Printed: 05/19/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2021	
NAME OF PROVIDER OR SUPPLIER Duncanville Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 419 S Cockrell Hill Rd Duncanville, TX 75116		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	FICIENCIES by full regulatory or LSC identifying information)		
F 0697 Level of Harm - Actual harm		rovide safe, appropriate pain management for a resident who requires such services. *NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35314		
Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35314 Based on interview, observation and record review, the facility failed to ensure pain management was provided to a resident who required such services, consistent with professional standards of practice, the comprehensive person-centered care plan and the resident's goals and preferences for 1 of 5 resident reviewed for pain management. (Resident #33) The facility failed to ensure the prescription was completed timely to avoid a lapse in pain medication for Resident #33. The facility failed to ensure Resident #33's pain medication was available when he needed it. The facility did not assess Resident #33 for pain on 12/17/21 while his medication was not available. This facility failure could place residents on pain management at risk for unnecessary pain, discomfort and decreased quality of life. Findings included: Record review of Resident #33's face sheet dated 12/17/21 revealed Resident # 33 was a [AGE] year-old male admitted to the facility originally on 03/04/21 and was readmitted to the facility on [DATE]. The resident diagnoses included Chronic heart failure, Chronic Kidney disease, Type 2 diabetes ,Chronic Obstructive Pulmonary Disease(COPD) and pain. Review of the Admission records revealed Resident #33 admitted to the facility on [DATE] at 1:45 pm. Review of the Physician orders dated 12/16/21 revealed Resident #33 was prescribed scheduled Hydrocodone-acetaminophen10-325mg every 6 hours and prescribed Tylenol with codeine #3 ever 4 hours for pain. Review of Resident #33's base line care plan dated 12/17/21 revealed the facility would monitor the resident for pain.			
	(continued on next page)			

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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F 0697	Review of the MAR for Resident #3	33 dated 12/17/21 revealed regularly so	heduled
	Hydrocodone-acetaminophen10-32	25mg every 6 hours had not been giving	g to Resident #33 since admitting
Level of Harm - Actual harm	not been provided the medication s	#33 was prescribed Tylenol with codeir since admitted on [DATE].	ie #3 ever 4 nours for pain. He nad
Residents Affected - Few	An interview with Resident #33 on 12/17/21 at 11:05 am revealed he was admitted to the facility on [DATE]. He stated he had not received any of his scheduled medications since arriving at the facility. He admitted to the facility the afternoon on 12/16/21. He stated the nurse informed him; his medications were not at the facility. He stated he really needed his pain medications. He stated his pain level was 9/10. He had spoken with Med aide B regarding his meds and she stated the medications had not arrived at the facility.		
	An interview with RN A on 12/17/21 at 11:12am she informed the resident on 12/16/21 after he admitted to the facility his medications had not arrived, there had been issue with pharmacy providing the medications to the facility. There were no medications to give to Resident #33 she stated.		
	An interview with Med aide B on 12/17/21 at 11:37 am revealed Resident #33 had requested to have his medications. Resident informed her; he wanted his medications including his pain medications. She informed Resident #33 his medications were no one her cart. She told the resident his medications had not arrived at the facility. She informed RN A Resident #33 medication had not arrived at the facility.		
	Review of Resident#33's pain assessment completed by LVN C dated 12/16/21 revealed the resident did not have a pain regimen. He did not require pain medications. The assessment reflected the resident was not in any pain.		
	[DATE]. She stated when the resid the facility. She stated the resident had not arrived on 12/16/21. The re he was prescribed pain medication resident was provided a Tylenol 50 medication was not provided to the	21 at 2:22pm revealed Resident #33 was ent arrived at the facility, it was during to did not come to the facility with medical sident admitted from an assisted living so the completed the pain assessment 0 mg and Melatonin 5mg on 12/16/21. The resident on 12/16/21. She did not decition Administration record. She did not be facility she stated.	the time of shift change (2pm) at tions, and the resident medication facility. The resident informed her inaccurately. She stated the She stated the resident's other ument the medications given to the
	Observation and interview on 12/17/21 at 2:04 pm revealed Resident#33 medications arrived at RN A stated the medications for Resident #33 had arrived at the facility. Observation were comrevealed all Resident #33's medication had arrived at the facility.		
