

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 03/29/2023
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 preceded by full regulatory or LSC identifying information)		
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44405</p> <p>Based on interview and record review the facility failed to develop a comprehensive care plan within 7 days after completion of the comprehensive assessment for one (Resident #1) of five residents reviewed for care plans.</p> <p>1) The facility failed to develop a comprehensive person-centered care plan within seven days after completion of the comprehensive assessment on 02/24/2023.</p> <p>This failure could negatively impact the resident's quality of life, as well as the quality of care and services received if care planning is not complete or is inadequate.</p> <p>Findings included:</p> <p>A record review of Resident #1's Admission MDS assessment dated [DATE] revealed an [AGE] year-old female admitted on [DATE]. Resident #1 had diagnoses of HF {when the heart cannot pump enough blood and oxygen to support other organs in your body}, HTN {High blood pressure that is higher than normal}, DM {a group of diseases that result in too much sugar in the blood}, CVA {a loss of blood flow caused by blood clots and broken blood vessels, which damages brain tissue in the brain}, CAD {a heart disease caused by plaque buildup in the wall of the arteries that supply blood to the heart}, hyperlipidemia (high cholesterol) {an excess of lipids or fats in the blood} and Bilateral {Right and Left} leg pain. Resident #1's BIMS score was 07, which suggested severe impairment. Resident #1 required one-person physical assist with ADLs, two persons assist with bed mobility and transfer, and used a wheelchair as a mobility device. Resident #1's BIMS score was 07, which suggested severe impairment. Resident #1 required one-person physical assist with ADLs, two persons assist with bed mobility and transfer, and used a wheelchair as a mobility device.</p> <p>Review of Resident #1's baseline care plan dated 02/17/23 revealed medical, nursing, mental, and psychosocial needs as identified in the nurse admission evaluation.</p> <p>Resident #1's comprehensive care plan, initiated 03/29/23, entered by the MDS, reflected medical, nursing, mental, psychosocial needs as identified in the physician orders and problems/risks identified in the MDS admission assessment. Areas of focus in Resident #1's comprehensive care plan reflected:</p> <p>(continued on next page)</p>		

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
--	-------	-----------

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 03/29/2023
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 preceded by full regulatory or LSC identifying information)		
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Allergy to Penicillin; Advanced Directives [Full Code]; ADL self-care performance deficit; altered cardiovascular status; HF; HTN; chest pain; CAD; DM; moderate Risk for Falls; risk of Constipation; hypnotic/sedative therapy - Melatonin; anticoagulant therapy - ASA (aspirin); pain medication therapy - Hydrocodone/Acetaminophen; Therapeutic Diet - CC/RCS; hemiplegia/hemiparesis; Chronic Pain; functional bladder incontinence; and altered respiratory status.</p> <p>In an interview on 03/29/23 at 4:50 PM, the MDS nurse said that she had been employed for about two weeks. The MDS nurse stated that she was still in training. The MDS nurse indicated responsibility for certain sections of the MDS that may trigger CAAs and require care planning decisions. The MDS nurse indicated that she gathered information from nursing documentation, MD progress notes, and clinical notes from transferring facility. The MDS nurse stated that she would be responsible for developing and updating the care plan based on discussions related to care planning during morning meetings. The MDS nurse stated she developed Resident #1's comprehensive care plan on 03/29/23 after reviewing PCC for past due care plans to update because the individual responsible for training her did not come in today (03/29/23).</p> <p>In an interview on 03/29/23 at 5:24 PM, the DON stated that it is a collaborative effort with the MDS nurse(s) to implement and update the comprehensive care plan. The DON said the facility must develop a plan of care to provide resident-centered treatment and services to stabilize active diagnoses, maintain, and correct the resident's current problem and attain the highest practicable mental and psychosocial well-being based on comprehensive and individual clinical assessments. The DON stated she was unaware that Resident #1's comprehensive care plan was not developed in a timely manner.</p> <p>Record review of the facility's Comprehensive Person-Centered Resident Care Planning, policy dated 10/2022, reviewed January 2023 reflected, The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required comprehensive assessment (MDS).</p>		

