

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Cass Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 103 Teakwood St Centerville, TX 75833	

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45957</p> <p>Based on record review and interviews, the facility failed to provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility for one (1) of one resident reviewed for transfer and discharge rights. (Resident #1)</p> <p>The facility failed to make arrangements for a safe discharge for Resident #1.</p> <p>This failure could place residents at risk for not receiving care and services to meet their needs upon discharge.</p> <p>Findings included:</p> <p>Review of Resident #1's Face Sheet reflected a [AGE] year-old male admitted [DATE] with diagnoses of unspecified systolic congestive heart failure (the left ventricle loses its ability to contract normally. The heart can't pump with enough force to push enough blood into circulation), essential primary hypertension (abnormally high blood pressure that not caused by a medical condition), major depressive disorder (persistent low mood and loss of interest in activities that people enjoy), and insomnia (a sleep disorder that makes it hard to fall asleep, stay asleep, or get quality sleep).</p> <p>Review of Resident #1's Quarterly MDS dated [DATE] reflected a BIMS score of 15 indicating no cognitive impairment. Resident #1 required set up or clean up assistance in the areas of eating, oral hygiene, upper body dressing, and personal hygiene, Resident #1 required partial/moderate assistance in the areas of lower body dressing and shower/bathe self. Resident #1 required substantial/maximal assistance in the areas of toileting hygiene and putting on/taking off footwear.</p> <p>Review of Resident #1's care plan dated 12/10/24, revealed Resident #1 was care planned for the following: Resident #1 wished to be discharged to an apartment.</p> <p>Review of Resident #1's 30-day discharge letter dated 10/09/24, revealed Resident #1 was given the 30-day discharge letter on the same date (10/09/24) he was discharged to the psych facility.</p> <p>Review of Resident #1's Interdisciplinary Discharge Summary date 10/11/24, revealed Resident #1 was sent to the psychiatric facility for evaluation and treatment.</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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/10/24 at 1:20 p.m., the SW stated that the resident was having several behaviors such as putting the remote to the tv in his pants, threatening other residents, and forced his roommate to watch gay porn. The SW stated Resident #1's former roommate was discharged from the facility as well but provided the investigator his face sheet with a phone number attached. The SW stated that the facility got an Application for Emergency Apprehension and Detention warrant for Resident #1 to be seen at a psychiatric facility. The SW stated that Resident #1 was given his 30-day discharge notice on 10/09/24 with a discharge date of [DATE]. SW stated Resident #1 discharged from the psychiatric facility to another facility on 10/30/24. The SW stated that she nor anyone else was involved in the process of assisting with finding a new facility for Resident #1 once he left the psychiatric facility.</p> <p>During an interview on 12/10/24 at 2:35 p.m., the BOM stated that she was not involved in the transfer process when Resident #1 was sent to the psychiatric facility. The BOM stated Resident #1 was aware that he was going to the psychiatric facility on 10/09/24. The BOM stated that she gave Resident #1 his 30-day discharge letter on 10/09/24 with a discharge date of [DATE]. The BOM stated that she thought that the SW, the DON, and the ADM had placement for Resident #1 once he was discharged from the psychiatric facility.</p> <p>During an interview on 12/10/24 at 4:00 p.m., Resident #1 stated that he was doing fine and was safe at his new facility. Resident #1 stated that the psychiatric facility referred him to the new facility. Resident #1 stated that he was very happy and pleased at his new facility and expected to get his own apartment after discharge.</p> <p>During an interview on 12/10/24 at 4:30 p.m., the DON stated she was not working at the facility at the time of the incident. The DON stated that the facility should have coordinated a transfer for Resident #1 due to him coming from their facility. The DON stated that she was not sure who was responsible to assist with coordinating a safe transfer due to her being new at the facility. The DON stated the failure could affect the resident by not having a safe place to discharge after discharging from the psychiatric facility.</p> <p>During an interview on 12/10/24 at 4:55 p.m., the ADM stated that Resident #1 was sent to the psychiatric facility on her first day working at the facility. The ADM stated that she thought the facility and coordinated a facility for Resident #1 to go to after he left the psychiatric facility. The ADM stated she was not involved in the discharge process for Resident #1. The ADM stated that IDT team was responsible for discussing the needs to ensure a safe discharge/transfer occurs and the SW was responsible for coordination with the psychiatric facility about finding a new placement for the resident. The ADM stated the failure could have affect the resident by not having a safe discharge.</p> <p>Review of facility's Transfer or Discharge Notice policy dated Revised January 2023 reflected Residents and/or representatives are notified in writing, and in a language and format they understand, at least (30) days prior to a transfer or discharge.</p> <p>Policy, Interpretation, and Implementation</p> <p>1. Transfers and discharge includes movement of a resident from a certified bed in the facility to a non-certified bed in another part of the facility, or to a non certified bed outside the facility. Transfer and discharge does not refer to movement to a bed within the same certified facility, Specifically:</p> <p>(continued on next page)</p>		

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<p>F 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Transfer refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility; and</p> <p>b. Discharge refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not expected.</p> <p>3. Except as specified below, the resident and his or her representative are given a thirty (30) days advance written notice of the impending transfer or discharge from this facility.</p> <p>4. Under the following circumstances, the notice is given as soon as is it practicable but before the transfer or discharge:</p> <ul style="list-style-type: none"> a. The safety of individuals in the facility would be endangered; b. The health of individuals in the facility would be endangered; c. The resident's health improves sufficiently to allow a more immediate transfer or discharge; d. An immediate transfer or discharge is required by the resident's urgent medical needs; e. The resident has not resided in the facility for thirty (30) days.