

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675390</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SUNFLOWER PARK HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1803 HIGHWAY 243 EAST KAUFMAN, TX 75142</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 0838  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<b>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</b>  Based on interview and record review, the facility failed to include epidemic infections and all personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care for 1 of 1 facility assessment. The facility assessment did not to address epidemic infections or the facility personnel as well as their education and/or training and any competencies related to resident care in their facility assessment. This failure could place residents at risk of inadequate care or treatment. Findings included: The Facility Assessment for 2020 indicated there was no listing of epidemic infections in the risk assessment and there was no information of the facility personnel resources as well as their education and/or training and any competencies related to resident care were not addressed. During an interview on 10/24/20 at 12:45 p.m., the administrator confirmed the facility assessment for 2020 did not include epidemic infections in the risk assessment and the facility personnel resources as well as their education and/or training and any competencies related to resident care.		
F 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	Based on interview, the facility failed to notify residents and/or the residents' Responsible Party (RP) or families by 5:00 p.m. the following day, when 1 of 1 CNA (CNA A) tested positive for COVID-19. The facility failed to inform residents and/or the residents' RPs/family of a confirmed infection of COVID-19 in the facility. This failure placed residents, families and responsible parties at risk of not being kept informed of the COVID-19 status in the facility. Findings included: During an interview on 10/23/20 at 11:20 a.m. the administrator said CNA A was tested for COVID-19 during their weekly testing on 10/15/20. He said she was negative. He said she worked on 10/18/20 and complained of not feeling well. She went to her doctor on 10/19/20 and was tested for COVID-19. He said she called on 10/21/20 and said she had tested positive for COVID-19. He said the residents and their RPs or families had not been notified of CNA testing positive for COVID-19. During an interview on 10/24/20 at 11:45 a.m. the administrator and DON clarified that the residents and RPs or families had not been notified of the CNA testing positive for COVID-19. The administrator said he thought they only needed to be notified when the first positive COVID-19 result occurred.		
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.