believed Resident #1's quality of life and quality of care had not been compromised.</p> <p>Interview on 7/16/2024 at 12:35 PM with the ADM revealed he had a phone conversation on 7/15/2024 with PASSRE, who worked at PASRR Quality Assurance. The substance of the conversation pertained to Resident #1's delinquent NFSS after the IDT/PCSP on 1/16/2024. According to the ADM, PASSRE had given the ADM an extension to have Resident #1 reassessed by BHN E in an IDT/PCSP on 7/16/2024. The new IDT/PCSP was supposed to have determined Resident #1's continued need for a customized manual wheelchair, a specialized PT evaluation, and specialized PT. The ADM stated the PASRRE planned to have checked the TMHP website on, or around, 7/28/2024 to review Resident #1's most recent IDT/PCSP from 7/16/2024. He stated the PASRR process was confusing and customer service was poor. The ADM stated Resident #1's quality of care and quality of life had not diminished due to the non-submission of the NFSS to the TMHP website by 4/18/2024.</p> <p>Record review of the facility's [Detailed Item by Item guide to Completing the Authorization Request for PASARR Nursing Facility Specialized Services,] dated September 2023, revealed instructions on page 6. The instructions on page 6 stated the NF had 20 business days from the date of the initial IDT/PCSP to initiate all PASRR nursing facility specialized services (NFSS.) On page 11 of the guide, there was an email for PASRR support at PASRR.Support@hhsc.state.tx.us and a phone number for the TMHP website, [PHONE NUMBER].</p>		