

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  The Center at Grande		STREET ADDRESS, CITY, STATE, ZIP CODE  3219 East Grande Boulevard Tyler, TX 75707	

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 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37495</b></p> <p>Based on interview and record review the facility failed to ensure within 14 days after a facility completed a resident's assessment, electronically transmit encoded, accurate, and complete MDS data to the CMS System including a subset of items upon a resident's transfer, reentry, discharge, and death for 2 of 2 residents (Residents #16 and #115) reviewed for MDS assessments.</p> <ol style="list-style-type: none"> <li>The facility failed to transmit to the CMS system Resident #16 's discharge MDS assessment, dated 01/10/25.</li> <li>The facility failed to transmit to the CMS system Resident #115 's discharge MDS assessment, dated 11/16/24.</li> </ol> <p>These failures could place residents at risk of not having their assessments completed and submitted in a timely manner and having their Medicaid payments and/or services interrupted.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Record review of Resident #16's face sheet, dated 03/13/25, indicated an [AGE] year-old female who was admitted to the facility on [DATE] and discharged on [DATE]. Resident #16 had diagnoses which included right femur fracture (a break in the thigh bone), multiple sclerosis (numbness, weakness, trouble walking, and vision changes caused by a breakdown of the nerves protective covering), and hypertension (high blood pressure).</li> </ol> <p>Record review of Resident #16's electronic health records, under the MDS tab, indicated the discharge MDS was dated 11/19/24. The discharge MDS status indicated the assessment was transmitted and accepted on 03/12/25.</p> <ol style="list-style-type: none"> <li>Record review of Resident #115's face sheet, dated 03/13/25, indicated a [AGE] year-old female who was admitted to the facility on [DATE] and discharged on [DATE]. Resident #115 had diagnoses which included surgery on the digestive system, ileus (slowing of the digestive tract that can prevent the passage of food), sepsis (blood infection), and dementia (loss of cognitive function that affects memory, thinking and social abilities).</li> </ol> <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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #115's electronic health records, under the MDS tab, indicated the discharge MDS was dated 11/06/24. The discharge MDS status indicated the assessment was transmitted and accepted on 03/12/25.</p> <p>During an interview on 03/12/25 at 2:04 p.m., MDS Nurse A said she and MDS Nurse B were responsible for ensuring the MDS assessments were completed and transmitted within a 14-day timeframe. MDS Nurse A said the discharge MDS status for Residents #16 and #115 were listed as Ready to Export, which meant they were completed but were not transmitted. MDS Nurse A said she and MDS Nurse B were unable to submit Residents #16 and #115 MDS within the 14 day timeframe because they were both out sick . MDS Nurse A said the discharge MDS for Residents #16 and #115 were not transmitted by the 14th day but will submit them today. MDS Nurse A said it was important to complete and transmit the MDS assessments timely because they affected quality of care measures and payments. MDS Nurse A said they did not have a policy and followed the RAI guidelines .</p> <p>During an interview on 03/12/25 at 2:34 p.m., the Administrator said she was not aware Residents #16 and #115's MDS were not transmitted. The Administrator said it was the responsibility of the MDS nurses to complete and transmit the MDS timely.</p> <p>Record Review of the CMS RAI Version 3.0 Manual, dated October 2024, indicated, in Chapter 2, page 2-39 . 09. Discharge Assessment-Return Not Anticipated (A0310F) . Must be completed (item Z0500B) within 14 days after the discharge date (A2000 + 14 calendar days). Must be submitted within 14 days after the MDS completion date (Z0500B +14 calendar days) .</p>		