

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Treasure Hills Healthcare and Rehabilitation Cente		STREET ADDRESS, CITY, STATE, ZIP CODE  2204 Pease St Harlingen, TX 78550	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40872</b></p> <p>Based on observations, interview and record review, the facility failed to ensure residents had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preference for one (Resident #10) of three residents reviewed for call light.</p> <p>The facility failed to ensure Resident #10's call light was within reach and functioning properly.</p> <p>This failure could place residents at risk of being unable to obtain assistance when needed and help in the event of an emergency.</p> <p>Findings were:</p> <p>Record review of Resident #10's Admission record dated 08/15/24 reflected a [AGE] year-old male with an initial admitted [DATE] and a readmitted [DATE] with diagnoses of Dysphagia oropharyngeal phase (difficulty swallowing), Unspecified convulsion (rapid involuntary muscle contractions resulting in uncontrolled shaking), Unspecified Speech disturbance, Cognitive communication deficit (trouble with communication), and Muscle Weakness (Generalized).</p> <p>Record Review of Resident #10's Quarterly MDS dated [DATE] reflected a BIMS score of 0 indicating severe cognitive impairment.</p> <p>Record review of Resident #10's MDS dated [DATE] reflected no impairment of Resident #10's functional range of motion of upper extremity shoulder, elbow wrist, or hand. The ability to come to a standing position from sitting in a chair or wheelchair Resident #10 requires supervision or touching assistance. Resident #10 uses manual wheelchair.</p> <p>Observation and interview on 08/13/24 at 11:53 a.m. revealed the call light was on the floor near the wall in Resident #10's room. The call light was pressed, but light outside Resident #10's room did not turn on. When interviewed, Resident #10 was alert, when asked questions, however he was non-verbal. When handed call light, Resident #10 was able to press it when asked to do so. Resident #10 was communicating by hand gestures and sounds.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/13/24 at 12:05 p.m. the Maintenance Supervisor said that she was not aware that Resident #10's light was not working. She said managers were assigned to each Resident rooms and they were supposed to check every morning on each resident ensuring that rooms were clean, residents were not in need of assistance and were also supposed to check that call lights are within residents reach and working properly. She said if they were not working the staff will let her know and also input a work order on their computer program system which automatically sends her an alert to her cellular phone. She said she had not gotten any notification regarding Resident #10's call light.</p> <p>During an interview on 08/13/24 at 12:25 p.m. the Dietary Manager said he was in charge of checking Resident #10 and his room every morning. He said he was supposed to check in on him and make sure his room was clean. He said he has a checklist of things to look at and make sure everything was functioning like it should be. He said he did not check that morning if the call light was working. He said he's not sure why he didn't check. He said if the call light was not working, he will let the maintenance manager know or he will input the work order request in their computer system. He said Resident #10 used his call light sometimes or sometimes he yells out calling for staff to come to his room. The Dietary Manager said if Resident #10's call light was not working and needed help, he may end up having a fall or getting hurt.</p> <p>During an interview on 08/13/24 at 2:00 p.m., CNA T said she checked in the morning to make sure Resident #10 had his call light near him. She said she did not check if it was working. She said Resident #10 sometimes used his call light. CNA T said she was supposed to be checking if call lights work. She said they had in services on this subject several times out of the month. CNA T said Resident #10 can end up getting hurt if he needed help and he can't reach his call light or if it does not work.</p> <p>During an interview on 08/13/24 at 4:18 p.m., the Administrator said that she assigns department heads to certain rooms. She said that they were supposed to be checking daily on residents and their room. The Administrator also said that staff should be checking periodically to make sure residents had call lights within reach and that they were working properly. She said staff were in serviced as needed and yearly on call lights.</p> <p>Record review of facility's policy titled Policy/Procedure - Nursing Clinical, Subject: Call Light/Bell Policy, revised 05/2023 states;</p> <p>Policy:</p> <p>It is the policy of this facility to provide the resident a means of communication with nursing staff</p> <p>Procedures:</p> <ol style="list-style-type: none"> <li>1. Answer the light/bell within reasonable time</li> <li>2. Turn off call light/bell .</li> <li>5. Leave the resident comfortable. Place the call device within resident's reach before leaving room. If the call light/bell is defective, immediately report this information to the unit supervisor.</li> </ol>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40872</p> <p>Based on observations and interview, the facility failed to be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a centralized staff work area for of one (Resident #10) of three residents reviewed for physical environment.</p> <p>The facility failed to ensure Resident #10 had a working call light in the room.</p> <p>This failure could place residents at risk of being unable to obtain assistance or help when needed and in the event of an emergency.</p> <p>Findings were:</p> <p>Record review of Resident #10's Admission record dated 08/15/24 reflected a [AGE] year-old male with an initial admitted [DATE] and a readmitted [DATE] with diagnoses of Dysphagia oropharyngeal phase (difficulty swallowing), Unspecified convulsion (rapid involuntary muscle contractions resulting in uncontrolled shaking), Unspecified Speech disturbance, Cognitive communication deficit (trouble with communication), and Muscle Weakness (Generalized).</p> <p>Record Review of Resident #10's Quarterly MDS dated [DATE] reflected a BIMS score of 0 indicating severe cognitive impairment.</p> <p>Record review of Resident #10's MDS dated [DATE] reflected no impairment of Resident #10's functional range of motion of upper extremity shoulder, elbow wrist, or hand. The ability to come to a standing position from sitting in a chair or wheelchair Resident #10 requires supervision or touching assistance. Resident #10 uses manual wheelchair.</p> <p>Observation and interview on 08/13/24 at 11:53 a.m. revealed the call light was on the floor near the wall in Resident #10's room. The call light was pressed, but light outside Resident #10's room did not turn on. When interviewed, Resident #10 was alert, when asked questions, however he was non-verbal. When handed call light, Resident #10 was able to press it when asked to do so. Resident #10 was communicating by hand gestures and sounds.</p> <p>During an interview on 08/13/24 at 12:05 p.m. the Maintenance Supervisor said that she was not aware that Resident #10's light was not working. She said managers were assigned to each Resident rooms and they were supposed to check every morning on each resident ensuring that rooms were clean, residents were not in need of assistance and were also supposed to check that call lights are within residents reach and working properly. She said if they were not working the staff will let her know and also input a work order on their computer program system which automatically sends her an alert to her cellular phone. She said she had not gotten any notification regarding Resident #10's call light.</p> <p>(continued on next page)</p>		

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