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 03/29/2023
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 preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44405</p> <p>Based on observation, interview, and record review the facility failed to ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for one (Resident #1) of five residents reviewed for pain medication.</p> <p>1. The facility failed to reorder Resident #1's hydrocodone-acetaminophen 10-325 mg medication from the pharmacy in a timely fashion or after the last dose was administered on 03/27/23, causing Resident #1 to not receive PRN pain medications of choice on 03/28/23.</p> <p>2. The facility failed to administer Resident #1 's hydrocodone-acetaminophen 10-325 mg medication that was in accordance with the resident's comprehensive care plan, and the resident's preference to manage Resident #1's pain level of 7 on 03/28/23 during the day and evening shifts.</p> <p>This failure placed residents at risk of not receiving timely pain management care.</p> <p>Findings included:</p> <p>A record review of Resident #1's Admission MDS assessment dated [DATE] revealed an [AGE] year-old female admitted on [DATE]. Resident #1 had diagnoses of HF {when the heart cannot pump enough blood and oxygen to support other organs in your body}, HTN {High blood pressure that is higher than normal}, DM {a group of diseases that result in too much sugar in the blood}, CVA {a loss of blood flow caused by blood clots and broken blood vessels, which damages brain tissue in the brain}, CAD {a heart disease caused by plaque buildup in the wall of the arteries that supply blood to the heart}, hyperlipidemia (high cholesterol) {an excess of lipids or fats in the blood} and Bilateral {Right and Left} leg pain. Resident #1's BIMS score was 07, which suggested severe impairment. Resident #1 required one-person physical assist with ADLs, two persons assist with bed mobility and transfer, and used a wheelchair as a mobility device. A pain assessment interview indicated Resident #1 did not have pain or hurting at any time in the last 5 days during the Admission MDS assessment.</p> <p>A record review of Resident #1's active physician orders indicated:</p> <p>Start date 02/17/23: Is this resident in pain? 0=no pain; 1-3=mild pain; 4-6=moderate pain; 7-10=severe pain every shift. Follow MD orders.</p> <p>Start date 02/17/23: Hydrocodone-Acetaminophen Oral Tablet 10-325 MG (Hydrocodone-Acetaminophen) every eight hours as needed for moderate pain. Give 1 tablet by mouth every six hours as needed for moderate pain. [Discontinued: 03/20/23 at 2:43 PM]</p> <p>Start date 03/20/23 at 2:43 PM: Hydrocodone-Acetaminophen Oral Tablet 10-325 MG (Hydrocodone-Acetaminophen). Give 1 tablet by mouth every six hours as needed for moderate pain. [Discontinued: 03/27/23 at 12:32 PM]</p> <p>Start date 03/27/23 at 12:32 PM: Hydrocodone-Acetaminophen Oral Tablet 10-325 MG (Hydrocodone-Acetaminophen). Give 1 tablet by mouth every six hours as needed for moderate pain.</p> <p>(continued on next page)</p>		

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 03/29/2023
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 preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Start date 03/27/23: Biofreeze External Gel 4% (Menthol Topical Analgesic). Apply to lower spine/sacral area topically three times a day for pain.</p> <p>Start date 03/27/23: Lumbar/Sacral/Spine X-ray d/t pain</p> <p>Start date 03/29/23: Acetaminophen Oral Tablet 325 MG (Acetaminophen). Give 2 tablets by mouth every six hours as needed for mild pain.</p> <p>A record review of Resident #1's comprehensive care plan, initiated 03/29/23, entered by the MDS, reflected medical, nursing, mental, psychosocial needs as identified in the physician orders and problems/risks identified in the MDS admission assessment. Areas of focus in Resident #1's comprehensive care plan reflected:</p> <p>Allergy to Penicillin; Advanced Directives [Full Code]; ADL self-care performance deficit; altered cardiovascular status; HF; HTN; chest pain; CAD; DM; moderate Risk for Falls; risk of Constipation; hypnotic/sedative therapy - Melatonin; anticoagulant therapy - ASA (aspirin); pain medication therapy - Hydrocodone/Acetaminophen; Therapeutic Diet - CC/RCS; hemiplegia/hemiparesis; Chronic Pain; functional bladder incontinence; and altered respiratory status.