

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIARCLIFF NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3201 N WARE RD MCALLEN, TX 78501</b>	
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 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b>  Based on interview and record review, the facility failed to ensure all alleged violations involving abuse, neglect, exploitation or mistreatment are reported immediately to HHSC, for one of one facility reviewd for COVID-19 measures. The facility failed to report five new cases of COVID-19 to HHSC. This failure could place all residents at risk for COVID-19. The findings were: In an interview on 07/23/20 at 8:45 a.m., ADON A said there was one COVID-19 positive resident in the Memory unit. In an interview on 07/23/20 at 11:06 a.m., the Administrator said the facility admitted five COVID-19 positive residents on 07/22/20. In an interview on 07/24/20 at 4:03 p.m., the Administrator said she did not report or submit addendums of new COVID-19 positive cases or call to self-report in TULIP for the month of July. The Administrator said the facility had new COVID-19 cases of staff and residents, but she thought reporting it to surveyors via email was sufficient. Record review of Texas Health and Human Services, COVID-19 Response for Nursing Facilities, Version 3.1, dated 06/02/20, revealed: Reporting COVID-19 .NFs are also required to notify HHSC long-term care regulatory of a confirmed case in either residents or staff as a self-reported incident. Record review of Texas Health and Human Services, Provider Letter 19-17, Abuse, Neglect, Exploitation, Misappropriation of Resident Property and Other Incidents that a Nursing Facility (NF) Must Report to the Health and Human Services Commission (HHSC), dated 07/10/19, revealed: A NF must report to HHSC the following types of incidents, in accordance with applicable state and federal requirements: .Emergency situations that pose a threat to resident health and safety.		
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.