

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675852	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Advanced Rehabilitation and Healthcare of Wichita		STREET ADDRESS, CITY, STATE, ZIP CODE 4810 Kemp Blvd Wichita Falls, TX 76308	

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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record reviews the facility failed to readmit the resident, when the hearing officer determines that the discharge was inappropriate, the facility, upon written notification by the hearing officer, must readmit the resident immediately, or to the next available bed. The facility failed to readmit (Resident #1) of two Residents reviewed for discharge requirement.</p> <ol style="list-style-type: none"> <li>1) The facility failed and refused to readmit Resident #1 from the hospital where she was transferred for evaluation and treatment.</li> <li>2) The facility did not permit resident to return to the facility after the appeal ruled the facility must reverse their decision to discharge the resident.</li> <li>3) The facility did not permit Resident #1 to remain in the facility for 30 days after giving her 30-day discharge notice as required.</li> <li>4) There was no documentation from the physician indicating that the resident had specific needs that could not be met in the facility.</li> <li>5) The facility failed to ensure transfer or discharge was documented in the resident's medical records.</li> <li>6) The facility failed to establish and follow a written policy on permitting resident to return to the facility after she was hospitalized .</li> </ol> <p>These failures affected discharged residents and could place the residents at risk of being discharged and not having access to available advocacy services, discharge/transfer options and appeal process.</p> <p>Findings Included:</p> <p>Record review of the face sheet for Resident #1 dated 06/18/25 revealed a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included overactive bladder, right leg below knee amputation, cerebral infarction (stroke), pressure ulcers, hemiplegia (severe or complete loss of strength paralysis on one side of the body), and hemiparesis (one-sided muscle weakness).</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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's admission MDS assessment, dated 06/09/23, reflected the resident had a BIMS score of 15, which reflected the resident was cognitively intact. Section BO300 indicated adequate hearing and clear speech. Resident #1 required substantial/maximal assistance with most ADLs.</p> <p>Review of Resident #1's care plan dated 02/17/25 reflected Resident #1 has an ADLs self-care performance deficit and is at risk for not having her needs met in a timely manner.</p> <p>Record review of the appeal decision dated 03/26/25 reflected the following:</p> <p>APPEAL ID: 5329037</p> <p>Before the</p> <p>Texas Health and Human Services Commission</p> <p>Appeals Division</p> <p>In the Matter &amp;sect; Fair Hearing</p> <p>Of &amp;sect; Decision</p> <p>&amp;sect;</p> <p>Appellant &amp;sect;</p> <p>&amp;sect;</p> <p>I. LEGAL AUTHORITY</p> <p>The fair hearing was conducted under the authority provided by Title 1, Sections 357.1 through 357.25 of the Texas Administrative Code (TAC) and related law.</p> <p>II. HISTORY</p> <p>1. On January 16, 2025, the Agency notified the Appellant of the discharge.</p> <p>2. The Appellant disagreed with the discharge and filed an appeal on February 12, 2025.</p> <p>3. The Appellant did not remain in the facility because the facility refused to accept her back from the hospital she was admitted to.</p> <p>4. A Notice of Hearing was mailed to Appellant on February 19, 2025, by first class mail, for a hearing scheduled for March 12, 2025.</p> <p>(continued on next page)</p>		

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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview with the RP for Resident #1 on 06/18/25 at 9:07p.m, she said she was the responsible party for Resident #1. She explained the resident had a change in condition after fall from her wheelchair. According to the resident, she was on the floor for more than an hour before the facility responded to the fall. Resident #1 was transported to the hospital for evaluation and treatment due to severe pain from the fall. The RP stated after resident was stabilized in the hospital, the facility refused to take the resident back from the hospital due to non-payment. She explained the facility failed to fill papers with Medicaid to receive the necessary services. The family was advised to file appeal with HHSC. They filed the appeal which concluded that the facility must readmit Resident #1 to the facility. The facility refused after several attempts to come back to the facility, they decided to go to another facility. The RP explained the facility filed a lawsuit against the resident for non-payment. The RP stated that the Facility Administrator stated, the facility will never take the resident back and he don't care what the State said.</p> <p>In an interview with the BOM on 06/18/25 at 10:31a.m, she said she was the Business Office Manager for the facility. She Stated she was familiar with Resident #1. The BOM explained the resident was given 30-day notice but was transferred to the hospital for evaluation and treatment. She noted the resident was sent to the hospital few days before the 30-day notice ended. She stated the resident was not allowed to return to the facility for non-payment. The resident was owing more than \$44,000. The BOM explained the resident and family refused to submit necessary documentation to apply for Medicaid as required. She was made aware that the family sold the resident's house and did not deposit the money on her account. The BOM stated she was not aware resident had an appeal with HHSC until the surveyor brought it to her notice. She noted she was not aware of any attempt to get the resident back to the facility.</p> <p>During interview with the DON on 06/18/25 at 1:41p.m, she stated she was familiar with Resident #1. The DON explained resident fell and was transferred to the hospital for further evaluation and treatment. She stated the facility notified the hospital of their intention not to readmit the resident for non-payment. She noted Resident #1 and family was non-complaint in providing required documentation Medicaid payor source approval. They kept holding information and stated they were switching to private pay. The Family did not make payment and was owing more than \$44,000 in non-payment.</p> <p>The DON stated she was not aware of an appeal to stay in the facility by Resident #1. She said the Administrator may know but he was no longer employed by the facility. She noted the resident was given 30-day notice but was transferred before the end of the notice.</p> <p>Record review of notice letter dated 01/16/25 revealed Resident #1 was given a 30-day notice leave the facility.</p> <p>Record review of the facility policy on Admission, Transfer and discharge date d 10/10/17 reflected:</p> <p>Policy Statement</p> <p>This facility complies with federal regulations to permit each resident to remain in the facility, and not transfer or discharge unless the following criteria is met:</p> <p>Fundamental Information</p> <p>(continued on next page)</p>		

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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ol style="list-style-type: none"> <li>1. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.</li> <li>2. The transfer or discharge is appropriate because the president's health has improved sufficiently so the resident no longer needs the service provided by the facility.</li> <li>3. The safety of the individuals in the facility is endangered due to the clinical or behavioral status of the resident.</li> <li>4. The health of individuals in the facility would otherwise be endangered.</li> <li>5. Respite residents are discharged based upon the agreed length of stay and plan of care</li> <li>6. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility; or</li> <li>7. The facility ceases to operate.</li> </ol> <p>Policy Explanation and Compliance Guidelines:</p> <p>The facility will evaluate and determine the level of care needed for the resident prior to admission to ensure the facility's ability to meet the resident's needs.</p> <ol style="list-style-type: none"> <li>2. The facility permits each resident to remain in the facility, and not transfer or discharge the resident from the facility except in limited situations when the health and safety of the individual or other residents are endangered.</li> <li>3. The facility may initiate transfers or discharges in the following limited circumstances: <ol style="list-style-type: none"> <li>a. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.</li> <li>b. The residents' health has improved sufficiently so that the resident no longer needs the care. and/or services of the facility.</li> <li>c. The safety of the individuals in the facility is endangered due to the clinical or behavioral status of the resident.</li> <li>d. The health of the individuals in the facility would otherwise be endangered.</li> <li>e. The resident has failed, after reasonable and appropriate notice, to pay or have paid under Medicare or Medicaid for his or her stay at the facility.</li> <li>f. The facility ceases to operate.</li> </ol> </li> </ol> <p>(continued on next page)</p>

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