</p> <p>An observation and interview on 03/29/23 at 12:50 PM revealed Resident #1 sitting up in bed received oxygen at 2L via NC by concentrator with call light in hand. Resident #1 was alert and oriented to self and surrounding; to time of day with prompts/cues. Resident #1 stated a pain level of 10 in her lower back and was tearful. Resident #1 was observed, guarding lower back, and attempting to reposition for comfort. Resident #1 said there are some things she may or may not remember, but she was sure she did not receive her pain pill today (03/29/23). When the MA entered the room to administer Resident #1's 1:00 PM medication, Resident #1 stated she needed something for pain. The MA returned after notifying the nurse and informed Resident #1 that the nurse [LVN F] said that pain medicine was given at 11:00 AM and it is too soon for more pain medicine. Resident #1 said that she had not received her pain medicine (hydrocodone-acetaminophen) and if she . would only receive Tylenol, she could have her family bring it from home</p> <p>Review of Resident #1's March 2023 MAR revealed she did not receive Hydrocodone-Acetaminophen 10-325 mg, 1 tablet Q6H, PRN for moderate pain on 03/28/23. The last tablet was administered on 03/27/23 at 9:41 PM. The pain level on 03/28/23 was documented at 7 (severe) on the day and evening shift. The pain level was documented at 0 on 03/28/23 during the 10PM - 6 AM (03/29/23) shift. The March 2023 MAR reflected no other pain medications were administered until 03/29/23. On 03/29/23 at 10:53 AM, LVN F charted Resident #1's pain level as a '5'. According to the physician's orders [start date: 02/17/23] and as indicated on the MAR, a pain level from four to six is considered moderate pain. LVN F administered Acetaminophen 325 mg, two tablets, that was ordered for mild pain to Resident #1 instead of Hydrocodone-Acetaminophen 10-325 mg, one tablet, as written PRN for moderate pain.</p> <p>(continued on next page)</p>		

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 03/29/2023
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 preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Hydrocodone-Acetaminophen (HC-APAP) was scheduled every six hours (last dose 03/27/23 at 9:41 PM) as needed. Between 03/28/23 at 3:41 AM to 03/29/23 at 9:41 AM, there were six opportunities to receive HC-APAP every 6 hours as needed. Based on Resident #1's last HC-APAP dose, she could receive HC-APAP on 03/29/23 at 12:50 PM when she told the MA she needed something for pain. The MAR did not reflect orders not to exceed a certain amount of acetaminophen within 4-, 6-, 8-, 12-, or 24 hrs. It is not likely Resident #1 would have exceeded the acetaminophen recommended dose between 650 mg - 1,000 mg within 6 hours or 3000 mg from all sources within 24 hours. LVN F administered Hydrocodone-Acetaminophen 10-325 mg, 1 tablet at 1:57 PM [verified by e-kit access and drug count].</p> <p>Review of the 300 Hall narcotic book revealed Resident #1's narcotic count sheet for Hydrocodone-Acetaminophen 10-325 mg, 1 tablet Q6H, PRN for moderate pain folded in half. ADON A administered the two previous tablets on 03/27/23 at 7:58 AM and 2:06 PM. The last tablet was administered on 03/27/23 at 9:41 PM.</p> <p>An interview on 03/29/23 at 2:40 PM, LVN F stated she administered Tylenol 325 mg two tablets to Resident #1 around 10:45 AM. LVN F said that she saw the order for hydrocodone-acetaminophen 10-325 mg when the MA informed around 1 PM that Resident #1 was asking for pain medication. LVN F stated there were no hydrocodone-acetaminophen 10-325 mg tablets available for Resident #1. LVN F said that she called the pharmacy to notify that Resident #1 did not have hydrocodone-acetaminophen 10-325 mg tablets available. LVN F stated that the pharmacy staff told her that a triplicate prescription was needed to send the medication. LVN F said that she obtained an access code from the pharmacy to retrieve a Hydrocodone-Acetaminophen 10-325 mg tablet from the e-kit to administer to Resident #1 at approximately 1:50 PM on 03/29/23.