

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 45E947	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER COLDWATER MANOR		STREET ADDRESS, CITY, STATE, ZIP 1111 BEAVER RD STRATFORD, TX 79084	
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)		
E 0006 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct risk assessment and an All-Hazards approach. Based on interview and record review, the facility failed to review and update their emergency preparedness plan at least annually. The facility had no documentation of an annual review or update of their emergency preparedness plan since implementation. This failure could result in the facility not being adequately prepared to deal with emergency situations which could result in inadequate care for the residents that could lead to deterioration in their condition, injury, and/or even death. Finding include: During an interview on 4-27-2020 at 12:48 PM when reviewing the Emergency Preparedness Worksheet with the administrator, the administrator stated, Unfortunately we have no documentation of the last review that we completed. I know the maintenance supervisor and myself went over it shortly after I started but I guess we didn't write it down. During an interview on 4-27-2020 at 12:55 PM the administrator reported that after looking in the facility's record further he was still unable to find any documentation of when the last time the emergency preparedness program was reviewed. When asked if they had a review for the previous year he stated, I couldn't find anything on any of the years since we implemented this plan. Record review of facility provided policy titled Policy and Procedure Manual for Long-Term Care-Disaster and Emergency Preparedness, section Facility Disaster Preparedness Assessment, dated revised February 2011 revealed the following: Policy Interpretation and Implementation: 1. This facility conducts a thorough Disaster Preparedness Assessment on an annual basis .		

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.