| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676178 | A. Building<br>B. Wing | 10/16/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Duncanville Healthcare and Rehabilitation Center | 419 S Cockrell Hill Rd<br>Duncanville, TX 75116 |

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) |
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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44786<br><br>Based on interview and record review, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for one (Resident #1) of three residents reviewed.<br><br>The facility failed to send Resident #1 to the hospital when he requested to be transported to the hospital.<br><br>This failure could place residents at risk of a change in condition and not receiving proper treatment and care in a timely manner.<br><br>Findings included:<br><br>Record review of Resident #1's face sheet, dated 10/16/24, reflected a [AGE] year-old male with an admitted [DATE]. Resident #1 had a diagnosis of Hypertensive Heart and Kidney Disease with Heart Failure and with Stage 5 Chronic Kidney Disease (damage to heart and kidneys due to prolonged high blood pressure), End Stage Renal Disease (kidneys no longer function properly), Type 2 Diabetes (body cannot produce enough insulin or process it), Sepsis (body responds improperly to infection), Methicillin resistant Staphylococcus Aureus (germ that is resistant to some antibiotics), Schizoaffective Disorder (mood disorder), Depression (mood disorder), and Essential Hypertension (high blood pressure).<br><br>Further record review of Resident #1's face sheet reflected he was his own responsible party and did not have a POA.<br><br>Record review of Resident #1's MDS assessment, dated 10/02/24, reflected he had a BIMS score of 11, which indicated he was moderately impaired.<br><br>Record review of the progress notes, completed by LPN A, on Resident #1's electronic record reflected the following:<br><br>10/04/24<br><br>8:34 (AM)<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Patient was getting dialysis when he stated that he wanted to discontinue dialysis. nurse went to the patient and how can her help,<br><br>patient stated I feel sick and I wanted to go to the hospital. nurse asked the patient does he want something for n/v, patient decline. nurse told<br><br>the adon weekend supervisor, and also contacted don and left message making them aware of the situation, nurse made multiple attempts to<br><br>contacted np (NP Name, NP B) however there is no response. nurse contacted poa (Name), and made her aware of the situation. care ongoing.<br><br>10/04/24<br><br>8:48 (AM)<br><br>nurse attempted to send the patient to the hospital, nurse was told by weekend supervisor to wait to send the patient to the hospital<br><br>and wait on corporate to contact np (NP Name NP B) since the np did not answer the nurse. nurse will attempt again to explain the situation to the<br><br>patient. (Name) Transport was contacted and place on hold to further notice. care ongoing<br><br>10/04/24<br><br>9:32 (AM)<br><br>EMS did not pick up the patient due to the patient. due to management [FIC] stated that nurse had to get the okay with the corporate<br><br>office. nurse contacted the POA of the patient and POA stated to wait an hour and see if the patient wanted to go to the hospital. patient, and<br><br>dialysis nurse was made aware of the situation. EMS was contacted and nurse stated to not to transport the patient due to the situation.<br><br>patient is in their room, irritable at this moment of time due to the situation, however he is in stable condition. care ongoing.<br><br>Record review of Resident #1's electronic file reflected a virtual doctor's appointment:<br><br>10/04/24<br><br>18:15 (6:15 PM)<br><br>Visit Type : Telemedicine Session<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Details : Subjective: Virtual rounding<br><br>Objective: Was asked to evaluate the patient by the medical staff<br><br>Assessment: Clinically stable per staff<br><br>Plan: Continue current treatment plan<br><br>ICD Code: I10 - Essential (primary) hypertension<br><br>CPT Code: 99307 - Established patient, level 1 visit<br><br>Provider : (Physician Name)<br><br>Record review of Resident #1's electronic record blood sugar summary reflected the following:<br><br>10/04/24 7:18 (AM) 80.0 mg/dL<br><br>10/04/24 10:49 (AM) 72.0 mg/dL<br><br>10/04/24 16:21 (4:21 PM) 122.0 mg/dL<br><br>10/04/24 20:32 (8:32 PM) 107.0 mg/dL<br><br>Record review of Resident #1's electronic record blood pressure summary reflected the following:<br><br>10/04/24 5:49 (AM) 130/76<br><br>10/04/24 8:10 (AM) 128/70<br><br>In an interview on 10/16/24 at 12:39 PM, Surveyor attempted to call NP B, but did not receive an [NAME] or a return call.<br><br>In an interview on 10/16/24 at 12:45 PM, NP C stated usually the facility staff would contact her first before sending a resident out to see if there were any interventions that could be done at the facility first. NP C stated usually issues could be resolved at the facility without sending the resident to the hospital. NP C stated if the interventions did not work then she would order the resident be sent to the hospital.