

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Epic Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 W Hwy 22 Corsicana, TX 75110	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45957</p> <p>Based on interviews and record review the facility failed to ensure assessments accurately reflected the resident's status for 1 of 6 residents (Residents #1) reviewed for resident assessments.</p> <p>The facility failed to ensure Resident #1's quarterly MDS dated [DATE] reflected that Resident #1 had an active diagnosis of dementia.</p> <p>This deficient practice could place residents at-risk for inadequate care due to inaccurate assessments.</p> <p>Findings included:</p> <p>A record review of Resident #1's face sheet dated 07/18/24 reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1's diagnoses included malignant neoplasm of prostate (cancer cell form in the tissues of the prostate), lack of coordination (difficulties in controlling and organizing movements), type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema (advance stage where abnormal new blood vessels grow on the surface of the retina), Schizoaffective disorder (a mental health problem where you experience psychosis as well as mood symptoms), major depressive disorder (mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy) and muscle wasting and atrophy (loss of muscle tissue) and Post- traumatic stress disorder (disturbing thoughts and feeling related to their experience that last long after the traumatic event has ended.).</p> <p>A record review of Resident #1's Quarterly Comprehensive MDS assessment, dated 06-13-24, reflected Resident #1 had a BIMS score of 08, which indicated moderately impaired. Resident #1's Quarterly MDS Section I Neurological did not reflect Resident #1 had any neurological diagnoses.</p> <p>A record review of Resident #1's care plan, dated 07/18/24, reflected Resident #1 was care planned for psychological service r/t: dementia and inappropriate behaviors.</p> <p>A record review of Resident #1's 'Second 90-day Physician Recertification of Terminal Illness, dated 02-20-24 reflected Resident #1 has a diagnosis of dementia.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 07/18/24 at 3:55pm, MDS Coordinator stated that the MDS coordinator was responsible for completing the MDS accurately. MDS Coordinator stated once an MDS was complete then the DON should review it for accuracy. MDS Coordinator stated that Resident #1 MDS was in progress prior to her becoming the MDS Coordinator. The MDS Coordinator stated that the diagnoses would be carried over from the previous MDS assessment. The MDS Coordinator stated she was not aware the Resident #1 had a diagnosis of dementia. The MDS Coordinator stated that if the MDS was inaccurate then the resident may not receive the appropriate care.</p> <p>An interview with the DON on 07/18/24 at 4:20pm, DON stated that MDS Coordinator was responsible for completing the MDS assessment accurately. The DON stated that Resident #1 has had a diagnosis of dementia since he was admitted to the facility. The DON stated she was not aware Resident #1's MDS assessment did not reflect his diagnosis of dementia. The DON stated that if a resident's MDS was inaccurate then the resident would not receive the appropriate care.</p> <p>An interview with the ADM on 07/18/24 at 4:35pm, ADM stated that Resident #1 has a diagnosis of dementia. The ADM stated it was the MDS Coordinators and DON's responsibility to ensure all resident's MDS assessment are completed accurately. The ADM stated the DON should be reviewing all MDS assessment once they're completed. The ADM stated it was her expectation that all MDS assessments are completed accurately. The ADM stated that Resident #1's Quarterly assessment had been revised to reflect the diagnosis of dementia. The ADM stated if a resident's MDS was inaccurate then the resident wouldn't receive the proper care and treatment.</p> <p>A record review of the facility's Resident Assessment, dated October 2023, reflected,</p> <p>Policy Statement</p> <p>A comprehensive assessment of each resident is completed at intervals designated by OBRA regulations and PPS requirements. Data from the Minimum Data (MDS) is submitted to the Internet Quality Improvement Evaluation System (IQIES) as required.</p> <p>Policy Interpretation and Implementation</p> <p>1. Comprehensive MDS assessments include both the completion of the MDS as well as completion of the CAA process and care planning, Comprehensive MDSs including Admission, Annual, SCSA, and SCPA.</p> <p>11. Assessment are completed by staff members who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's strengths and area of decline</p> <p>12. Information in the MDS assessment will consistently reflect information in the progress notes, plans of care and resident observation/interviews.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45957</p> <p>Based on interview and record review, the facility failed to ensure the medical record contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress, including his/her response to treatments and/or services, and changes in his/her condition for 1 of 4 residents (Resident #1) review for resident assessments.</p> <p>The facility failed to ensure Resident #1's face sheet dated 07/18/2024 reflected his current diagnosis of dementia.</p> <p>This deficient practice could place residents at risk for inadequate care due to inaccurate assessments.</p> <p>Findings included:</p> <p>A record review of Resident #1's face sheet dated 07-18-24 reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1's diagnoses included malignant neoplasm of prostate (cancer cell form in the tissues of the prostate), lack of coordination (difficulties in controlling and organizing movements), type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema (advance stage where abnormal new blood vessels grow on the surface of the retina), Schizoaffective disorder (a mental health problem where you experience psychosis as well as mood symptoms), major depressive disorder (mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy) and muscle wasting and atrophy (loss of muscle tissue) and Post traumatic stress disorder (disturbing thoughts and feeling related to their experience that last long after the traumatic event has ended.). Resident #1's face sheet did not reflect the resident's diagnosis of dementia.</p> <p>A record review of Resident #1's Quarterly Comprehensive MDS assessment, dated 06/13/24, reflected the resident had a BIMS score of 08, which indicated moderately impaired. Resident #1's Quarterly MDS Section I Neurological did not reflect Resident #1 had any neurological diagnoses.</p> <p>A record review of Resident #1's care plan, dated 07/18/2024, reflected Resident #1 was care planned for psychological service r/t: dementia and inappropriate behaviors.</p> <p>A record review of Resident #1's 'Second 90-day Physician Recertification of Terminal Illness, dated 02-20-24 reflected Resident #1 has a diagnosis of dementia.</p> <p>In an interview on 07/18/24 at 3:55pm, MDS Coordinator stated that either the SW or BOM was responsible for ensure a resident's face sheet was accurate. MDS Coordinator stated that if a resident's face sheet was inaccurate then the resident may not receive the appropriate care.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the DON on 07/18/24 at 4:20pm, DON stated that the MDS Coordinator was responsible for ensure a resident's face sheet was accurate. The DON stated that Resident #1 has had a diagnosis of dementia since he was admitted to the facility. The DON stated she was not aware Resident #1's face sheet did not reflect Resident #1's diagnosis of dementia. The DON stated that if a resident's face sheet was inaccurate then the resident would not receive the appropriate care.</p> <p>An interview with the ADM on 07/18/24 at 4:35pm, ADM stated that Resident #1 has a diagnosis of dementia and should've been reflected on the face sheet. The ADM stated it was her expectation that all resident's face sheets were accurate. The ADM stated the facility would do an audit on face sheets to ensure all face sheets reflected resident's current diagnoses. The ADM stated if a resident's face sheet was inaccurate then the resident wouldn't receive the proper care and treatment.</p> <p>A record review of the facility's Charting and Documentation, dated July 2017, reflected,</p> <p>Policy Statement</p> <p>All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response of care.</p> <p>2. The following information is to be documented in the resident medical record:</p> <ul style="list-style-type: none"> a. objective observation; b. Medications administered; c. Treatments or services performed; d. Changes in the resident's condition; e. Events, incidents or accidents involving the resident; and f. Progress towards or changes in the care plan goals and objectives <p>3. Documentation in the medical records will be objective (not opinionated or speculative), complete, and accurate.</p>		