

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2025
NAME OF PROVIDER OR SUPPLIER  Arapaho Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1111 Rockingham Dr Richardson, TX 75080	

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** 42824</b></p> <p>Based on interviews and record reviews, the facility failed to coordinate assessments with the pre-admission screening and resident review (PASRR) to the maximum extent practicable for 1 (Resident #1) of 2 residents reviewed for PASRR.</p> <p>The facility failed to follow up with more information request after receiving notification from PASRR between 11/25/2024 and 12/01/2024, which led to a denial of physical therapy services for Resident #1.</p> <p>This failure could place all residents identified as mentally, intellectually and/or developmentally disabled at risk of not receiving specialized services and equipment to meet their needs.</p> <p>Findings included:</p> <p>Review of Resident #1's Face Sheet dated 03/25/2025 at 2:24 PM revealed she was a [AGE] year-old female readmitted from an acute care hospital on 03/06/2024. Relevant diagnoses included quadriplegia (loss of function of all four limbs,) unspecified intellectual disabilities, paranoid personality disorder, cognitive communication deficit, major depressive disorder, and urinary and kidney disorders and dysfunction.</p> <p>Review of Resident #1's Minimum Data Set (MDS) dated [DATE] revealed she had moderate cognitive impairment with a Brief Interview of Mental Status (BIMS) score of 11. She had impairments in both upper and lower extremities, required a wheelchair for mobility, and was dependent upon staff for hygiene, shower/bathing, and other activity of daily living (ADL) activities. She had an indwelling catheter for urinary management and was always incontinent of bowel.</p> <p>Record review of Resident #1's physician orders revealed:</p> <p>Skilled [Occupational Therapy] services for three days a week . dated 12/16/2025.</p> <p>Initial [Physical Therapy] evaluation and treatment diagnoses completed. [Physical Therapy] clarification order for five days a week for four weeks . dated 03/17/2025.</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 Texas Medicaid &amp; Healthcare Partnership's (TMHP) letter, dated 11/26/2024 revealed Resident #1 was approved for occupational therapy services, but physical therapy services for Resident #1 were under review.</p> <p>Record review of Facility's [PASRR document submittal database] provided by MDS Nurse, dated 03/25/2025, revealed on 11/25/2024 at 11:58 AM TMHP: The therapist's name submitted on the attached signature page does not match the name that was entered on the NFSS Form. Correct the therapists name, submit the corrected signature sheet, and set the status back to Pending State Review before 12/1/24 to avoid a system-generated denial.</p> <p>Record review of Texas Medicaid &amp; Healthcare Partnership's (TMHP) letter addressed to Resident #1, dated 12/03/2024 revealed Resident #1 was denied for physical therapy services because we need more information to review your request. We did not receive the information by the deadline .</p> <p>In interview on 03/25/2025 at 1:45 PM Resident #1 was not certain of the services she was received for PASRR.</p> <p>In interview with facility's Social Services on 03/25/2025 at 2:05 PM, she stated Resident #1 was PASRR positive and was doing well. She stated she was approved for occupational therapy and received those services, but for physical therapy, [TMHP] required more information. She was not knowledgeable of any further details and stated she had not seen the denial letter. She stated it was facility's MDS nurse's responsibility to coordinate this request and was not aware of the denial letter sent to the facility on [DATE].</p> <p>In interview with facility's (Minimum Data Set) MDS nurse on 03/25/2025 at 2:26 PM, she stated she was aware that Resident #1 was denied for occupational therapy services in December 2024 pending more information. She stated TMHP requested information from the therapy department and that the (Director of Rehabilitation) DOR was addressing that request . She stated it was her responsibility to coordinate PASRR services for the residents in the building and delegated this specific task to the DOR to do to completion.</p> <p>In interview with facility's (Director of Rehabilitation) DOR on 03/25/2025 at 2:29 PM, she stated that Resident #1 currently functioned at her baseline and was doing well. She stated it was the MDS nurse's responsibility to coordinate PASRR concerns, and the follow up with Resident #1 to TMHP was delegated to her to complete. She stated she followed up on TMHP's request for more information for Resident #1 but could not provide any documentation for review. She stated she could not explain for the delay in care, treatment, and services at this time.</p> <p>In interview with facility's (Director of Nursing) DON on 03/25/2025 at 4:11 PM, she stated she was not aware of the lapse in Resident #1's PASRR services and care. She stated it should have been followed up on and she should have received services in a timely manner. She stated it was the facility's Social Services director's responsibility to coordinate PASRR services for the residents at the facility, but she has been out on leave a lot recently and it's been a shared responsibility, with the bulk of the responsibility with MDS nurse. She stated it was important for the facility to complete, coordinate, and follow up with PASRR to the maximum extent possible to ensure the residents at her facility reach their full potential and were not at risk for decline.</p> <p>(continued on next page)</p>		

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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>In interview during exit conference with facility's DON on 03/25/2025 at 5:00 PM, opportunity to provide any and all relevant documents for review related to the investigation was provided and no additional information or documentation was given.</p> <p>Review of facility policy, Admission Criteria rev. 03/2019, revealed 9. All new admissions and readmissions are screened for . [PASRR] . a. The facility conducts a Level I [PASRR] screen for all potential admissions . b. If the level I screen indicates that the individual may meet the criteria . he or she is referred to the state [PASRR] representative for the level II screening process . 2. The social worker is responsible for making referrals to the appropriate state-designated authority .</p>		