

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Hewitt Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8836 Mars Dr Hewitt, TX 76643	

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** Based on observation, interview, and record review the facility failed to submit a completed and accurate request for nursing facility specialized services in the LTC Online Portal within 20 business days from the IDT for 1 of 1 (Resident #1) resident reviewed for delinquent PASARR processes.</p> <p>The facility failed to ensure Resident #1 received the services recommended by the PASARR evaluation when they failed to submit a complete and accurate request for NFSS in the LTC online Portal within 20 business days from the IDT meeting. This failure caused a delay in her Medicaid Entitled Services including physical therapy and occupational therapy.</p> <p>This failure placed Resident #1 at risk of not achieving or maintaining her highest practicable level of physical functioning and could potentially result in increased disability.</p> <p>Findings include:</p> <p>Review of Resident #1's undated face sheet reflected that she was a [AGE] year-old female admitted [DATE] with diagnoses of Mild Intellectual Disabilities, Diabetes Type 2, Hypertension (high blood pressure), chronic kidney disease, stage 5, and Cerebral Infarction (stroke).</p> <p>Review of Resident #1's 6/5/25 Quarterly MDS reflected her BIMS score was 15 which indicated she was cognitively intact.</p> <p>Review of resident #1's 5/5/25 Care Plan reflected a care area initiated 1/23/25 for falls related to poor balance, unrealistic sense of physical abilities with a goal to resume usual activities and interventions including physical therapy.</p> <p>Observation on 6/23/25 at 10:56 AM of Resident #1 revealed her using a manual wheelchair for mobility in the activities/bingo room.</p> <p>Interview attempted on 6/23/25 at 11:14 AM with Resident #1 but she had left the facility for dialysis and was unavailable.</p> <p>In an interview on 6/23/25 at 2:25 PM the MDS-RN stated, the IDT meeting for Resident #1 was held on 4/10/25. She stated that following the meeting NFSS forms were submitted on 4/24/25, 5/7/25, and 5/8/25 for physical and occupational therapy recommendations. She further stated all the forms were rejected with errors and the final form on 5/8/25 was marked as late according to PASARR timelines.</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>In a 2nd interview on 6/23/25 at 3:49 PM the MDS-RN stated, PASARR was important because it provided residents who had intellectual and mental disabilities extra services to help them cope with their disabilities. She stated that she had recently assumed responsibility for the PASARR process and that if PASARR was not done, residents may miss extra therapy and lose strength or independence.</p> <p>In an interview on 6/23/25 at 4:15 PM the DT stated, if PASARR recommended services it was important to do them to maintain a resident's strength, balance, and safety. She stated the MDS-RN was responsible for handling the PASARR processes and that failure to follow the PASARR recommendations could lead to a decline in the resident's function.</p> <p>In an interview on 6/23/25 at 4:27 PM the DON stated, PASARR was important because it allowed residents to get additional services that they needed. She stated, the MDS-RN was responsible for doing PASARR and that if PASARR was not done then residents could miss services and not get as strong as they could. She stated that she and the MDS-RN were immediately setting up a new meeting for Resident #1.</p> <p>In an interview on 6/23/25 at 4:40 PM the ADM stated, PASARR was important to provide residents specialized services to meet their needs. He stated the MDS-RN was responsible for handling PASARR and that the negative outcome to residents if PASARR was not done was that the resident would not improve in areas they could have improved in.</p> <p>Record Review of Resident #1's undated NFSS form reflected:</p> <p>Submission date of 5/7/25.</p> <p>Physical Therapy and Occupational Therapy were requested.</p> <p>Denial date on 5/20/25 for incorrectly completed signature page.</p> <p>Record Review of the facility policy titled, PASRR Clinical Policy and dated May 2014, reflected:</p> <p>The MDS-RN will coordinate and deliver specialized services the facility was responsible for providing.</p> <p>The MDS-RN /DON will initiate delivery of specialized services.</p> <p>The MDS-RN/DON will monitor the LTC portal.</p> <p>The policy did not include a timeline from the IDT meeting.</p>		