	received his pain medications while	7/21 at 2:37 pm revealed she was not a e at the facility. She stated the nurses sed at the facility. She would have expected the facility medication kit.	hould have informed her if the
	(continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Duncanville Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 419 S Cockrell Hill Rd Duncanville, TX 75116	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0697 Level of Harm - Actual harm Residents Affected - Few	not received his scheduled medical Resident #33 physician and got a selection of the facility's Controlled Section of the person receiving the prescripmedication is scheduled to be given Review of the Pain Management P	rogram Policy revised on 08/20 revealeto the facility. The facility identify the cl	sected the facility to have contacted s. ded 01/20 revealed Each controlled rd with the date, time and signature th the provider pharmacy and the ded The facility will assess each

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) PROVIDER/SUPPLIER/CLIA (DEMTRICATION NUMBER: 676178 Name OF PROVIDER OR SUPPLIER Duncanville Healthcare and Rehabilitation Center STREET ADDRESS, CITY, STATE, ZIP CODE 419 S Cockrell Hill Rd Duncanville, TX 75116 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 praceeded by full regulatory or LSC identifying information) Ensure that residents are free from significant medication errors. "NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 35114 Based on interview, observation and record review the facility falled to ensure residents were free from significant medication errors for one (Resident #33) of five residents reviewed for medication errors in the The facility failed to administer Resident #33's medications as ordered for over 24 hours. This failure could place residents at risk of medical complications and a decrease in therapeutic dosages their medications as ordered by the physician orders dated 12/117/21 revealed Resident #33 was a [AGE] year-omate admitted to the facility originally on 03/04/21 and was readmitted to the facility on [DATE]. The resident place is a proper of the physician orders dated 12/16/21 revealed Resident #33 was a [AGE] year-omate admitted to the facility on plan. Review of the Physician orders dated 12/16/21 revealed Resident #33 was prescribed the following medications: Hydrocodone-acetaminophen10-325mg every 6 hours, Tylend with codeins #3 awar 4 hours for pain, Ambien tablet 10mg for Insomnia, Aspirin tablet 81 mg for Atrial Fibrillation, Isosorbide Mononitrate tablet 30mg for Hypertension, Coiace capsule 100 mg for Constigation, Frusemide tablet 80mg for Fluid overload, Hydralazizar tablet 25 mg for Hypertension, Ipratropium Abuterol solution 0.5-2.5mg for Chronic Obstructive Pulmonary Disease, and Noroo Tablet 10-325 for pain.				No. 0938-0391
Duncanville Healthcare and Rehabilitation Center 419 S Cockrell Hill Rd Duncanville, Tx 75116 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) Evel of Harm - Minimal harm or potential for actual harm Residents Affected - Few Passed on interview, observation and record review the facility failed to ensure residents were free from significant medication errors for one (Resident #33) of five residents reviewed for medication errors in the The facility failed to administer Resident #33's medications as ordered for over 24 hours. This failure could place residents at risk of medical complications and a decrease in therapeutic dosages their medications as ordered by the physician. Findings included: Record review of Resident #33's face sheet dated 12/17/21 revealed Resident #33 was a [AGE] year-olimate admitted to the facility originally on 03/04/21 and was readmitted to the facility on IDATE]. The reside diagnoses included Chronic heart failure, Chronic Kidney disease, Type 2 diabetes, Chronic Obstructive Pulmonary Disease (COPD) and pain. Review of the Physician orders dated 12/16/21 revealed Resident #33 was prescribed the following medications: Hydrocodone-acetaminophen10-325mg every 6 hours, Tylenol with codeine #3 ever 4 hours for pain, Ambien tablet 10mg for Insomnia, Aspirin tablet 81 mg for Atrial Fibrillation, Isosorbide Mononitrate tablet 30 mg for Hypertension, Spironolactone tablet 50 mg for Fluid overload, Xalatan Solution 0.005% for Type 2 Diabetes, Carvedliol tablet 25mg for Hypertension, Frusemide tablet 25mg for Hypertension, Ipratropium Albuterol solution 0.5-2.5mg for Chronic Obstructive Pulmonary Disease, and		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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			No. 0936-0391