</p> <p>An interview on 03/29/23 at 2:46 PM, ADON A said that she was the nurse assigned to Resident #1 on 03/27/23 from 6A - 2P. ADON A said that Resident #1 requested pain medication for a pain level of 10 during the morning start of shift rounds. ADON A stated that she administered a hydrocodone-acetaminophen 10-325 mg tablet per the MAR at 7:58 AM. ADON A said that when medication run low, 7 days before the last dose, the nurse is required to contact the pharmacy, write a note, and communicate on the 24-hour report. ADON A stated when narcotics require refill, the ADON or DON must be notified to contact the pharmacy for refills. An alternative to administer medications that have not been delivered yet is to call the pharmacy as a representative and obtain a code to access the medication from the e-kit. ADON A said that she was not informed that Resident #1's hydrocodone-acetaminophen 10-325 mg tablets needed to be refilled and that the ADON [ADON B] for the 300 Hall would have more information.</p> <p>An interview on 03/29/23 at 2:48 PM, ADON B said that the protocol is to notify leadership (ADON or DON) if a narcotic refill is needed. ADON B stated she was not informed on 03/27/23 that Resident #1 had only three hydrocodone-acetaminophen 10-325 mg tablets remaining and was not informed prior to 03/27/23 that a refill was needed. ADON B said that she did not come to work on 03/28/23 and was unaware that Resident #1 had no tablets available.</p> <p>(continued on next page)</p>		

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 03/29/2023
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 preceded by full regulatory or LSC identifying information)		
F 0697 Level of Harm - Actual harm Residents Affected - Few	<p>An interview on 03/29/23 at 3:31 PM, the DON said if a Resident had seven or less days' worth of PRN controlled medications left or no tablets available, she would expect to be notified. The DON stated she was not aware Resident #1 had run out of Hydrocodone-Acetaminophen tablets. The DON said that she received the new order from the MD on 03/27/23 to increase the frequency of Hydrocodone-Acetaminophen 10-325 mg from Q8H to Q6H. The DON stated once the MD signed the triplicate and forwarded to the pharmacy the pharmacy would deliver the medication. The DON said when a narcotic needed to be reordered, the nurse would notify the ADON or DON and the ADON or DON would call the pharmacy for refill.</p> <p>Review of the facility's Pain Management Program Policy revised 01/2023, indicated the facility will ensure that residents receive the treatment and care in accordance with professional management. The Nurse will assess the resident q shift for pain, depending on the type of resident being assessed, using the PAINAD or [NAME] Pain Evaluation Scale as indicated on the MAR. If a resident is assessed as experiencing pain during that shift, then pain medication and or alternative therapies should be administered as ordered. Effectiveness of the intervention should be documented to determine if pain is reduced or alleviated appropriately.</p>		

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 03/29/2023
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 preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44405</p> <p>Based on observation, interview, and record review the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for one (Resident #1) of five residents reviewed for pain medication.</p> <p>1. The facility failed to reorder Resident #1's hydrocodone-acetaminophen 10-325 mg medication from the pharmacy in a timely fashion or after the last dose was administered on 03/27/23, causing Resident #1 to not receive PRN pain medications of choice on 03/28/23.</p> <p>2. The facility failed to administer Resident #1 's hydrocodone-acetaminophen 10-325 mg medication that was in accordance with the resident's comprehensive care plan, and the resident's preference to manage Resident #1's pain level of 7 on 03/28/23 during the day and evening shifts.</p> <p>This failure placed residents at risk of not receiving timely pain management care.</p> <p>Findings included:</p> <p>A record review of Resident #1's Admission MDS assessment dated [DATE] revealed an [AGE] year-old female admitted on [DATE]. Resident #1 had diagnoses of HF {when the heart cannot pump enough blood and oxygen to support other organs in your body}, HTN {High blood pressure that is higher than normal}, DM {a group of diseases that result in too much sugar in the blood}, CVA {a loss of blood flow caused by blood clots and broken blood vessels, which damages brain tissue in the brain}, CAD {a heart disease caused by plaque buildup in the wall of the arteries that supply blood to the heart}, hyperlipidemia (high cholesterol) {an excess of lipids or fats in the blood} and Bilateral {Right and Left} leg pain. Resident #1's BIMS score was 07, which suggested severe impairment. Resident #1 required one-person physical assist with ADLs, two persons assist with bed mobility and transfer, and used a wheelchair as a mobility device. A pain assessment interview indicated Resident #1 did not have pain or hurting at any time in the last 5 days during the Admission MDS assessment.