

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Canton Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 S Trade Days Blvd Canton, TX 75103	

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** 27140</p> <p>47204</p> <p>Based on interview and record review, the facility failed to ensure individuals with mental health disorders were provided Preadmission Screening and Resident Review (PASRR) Screenings for 2 of 10 residents (Residents #6 and #48) reviewed for PASRR.</p> <p>The facility failed to ensure Resident #6 and Resident #48 had accurate PASRR Level 1 Screenings which indicated diagnoses of mental illness and refer the residents to the state designated authority.</p> <p>This failure could place residents at risk of not receiving needed assessments (PASRR Evaluation), individualized care, and specialized services to meet their needs.</p> <p>Findings included:</p> <p>Record review of Resident #6's face sheet indicated she was a [AGE] year-old female who admitted to the facility on [DATE] with diagnoses which included Cerebrovascular Accident (a CVA or stroke), Diabetes Mellitus, and MELAS Syndrome (a rare genetic disorder primarily affecting the nervous system and muscles). Major Depression (a mental illness that can cause a depressed mood or loss of interest) and bipolar disorder (a disorder associated with episodes of mood swings from depressive lows to manic highs) were added to Resident #6's list of diagnoses on 07/11/2019 and 07/19/2019.</p> <p>Record review of Resident #6's PASRR Level 1 Screening completed on 05/30/2019 indicated in section C0100 there was no evidence of this individual having mental illness. Further review of the medical records indicated there was no documentation of any actions taken to refer Resident #6 for further screening or evaluation after the facility identified Resident # 6 as having diagnoses of mental illness.</p> <p>Record review of Resident #6's physician's orders dated 06/05/2024 indicated she was receiving antidepressant and antipsychotic medications for the treatment of Major Depression and bipolar disorder.</p> <p>Record review of Section I: Active Diagnoses of the Quarterly MDS assessment dated [DATE] indicated Resident #6 did not have a mental disorder of bipolar disorder. Section N of the same MDS assessment indicated Resident #6 received an antipsychotic medication all 7 days of the review.</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>Record review of Section I: Active Diagnoses of the Quarterly MDS assessment dated [DATE] indicated Resident #6 did have a mental disorder of bipolar disorder. Section N of the same MDS assessment indicated Resident #6 had received an antipsychotic medication all 7 days of the review.</p> <p>Record review of Resident #6's PASRR Level 1 Screening completed on 05/30/2019 indicated in section C0100 there was no evidence of this individual having mental illness. Further review of the medical records indicated there was no action taken after the facility identified Resident # 6 as having diagnoses of mental illness.</p> <p>Record review of Resident #48's undated face sheet indicated she was a [AGE] year-old female who originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses which included generalized anxiety disorder (feeling of dread, fear, and uneasiness), visual hallucinations (seeing things that are not there), and psychotic disorder with hallucinations (a mental disorder characterized by a disconnection from reality).</p> <p>Record review of the Comprehensive (admission) MDS assessment dated [DATE] in the section, Preadmission Screening and Resident Review, indicated Resident #48 did not have a serious mental illness. The MDS section I, Active Diagnoses, indicated Resident #48 had diagnoses of anxiety disorder and psychotic disorder. MDS section N indicated the resident received antipsychotic and antianxiety medications all 7 days of the review.</p> <p>Record review of the Comprehensive (quarterly) MDS assessment dated [DATE] in the section I, Active Diagnoses, indicated Resident #48 had diagnoses which included anxiety disorder and psychotic disorder. Section N indicated the resident received antipsychotic and antianxiety medications all 7 days of the review.</p> <p>Record review of the Comprehensive(annual) MDS Assessment, dated 08/12/2023, in section, Preadmission Screening and Resident Review, indicated Resident #48 did not have a serious mental illness. Section I, Active Diagnoses, indicated Resident #48 had diagnoses which included anxiety disorder and psychotic disorder. Section N indicated the resident received antidepressant and antianxiety medications all 7 days of the review.</p> <p>Record review of the physician's orders dated June 2024 indicated an order dated 09/21/2023 for Resident #48 to receive buspirone (a medication for anxiety) for treatment of anxiety disorder three times a day and an order dated 12/18/2023 for Resident #48 to receive Risperdal (an antipsychotic medication) for treatment of psychotic disorder twice a day.</p> <p>Record review of Resident #48's PASRR Level 1 Screening completed on 08/03/2022 indicated in section C0100 this resident did not have evidence of having a mental illness.</p> <p>During an interview with MDS/LVN A on 06/05/2024 at 9:25 AM, she said she was responsible for tasks related to PASRR and MDS processes. She said she was hired in 2020 and was not aware a corrected Form 1012 to correct the original PASRR Level 1 had not been completed. She said she would contact the local authority and address it immediately.</p> <p>During an interview with the DON on 06/05/2024 at 09:50 AM, she said the MDS Nurses were responsible for MDs and PASRR tasks. She said she expected the PASRR tasks to be done correctly and timely.</p> <p>(continued on next page)</p>		

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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>During an interview on 06/05/2024 at 10:45 AM MDS/LVN A said she would contact the local authority concerning the inaccurate PASRR and get it corrected.</p> <p>During an interview with MDS/RN on 06/05/2024 at 04:00 PM, she said she and MDS/LVN A use the Long-Term Care (LTC) User Guide for Preadmission Screening and Resident Review (PASRR) as their reference for PASRR associated tasks. She said a failure to notify the local authority of residents with diagnoses of mental illnesses could result in a resident not receiving services.</p>		