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #33 medications were ad Review of Resident #33's MDS dat cognitively intact. An interview with Resident #33 on He stated he had not received any the facility the afternoon on 12/16/2 facility. He stated he really needed An interview with RN A on 12/17/2 at the facility She informed the resi arrived, there had been issue with medications to give to Resident #3: An interview with Med aide B on 12 medications. Resident informed he Resident #33 his medications were the facility. She stated confirmed sl informed RN A Resident #33 medic An interview with LVN C on 12/17/2 [DATE]. She stated when the resid facility. She stated when the resid facility. She stated the resident did was prescribed pain medications. S stated the resident medication had 500 mg and Melatonin 5mg on 12/1 the resident on 12/16/21. She did in Medication Administration record. S at the facility she stated. Observation and interview on 12/17 RN A confirmed the medications fo and revealed all Resident #33's me An interview with the DON on 12/17 received his pain medications while resident medications had not arrive the resident medication and or che An interview with the Medical Direct not received his scheduled medica	ed [DATE] revealed he had a BIMS of 12/17/21 at 11:05 am revealed he was of his scheduled medications since arr 21. He stated the nurse informed him; his medications. 1 at 11:12am confirmed the medication dent on 12/16/21 after he admitted to the pharmacy providing the medications to 3 she stated. 2/17/21 at 11:37 am revealed Resident r; he wanted his medications including an one her cart. She told the resident he had not given any medications to Recation had not arrived at the facility. 21 at 2:22pm revealed Resident #33 was ent arrived at the facility with medication she confirmed she completed the pain not come to the facility with medication she confirmed she completed the pain not arrived on 12/16/21. She stated the 16/21. She stated the resident's other not document the medications given to she did not document the medications given to she did not document the facility. 7/21 at 2:04 pm revealed Resident#33 resident #33 had arrived at the facility. 7/21 at 2:37 pm revealed she was not a set the facility. She stated the nurses set at the facility. She would have expected at the facility.	admitted to the facility on [DATE]. riving at the facility. He admitted to his medications were not at the so for Resident #33 had not arrived the facility his medications had not the facility. There were no #33 had requested to have his his pain medications. She informed his medications had not arrived at esident #33 to that point. She as admitted to the facility on the time of shift change at the his. The resident informed her he assessment inaccurately. She he resident was provided a Tylenol medication wereas not provided to the resident on 12/16/21 on his given because it was a lot going on medications arrived at the facility. The desired her if the should have informed her if the steed the nurse to get a stat order for the was not aware Resident #33 had the det the facility to have contacted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) PROVIDER OR SUPPLIER Duncanville Healthcare and Rehabilitation Center STREET ADDRESS, CITY, STATE, ZIP CODE 419 S Cockrell Hill Rd Duncanville, TX 75116 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 (Seah deficiency must be preceded by full regulatory or LSC identifying information) Review of the facility's Controlled Substance Medication orders policy dated 01/20 revealed Each controlled substance medication order is documented in the residents medical record with the date, time and signature of the person receiving the prescription. An emergency order is placed with the provider pharmacy and the medication is scheduled to be given as received.				NO. 0930-0391
Duncanville Healthcare and Rehabilitation Center 419 S Cockrell Hill Rd Duncanville, TX 75116 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) Review of the facility's Controlled Substance Medication orders policy dated 01/20 revealed Each controlled substance medication order is documented in the resident's medical record with the date, time and signature of the person receiving the prescription. An emergency order is placed with the provider pharmacy and the medication is scheduled to be given as received.		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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	Level of Harm - Minimal harm or potential for actual harm	substance medication order is doct of the person receiving the prescrip	umented in the resident's medical reco otion. An emergency order is placed wi	rd with the date, time and signature