

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675689	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 615 N Ware Rd McAllen, TX 78501	

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** 49301</p> <p>Based on interview and record review the facility failed to incorporate the recommendations from the PASRR Level II determination and the PASRR evaluation report for 1 of 5 residents (Resident #2) reviewed for PASRR.</p> <p>The facility failed to initiate an NFSS within 20 business days following the date the services were agreed upon in the IDT meeting.</p> <p>This failure could cause residents with mental health disorders and psychiatric conditions to have a delay in services or not receive specialized services or equipment that may be needed.</p> <p>Findings included:</p> <p>Record review of Resident #2's face sheet, dated 04/09/25, revealed a [AGE] year-old male originally admitted [DATE], and most recent admitted [DATE]. His diagnoses included Cerebral Palsy (lifelong brain disorder caused by non-progressive brain damage during prenatal, neonatal, or early infant period that affects movement, balance, and posture), muscle weakness, DM (diabetes mellitus where the body either doesn't produce enough insulin or can't effectively use the insulin it produces leading to high blood sugar levels) and hypertension (high blood pressure).</p> <p>Record review of Resident #2's Quarterly MDS assessment, dated 03/29/25, revealed a BIMS score of 09, indicating moderately impaired cognition. The MDS assessment also revealed Resident #2 had impairment to an upper and lower extremity on one side and utilized a wheelchair, as well as Resident #2 was dependent in shower/bathe self, lower body dressing, putting on/taking off footwear, needed substantial/maximal assistance with toileting hygiene and personal hygiene.</p> <p>Record review of Resident #2's undated care plan revealed resident was a positive PASSR for IDD/CP Date Initiated: 10/06/2022 Revision on: 07/31/2024. It also revealed W/C purchased through PASSR services and if discharged equipment to follow Resident #2 currently use a loaner custom w/c due to request for new w/c denied secondary to last w/c was not over 5 years therapy to continue to request for w/c Date Initiated: 10/06/2022 Revision on: 03/30/2025.</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 Resident #2's PASRR evaluation, dated 04/20/23, revealed resident had an intellectual disability which manifested before the age of 18, and she had a developmental disability other than the intellectual disability that manifested before the age of 22. Specialized service recommendations included: self-monitoring and coordinating treatments; self-help with ADLs such as toileting, grooming, dressing, and eating; and independent living skills such as cleaning, shopping, and money management, laundry, accessibility within the community.</p> <p>Record review of Resident #2's progress notes revealed progress notes concerning IDT meetings or PASRR updates for dates 05/17/24 through 02/10/25 in which they notified the HHS PASRR Program Specialist that specialized services had been completed and needs met, or that needs and services were no longer warranted or needed.</p> <p>Record review of Resident #47's PASRR PCSP, dated 02/10/25, revealed the quarterly meeting was held. New requests will be done for CMWC, habilitative, OT and PT.</p> <p>In an interview via email on 04/09/25 at 9:47 AM with the HHSC PASSR Unit Program Specialist, she wrote, I sent an email to the DON and the Administrator on 1/28/2025. I was not told why they did not do it. The IDT meeting was 5/17/2024. The NF has 20 business days from this meeting date to initiate the service that was recommended/documentated for this resident.</p> <p>The 26 Texas Administrative Code (TAC), Chapter 554, Subchapter BB, section S554.2704(i)(7), a nursing facility must initiate nursing facility specialized services within 20 business days following the date that the services are agreed to in the IDT meeting. Currently, your nursing facility is out of compliance as per this TAC Rule. (HHSC PASSR Unit Program Specialist, personal communication, 4/9/2025).</p> <p>In an interview on 4/9/25 at 2:00 pm MDS K said they conducted the IDT meeting, and therapy took over the initiation of the NFSS to initiate the request for PASRR specialized service of Resident #2's customized manual wheelchair. He said he submitted information to PASSR regarding recommendations such as independent living skills within the 20-day time frame. He said therapy takes over initiating requests for items dealing with PT, OT, ST and/or wheelchairs. He said the DOR took over NFSS. He said as soon as they get an alert on the online portal, they should initiate it right away.</p> <p>In an interview on 4/9/25 at 2:16 pm the DOR said she was aware now about the requirement of submitting the NFSS request 20 days from IDT. She said she became aware of the requirement from the DME company. She said they helped and guided her through the process. She said she had not received any emails from PASSR HHSC. She said she started this position in February of 2025, so she was not sure if the former DOR was receiving those emails. She said the facility provided Resident #2 with a customized wheelchair. His insurance denied the request because it had not been more than 5 years since his last customized wheelchair. She said she scheduled an IDT meeting for this Friday, 4/11/25 to review continuation of therapy services and the CMWC.</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 an interview on 4/9/25 at 3:42 pm the DON said that she found out a couple of days ago that a new meeting was being set up so they could re-initiate the NFSS and restart the 20 days. She said the prior DOR did not work longer than 6 months and the current DOR was new to the process since she started working this past February. The DON said she never received an email from HHSC PASRR. She said she did receive an email from quality monitoring that a visit was going to be done, but not from HHSC PASRR. She said the DOR and MDS were responsible for logging on and ensuring all the information required was placed onto the online portal. She said she was not sure what happened and was not sure what training the current DOR received from the prior DOR, but LVN/MDS was very involved, and he assisted with that. The DON said it was a collaboration between therapy and MDS. She said therapy usually took over the online portal entrance when it dealt with customized wheelchairs. She was not sure where the problem occurred. She said when she worked MDS, they logged into Simple to see the alert and recalls she was required to log onto the portal within 20 days.</p> <p>In an interview on 4/10/25 at 10:30 am with the Administrator, he said when they had the IDT meeting for Resident #2 and recommended the WC, the request was then submitted on simple. He said it was his understanding they did complete the process. He said he feels there was a misunderstanding on the time frame, but the resident never went without the services. He said they provided him with the customized manual wheelchair Resident #2 required as a loaner. He said normally, the DOR will conduct evaluations for therapy, coordinate with DME, then DOR will submit for services and complete follow ups. He said as the administrator, he oversees and supervises MDS and PASRR services, so ultimately it was his responsibility to ensure the submission of the NFSS (Nursing Facility Specialized Services) request on the LTC Online Portal within 20 business days after the date of the Interdisciplinary Team meeting. The administrator said he was responsible for ensuring the requests were being submitted and follow ups being done to make sure they were meeting the requests. He said he looked into this specific case once it was brought to his attention, and it was not submitted within the 20-day time frame. He said their new DOR has initiated an IDT meeting this Friday, 4/11/25, and he will ensure the 20-day time frame was met.</p> <p>Record review of the facility's undated PASRR policy reflected:</p> <p>Policy: It is the policy of this facility to ensure that each resident is properly screened using the PASRR specified by the State.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 2. Based upon the assessment, the facility will ensure proper referral to appropriate state agencies for the provision of specialized services to residents with MI/MR. 3. Social Services shall contact the appropriate State Agency for referral of specialized care and services the resident may require. 		