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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455477 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/13/2020 |
| NAME OF PROVIDER OF SUPPLIER LAKE JACKSON HEALTHCARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 413 GARLAND DR LAKE JACKSON, TX 77566 | |
| 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) | | |
| F 0622 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure all necessary documentation of discharge was in the medical record for 1 of 1 CR (Close Record) reviewed for discharge. (CR # 1) The facility did not have a physician's orders [REDACTED].# 1 from the facility after there was an incident of inappropriate touching. This failure could affect other residents and placed them at risk of not having proper documentation in their medical record upon discharge or transfer. Findings included: Record review of CR #1s facesheet revealed she was [AGE] year-old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Review of CR #1's Admission MDS dated [DATE] revealed her BIMS score was 15, indicating her cognition was intact. Record review of CR #1's care plan revealed her care plan was updated for behavior on 0[DATE]0/20 that read in part, I have behavior symptoms: I have socially inappropriate behavior as evidenced by touching another resident's breast. Approach was Assess whether the behavior endangers the resident and others. Intervene if necessary. During an interview on 0[DATE]3/20 at 11:00am, CR #1's family member reported that the facility called them and reported that CR #1 needed to be picked up from the facility due to inappropriate sexual behavior. CR#1's family member said the facility was aware of her mental behavior using sexual language prior to admitting her to the facility. Family member further explained that the family was not given prior notice of intended discharge. Record review of CR #1's physician orders [REDACTED]. During an interview on 0[DATE]4/20 at 10:00am the DON said CR #1 was displaying inappropriate sexual behavior toward other residents. When asked to explain, she said CR #1 used sexual words that were embarrassing to other residents and staff. She said on 04/08/20, CR #1 grabbed Resident #2's breast. She further explained that the local police department was notified but Resident # 2 did not file any charges. When asked what was done for her behavior, she said CR #1 was directed back to her room. She said the facility's Ex Administrator called CR #1's family to pick her up. Further interview, The DON said she does not have detailed information of what was discussed between the Administrator and CR #1's family member. During an interview with current Administrator on 0[DATE]4/20 at 11:00am, she said she was not present at the facility during the incident involving CR #1. She said she had only been at the facility for one day. She stated the only person who could answer any questions would be the DON. During an interview with NP D on 05/13/20 at 2:00pm, she said she was not aware that CR #1 was discharged until her visit when she found out that CR #1 was no longer at the facility. She said Resident's Physician might have been notified. During an interview with CR #1's Physician on 05/14/20 at 1:00pm, she said she might have been called about discharging CR #1 from the facility. She said she had to review CR #1's medical records to answer any questions. She said she did not write any discharge orders for the discharge because she did not see CR #1 prior to being discharged. She said she might have told the facility to discharge her with her current medications except narcotics. | | |
| F 0623 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the resident, resident's representative, and ombudsman of the transfer or discharge and the reasons for the move in writing and in a language and manner they understood for one of one (CR #1) Closed Record reviewed for Discharge Rights in that: CR #1's responsible party (RP) and the ombudsman were not notified in writing of the effective date of the unplanned expedited discharge or the right of appeal. This failure could affect other discharged residents and placed them at risk of having their discharge rights violated. Findings included: Record review of CR #1's facesheet revealed she was [AGE] year-old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Record review of CR #1's Admission MDS dated [DATE] revealed her BIMS score was 15, indicating no cognitive impairment. Record review of CR #1's care plan revealed her care plan was updated for behavior on 0[DATE]0/20 that read in part, I have behavior symptoms: I have socially inappropriate behavior as evidence by touching another resident's breast. Approach was Assess whether the behavior endangers the resident and others. Intervene if necessary. Record review of CR #1's physician's orders [REDACTED].#1's physician. Record review of CR #1's Nurses notes dated 0[DATE]1/20 revealed CR #1 was discharged from facility and left with family member. Record review of CR #1's clinical record revealed no information regarding notice of discharge to responsible party nor to the ombudsman. During an interview on 0[DATE]4/20 at 10:00am the DON said CR #1 was displaying inappropriate sexual behavior toward other residents. When asked to explain, she said CR #1 used inappropriate sexually oriented words that were embarrassing to other residents and staff. She said on 04/08/20, CR #1 inappropriately touched Resident #2's breast. She further explained the local police department was notified but Resident # 2 did not file any charges. When asked what was done for her behavior, she said CR #1 was directed back to her room. She said the facility's Ex-Administrator called CR #1's family to pick her up. Further interview, the DON said she did not have detailed information of what was discussed between the Administrator and CR #1's family member. During an interview with current Administrator on 0[DATE]4/20 at 11:00 am, she said she was not present at the facility during the incident involving CR #1. She said she had only been at the facility for one day at the facility. She said the only person who could answer any questions would be the DON. | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE (X6) DATE | |

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.