

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675311	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Fairview Healthcare Residence		STREET ADDRESS, CITY, STATE, ZIP CODE 601 E Reunion St Fairfield, TX 75840	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45957</p> <p>Based on interview, observations, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the residents' rights, which included measurable objectives and time limits to meet a resident's medical, nursing, and mental, and psychosocial needs for 1 of 6 residents (Resident #1) reviewed for care plans.</p> <p>Resident #1's comprehensive care plan dated 05/02/2024, inaccurately reflected the resident was receiving a regular texture diet.</p> <p>These deficient practices could place residents at risk for not receiving proper care and services due to inaccurate care plans.</p> <p>The findings were:</p> <p>A record review of Resident #1's face sheet reflected Resident #1 was an [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses of dysphagia (swallowing difficulties), Cognitive communication deficit (difficulty paying attention to a conversation, staying on topic, remembering information and following instructions), Obesity (abnormal or excessive fat accumulation that presents a risk to health), and metabolic encephalopathy (a problem in the brain cause by a chemical imbalance in the blood).</p> <p>A record review of Resident #1's Quarterly MDS assessment, dated 04/26/2024, reflected Resident #1's BIMS score was 15 which indicated resident is cognitively intact. Resident #1's Quarterly MDS also reflected that Resident #1 was receiving a mechanically altered diet.</p> <p>A record review of Resident #1's Care Plan, dated 05/02/2024, reflected that Resident #1 was on regular texture diet.</p> <p>A record review of Resident #1's Physician Order, dated 06/05/2024, reflected Resident #1's mechanical soft texture diet start date was 09/22/2022 and was still a current order.</p> <p>A record review of Resident #1's Dietary Profile, dated 04/26/2024, reflected Resident #1's current texture of food was mechanical soft.</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
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FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 675311	Facility ID: 675311 If continuation sheet Page 1 of 2

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>In an interview with Resident #1 on 06/05/2024 at 11:10 am, Resident #1 stated she received a mechanical soft diet.</p> <p>An observation of Resident #1 on 06/05/2024 at 12:05pm, reflected Resident #1 was receiving a mechanical soft diet.</p> <p>In an interview with CNA A on 06/05/2024 at 11:15 am, CNA A stated that Resident #1 received a mechanical soft diet.</p> <p>In an interview with the DON on 06/05/2024 at 1:50pm, the DON stated that the MDS Coordinator was responsible for completing the care plan. The DON stated that the facility has been sharing an MDS Coordinator with their sister facility since March. The DON stated that she was aware that Resident #1 was receiving a mechanical soft diet but was not aware that Resident #1's care plan was inaccurate. The DON stated that if the care plan was inaccurate then that could cause a resident not to receive proper care.</p> <p>In an interview with the ADM on 06/05/2024 at 2:10pm, the ADM stated that it was the MDS Coordinator's responsibility for completing an accurate care plan for the resident in the facility. The ADM stated he was not aware that Resident #1's care plan did not reflect her mechanical soft diet. The ADM stated if the care plan was inaccurate then the resident could choke or not get the proper care needed.</p> <p>Review of the facility's Care Plan, Comprehensive Person Centered policy, date March 2022, revealed A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident.</p> <p>7. The comprehensive, person-centered care plan:</p> <p>a. includes measurable objectives and timeframes;</p> <p>b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being</p> <p>d. builds on the resident's strengths; and</p> <p>e. reflects currently recognized standards of practice for problems areas and conditions .</p>		