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview on 10/16/24 at 1:28 PM, LPN A stated she remembered the ADON told her not to send Resident #1 to the emergency room . She stated Resident #1 was 30-40 minutes into his dialysis session and he requested the dialysis nurse take him off the dialysis machine. LPN A stated Resident #1 stated he did not feel well. LPN A stated he did not say or could explain what was wrong, but he just stated he did not feel well. LPN A stated she tried to encourage him to stay on the dialysis machine and he did not want to continue. LPN A stated she notified her weekend supervisor which was the ADON. LPN A stated ADON told her to contact his doctor first, but she was not able to reach the doctor. She stated she attempted to call the doctor and the nurse practitioner and did not get an answer or a returned call. LPN A stated the ADON told her to reach out to the facility's corporate office to get an approval to send Resident #1 to the hospital. LPN A stated she felt Resident #1 was in his right mind and felt he could decide if he wanted to go to the hospital. LPN A stated she called Resident #1's family member and the family member told her to wait an hour to see if he still wanted to go. LPN A stated the family member was Resident #1's POA, and she said no and the ADON said no to him going to the hospital. LPN A stated she had to explain to Resident #1 why he was not going to the hospital, and he was not happy about it. LPN A stated she and the dialysis nurse continued to check his vitals and all vitals were normal.<br><br>On 10/16/24 at 2:00 PM, Surveyor attempted to call Resident #1, but received no answer and no return call.<br><br>In an interview on 10/16/24 at 2:44 PM, the DON stated she told her staff to send a resident to the hospital if the resident requested to be sent. She stated the facility's policy is to call the doctor first, but she felt the resident should be sent to the hospital if it was requested without having to wait on the doctor. The DON stated she would send the resident to the hospital if it was requested instead of trying to contact the doctor first to avoid a violation of a resident's rights.<br><br>On 10/16/24 at 3:00 PM, Surveyor attempted to interview the ADON, but the ADON was already gone for the day. Surveyor called the ADON but did not receive an answer or return call.<br><br>In an interview on 10/16/24 at 3:20 PM, the Executive Director stated a resident going to the hospital with emergency services was a traumatic event, and the facility tried to prevent traumatic events. He stated if the resident did not appear in distress and vitals were normal, the facility would try to contact the physician first, take preventative measures or do what the doctor suggested, and then send the resident to the hospital if that did not resolve the issue. The Executive Director stated the resident had a right to call 911, but they try to handle concerns in house first, because most issues can be resolved with their current medications or preventions already in place. He stated the facility's policy for this was a little vague, but the facility tried to assess residents and do interventions at the facility before sending them to the hospital. The Executive Director stated the recent situation was not handled appropriately, the staff were trying to go through the facility's process, but there will be a re-education on emergency services at the facility. The Executive Director stated the risk of not sending a resident to the hospital when requested was a risk to their resident rights.<br><br>In an interivew on 10/28/24 at 12:49 PM, the ADON stated she did not recall LPN A asking her about sending Resident #1 to the hospital on 10/04/24. She stated she was working that day, but LPN A did not speak to her often. The ADON stated LPN A would have known to send Resident #1 out if he requested to go to the hospital. The ADON stated she would send a resident to the hospital if that's what they requested and would not wait on an answer for the nurse practitioner or doctor.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of the facility's policy, titled, Guidelines Related to Calling 911 and dated 01/12/24, reflected the following:<br><br>Guidelines Related to Calling 911<br><br>1. Initial Assessment<br><br>Evaluate resident's condition:<br><br>Stable: resident is conscious, responsive, and showing no immediate danger.<br><br>Emergency: resident shows signs of severe distress (difficulty breathing, chest pain, loss of consciousness)<br><br>Demanding Care: resident or family expresses concerns but does not indicate a life-threatening issue.<br><br>2. Determine the Action<br><br>Stable Condition:<br><br>Monitor the resident and inform nursing staff for further evaluation<br><br>Document any symptoms and concerns expressed by the resident or family<br><br>Emergency Situation<br><br>Call 911 immediately<br><br>Patient or Family Demanding to go:<br><br>Calmly assess the situation and listen to their concerns.<br><br>If no immediate danger is evident, explain the assessment and suggest monitoring the resident first.<br><br>If the family insists and you believe it's not an emergency, inform them of the potential risk of delaying medical assessment.<br><br>If necessary, consult with a physician for guidance.<br><br>Demanding Situation:<br><br>Continue to engage with the resident and family, ensuring they feel heard while waiting for nursing staff to address their concerns<br><br>Follow up with the appropriate medical and administration staff regarding the incident. |