</p> <p>A record review of Resident #1's active physician orders indicated:</p> <p>Start date 02/17/23: Is this resident in pain? 0=no pain; 1-3=mild pain; 4-6=moderate pain; 7-10=severe pain every shift. Follow MD orders.</p> <p>Start date 02/17/23: Hydrocodone-Acetaminophen Oral Tablet 10-325 MG (Hydrocodone-Acetaminophen) every eight hours as needed for moderate pain. Give 1 tablet by mouth every six hours as needed for moderate pain. [Discontinued: 03/20/23 at 2:43 PM]</p> <p>Start date 03/20/23 at 2:43 PM: Hydrocodone-Acetaminophen Oral Tablet 10-325 MG (Hydrocodone-Acetaminophen). Give 1 tablet by mouth every six hours as needed for moderate pain. [Discontinued: 03/27/23 at 12:32 PM]</p> <p>(continued on next page)</p>		

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 03/29/2023
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 preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Start date 03/27/23 at 12:32 PM: Hydrocodone-Acetaminophen Oral Tablet 10-325 MG (Hydrocodone-Acetaminophen). Give 1 tablet by mouth every six hours as needed for moderate pain.</p> <p>Start date 03/27/23: Biofreeze External Gel 4% (Menthol Topical Analgesic). Apply to lower spine/sacral area topically three times a day for pain.</p> <p>Start date 03/27/23: Lumbar/Sacral/Spine X-ray d/t pain</p> <p>Start date 03/29/23: Acetaminophen Oral Tablet 325 MG (Acetaminophen). Give 2 tablets by mouth every six hours as needed for mild pain.</p> <p>A record review of Resident #1's comprehensive care plan, initiated 03/29/23, entered by the MDS, reflected medical, nursing, mental, psychosocial needs as identified in the physician orders and problems/risks identified in the MDS admission assessment. Areas of focus in Resident #1's comprehensive care plan reflected:</p> <p>Allergy to Penicillin; Advanced Directives [Full Code]; ADL self-care performance deficit; altered cardiovascular status; HF; HTN; chest pain; CAD; DM; moderate Risk for Falls; risk of Constipation; hypnotic/sedative therapy - Melatonin; anticoagulant therapy - ASA (aspirin); pain medication therapy - Hydrocodone/Acetaminophen; Therapeutic Diet - CC/RCS; hemiplegia/hemiparesis; Chronic Pain; functional bladder incontinence; and altered respiratory status.</p> <p>An observation and interview on 03/29/23 at 12:50 PM revealed Resident #1 sitting up in bed received oxygen at 2L via NC by concentrator with call light in hand. Resident #1 was alert and oriented to self and surrounding; to time of day with prompts/cues. Resident #1 stated a pain level of 10 in her lower back and was tearful. Resident #1 was observed, guarding lower back, and attempting to reposition for comfort. Resident #1 said there are some things she may or may not remember, but she was sure she did not receive her pain pill today (03/29/23). When the MA entered the room to administer Resident #1's 1:00 PM medication, Resident #1 stated she needed something for pain. The MA returned after notifying the nurse and informed Resident #1 that the nurse [LVN F] said that pain medicine was given at 11:00 AM and it is too soon for more pain medicine. Resident #1 said that she had not received her pain medicine (hydrocodone-acetaminophen) and if she . would only receive Tylenol, she could have her family bring it from home</p> <p>Review of Resident #1's March 2023 MAR revealed she did not receive Hydrocodone-Acetaminophen 10-325 mg, 1 tablet Q6H, PRN for moderate pain on 03/28/23. The last tablet was administered on 03/27/23 at 9:41 PM. The pain level on 03/28/23 was documented at 7 (severe) on the day and evening shift. The pain level was documented at 0 on 03/28/23 during the 10PM - 6 AM (03/29/23) shift. The March 2023 MAR reflected no other pain medications were administered until 03/29/23. On 03/29/23 at 10:53 AM, LVN F charted Resident #1's pain level as a '5'. According to the physician's orders [start date: 02/17/23] and as indicated on the MAR, a pain level from four to six is considered moderate pain. LVN F administered Acetaminophen 325 mg, two tablets, that was ordered for mild pain to Resident #1 instead of Hydrocodone-Acetaminophen 10-325 mg, one tablet, as written PRN for moderate pain.</p> <p>(continued on next page)</p>		

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 03/29/2023
