

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Bay Ridge Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 208 South Utah LA Porte, TX 77571	

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** 48315</p> <p>Based on interview and record review the facility failed to coordinate the assessments with the pre admission screening and resident review (PASARR program under Medicaid in subpart C to the maximum extent practicable to avoid duplicative testing and effort which includes incorporating the recommendations from the PASRR level II determination and the PASARR evaluation report into a resident's assessment, care planning and transitions of care for 1 of 4 residents Resident #1 reviewed for PASARR. Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.</p> <p>The Facility failed to provide Resident #1 specialized services of PT, OT, and ST. Based on record review November 15, 2022 was the date listed in Simple LTC PASARR Portal.</p> <p>The facility failed to submit a NFSS request for nursing facility specialized services in the LTC Online Portal for Resident#1's OT, PT, and ST specialized services by a specific deadline.</p> <p>This failure could place residents at risk for not receiving specialized PASARR services which could contribute to a decline in physical, [NAME] psychosocial well-being and quality of life.</p> <p>Findings include:</p> <p>Record review of Resident #1's electronic face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included, intellectual disability, Mood disorder, (bipolar disorder and Major depression (A serious mental illness characterized by extreme mood swings, panic, or other severe anxiety disorder.)</p> <p>Record review of Resident #1's Annual MDS assessment, dated 01/25/24, reflected Resident #1 was positive for intellectual disability and other related condition. Her cognitive patterns Brief Interview for Mental Status (BIMs) were coded as 13 out of possible 15, which reflected she was cognitively intact.</p> <p>Record review of Resident #1 care plan, updated on 4/25/24, reflected the resident had a positive PASARR Level II for developmental Disability.</p> <p>Goal Resident #1 will receive all specialized services related to positive PASARR through the next 92 days target date of 05/27/24.</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 the undated Simple LTC PASARR NFSS Activity Portal History, for Resident #1, reflected the NFSS form was completed and submitted for PT\OT and ST on 06/28/2019 but was rejected. Reason was wrong therapy services such as PT, OT and SP.</p> <p>During interview with the Rehab Director, on 8/6/24 at 12:00 PM, she stated the PASARR was just approved on 7/26/2024 and Resident #1 was currently receiving PT only for the next 6 months. The Rehab Director stated she was not aware who submitted the PASARR form, but she recalled it being rejected due to doctor signature. The Rehab Director stated she would enter the Resident's information for specialized services into the system once she got the ok from the MDS coordinator. The Rehab Director stated she had been employed at the facility for 3 years.</p> <p>During an interview with the MDS Coordinator on 08/06/24 at 1:00 PM, she said she did not complete the forms and corporate would complete the form and send it to the facility and was not sure why Resident #1's PASARR was not completed. The MDS Coordinator stated she just started in April of this year. She said the therapy department was supposed to complete the NFSS forms and send them in through the LTC online portal.</p> <p>Record review of a statement from the PASARR Unit Program Specialist of IDD Services reflected as discussed on the phone, you will need to submit a NFSS request forms for PASARR Specialized Services (Therapies and Assessments PT) by 6/10/2024 and customized manual wheelchair by 6/12/2024 through the Texas Medicaid and Healthcare Partnership (TMHP) Long Term Care Portal. The resident has not received a Medicaid service because of the following: The nursing facility administrator and MDS nurse was notified and instructed to submit a NFSS Request by a specific deadline but failed to do so. The NFSS Request submittal by the nursing facility was denied and there was not a follow up submittal to ensure the request was approved to provide specialized services for PASARR for the residents.</p> <p>Based on interview with MDS nurse on 08/06/24 at 2:00pm she stated that she could not give me an answer to why the NFSS form was not completed. She also stated that the facility corporation handle all PASARR information. She also stated she started in April and can not say to why or why not the previous MDS nurse did or not did. MDS nurse stated she was made aware as of today that Resident#1 was not receiving services. She also stated that she understands that is important for all Residents to receive the services they deserve to have because this would improve their quality of life.</p> <p>Record review of PASARR requirement, dated 11/10/2023, Titled Companion Guide for Completing the Authorization Request for PASARR Nursing Facility Specialized Services (NFSS) Form, Page 9, read in part .</p> <p>NFSS Request More Than 30-Calendar Days After IDT Meeting</p> <p>If the nursing facility is submitting the NFSS request more than 20 business days (Approximately, 30 calendar days) after the initial IDT or annual specialized services.</p> <p>meeting, the nursing facility submitters will receive an error message to this effect. This is to notify the nursing facility submitters that they are out of compliance with the</p> <p>(continued on next page)</p>

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	requirements in rule and may be subject to a follow-up visit by regulatory staff.