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 preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Hydrocodone-Acetaminophen (HC-APAP) was scheduled every six hours (last dose 03/27/23 at 9:41 PM) as needed. Between 03/28/23 at 3:41 AM to 03/29/23 at 9:41 AM, there were six opportunities to receive HC-APAP every 6 hours as needed. Based on Resident #1's last HC-APAP dose, she could receive HC-APAP on 03/29/23 at 12:50 PM when she told the MA she needed something for pain. The MAR did not reflect orders not to exceed a certain amount of acetaminophen within 4-, 6-, 8-, 12-, or 24 hrs. It is not likely Resident #1 would have exceeded the acetaminophen recommended dose between 650 mg - 1,000 mg within 6 hours or 3000 mg from all sources within 24 hours. LVN F administered Hydrocodone-Acetaminophen 10-325 mg, 1 tablet at 1:57 PM [verified by e-kit access and drug count].</p> <p>Review of the 300 Hall narcotic book revealed Resident #1's narcotic count sheet for Hydrocodone-Acetaminophen 10-325 mg, 1 tablet Q6H, PRN for moderate pain folded in half. ADON A administered the two previous tablets on 03/27/23 at 7:58 AM and 2:06 PM. The last tablet was administered on 03/27/23 at 9:41 PM.</p> <p>An interview on 03/29/23 at 2:40 PM, LVN F stated she administered Tylenol 325 mg two tablets to Resident #1 around 10:45 AM. LVN F said that she saw the order for hydrocodone-acetaminophen 10-325 mg when the MA informed around 1 PM that Resident #1 was asking for pain medication. LVN F stated there were no hydrocodone-acetaminophen 10-325 mg tablets available for Resident #1. LVN F said that she called the pharmacy to notify that Resident #1 did not have hydrocodone-acetaminophen 10-325 mg tablets available. LVN F stated that the pharmacy staff told her that a triplicate prescription was needed to send the medication. LVN F said that she obtained an access code from the pharmacy to retrieve a Hydrocodone-Acetaminophen 10-325 mg tablet from the e-kit to administer to Resident #1 at approximately 1:50 PM on 03/29/23.</p> <p>An interview on 03/29/23 at 2:46 PM, ADON A said that she was the nurse assigned to Resident #1 on 03/27/23 from 6A - 2P. ADON A said that Resident #1 requested pain medication for a pain level of 10 during the morning start of shift rounds. ADON A stated that she administered a hydrocodone-acetaminophen 10-325 mg tablet per the MAR at 7:58 AM. ADON A said that when medication run low, 7 days before the last dose, the nurse is required to contact the pharmacy, write a note, and communicate on the 24-hour report. ADON A stated when narcotics require refill, the ADON or DON must be notified to contact the pharmacy for refills. An alternative to administer medications that have not been delivered yet is to call the pharmacy as a representative and obtain a code to access the medication from the e-kit. ADON A said that she was not informed that Resident #1's hydrocodone-acetaminophen 10-325 mg tablets needed to be refilled and that the ADON [ADON B] for the 300 Hall would have more information.</p> <p>An interview on 03/29/23 at 2:48 PM, ADON B said that the protocol is to notify leadership (ADON or DON) if a narcotic refill is needed. ADON B stated she was not informed on 03/27/23 that Resident #1 had only three hydrocodone-acetaminophen 10-325 mg tablets remaining and was not informed prior to 03/27/23 that a refill was needed. ADON B said that she did not come to work on 03/28/23 and was unaware that Resident #1 had no tablets available.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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 03/29/2023
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 preceded by full regulatory or LSC identifying information)		
F 0755 Level of Harm - Actual harm Residents Affected - Few	<p>An interview on 03/29/23 at 3:31 PM, the DON said if a Resident had seven or less days' worth of PRN controlled medications left or no tablets available, she would expect to be notified. The DON stated she was not aware Resident #1 had run out of Hydrocodone-Acetaminophen tablets. The DON said that she received the new order from the MD on 03/27/23 to increase the frequency of Hydrocodone-Acetaminophen 10-325 mg from Q8H to Q6H. The DON stated once the MD signed the triplicate and forwarded to the pharmacy the pharmacy would deliver the medication. The DON said when a narcotic needed to be reordered, the nurse would notify the ADON or DON and the ADON or DON would call the pharmacy for refill.</p> <p>Review of the facility's Policy for Controlled Substance Prescriptions dated and revised October 1, 2019, revealed, the pharmacy must receive a clear, signed prescription before dispensing a controlled drug and refills must be requested at least five days in advance for CII medications to assure an adequate supply is on hand.</p>		