

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  7625 Glenview Dr North Richland Hills, TX 76180	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a resident who is unable to carry out activities of daily living receives showers to maintain grooming and personal hygiene for 1 (Resident #1) of 3 residents reviewed for ADL care.</p> <p>The facility did not provide showers or baths to Resident #1 as scheduled.</p> <p>This failure can affect residents by decreasing their quality of life.</p> <p>Findings include:</p> <p>Record Review of Resident #1 face sheet dated 06/10/2025, revealed an [AGE] year-old woman who was admitted to the facility on [DATE] with primary diagnoses of transient cerebral ischemic attack (brief blockage of blood flow to the brain) and sepsis (infection in the blood stream), with secondary diagnoses of acute kidney failure (kidneys unable to filter waste products out of blood), dependence on renal dialysis, unsteadiness on feet, unspecified abnormalities of gait and mobility (change in walking pattern as a result of issues with the legs or feet), unspecified lack of coordination, muscle weakness (generalized), and cognitive communication deficit (trouble with communicating).</p> <p>Record Review of Resident #1's MDS dated [DATE] reflected a BIMS score of 15, indicating cognitively intact. Resident #1 required extensive assistance with 3 ADLs (bed mobility, transfer, and toilet use).</p> <p>Resident #1's care plan, date initiated 05/13/2023, reflected:</p> <p>Problem: Resident #1 has an ADL Self Care Performance Deficit r/t recent weakness. The resident needs assistance performing ADLs. Interventions: BATHING: The resident requires total dependence from one person staff participation with bathing. Goal: The resident will maintain current level of functioning in late loss ADLs thought the next review date;</p> <p>Problem: Resident#1 has a behavior problem r/t refusal of all showers. Resident#1 will not take a shower and does not get out of bed other than to go to Dialysis. Tells staff that therapy is the only people that can get her out of bed and back into bed. Interventions: Caregivers to provided opportunity for positive interaction, attention. Stop and talk with him/her as passing by; Explain all procedures to (resident) before starting. Goals: Will understand that (nursing) staff can get her out of bed; Resident#1 will have fewer episodes of refusal by review date.</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:  455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  7625 Glenview Dr North Richland Hills, TX 76180	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's care plan, initiated date 05/13/2023, did not address the resident not being able to take a shower and how that need was going to be addressed.</p> <p>Observation and interview with Resident #1 on 06/10/2025 at 12:03PM revealed resident dressed in hospital gown and the roots of her hair appeared greasy. The resident stated she had been receiving dialysis treatment 3 days a week. She had a dialysis port on the right side of her chest. The resident stated she did wear briefs and received incontinent care. The resident stated she would like to receive showers, but she receives bed baths, and she was told she cannot have showers. The resident further stated she was told it was because of her dialysis port. Resident #1 said she did not receive bed baths often and that the last bed bath was around 2 months ago.</p> <p>Record Review of Resident #1's bathing task sheet of baths given the last 30 days (from 06/10/2025) reflected that the resident has had 4 baths, 05/17/2025, 05/26/2025, 05/29/2025 and 5/30/2025.</p> <p>Record Review of Resident #1's progress note written by LVN A, dated 05/26/2025 revealed patient refused shower even after this writer tried to advise patient the need for shower .</p> <p>Record review of Resident #1's progress note dated 04/09/25, reflected Skin assessment completed, no skin issues noted.</p> <p>Interview with CNA B on 06/10/2025 at 1:55PM revealed that CNA B provides showers to residents in the mornings. She explained that residents are on a schedule for every other day of the week. The surveyor asked CNA B if she provided Resident #1 with showers; she stated she normally did bed baths with the resident, but she previously got her up for showers. She stated that Resident #1 told her that dialysis said she (Resident #1) cannot get showers but could get bed baths, so she gets bed baths on Monday, Wednesday, and Fridays . CNA B said she gave Resident #1 one (bed bath) yesterday (06/09/2025). CNA B then stated that Resident #1 refused a bed bath on 06/09/2025 because she wanted to get up for therapy. This surveyor asked if CNA B covered the resident's dialysis port for previous showers, CNA B stated she did not cover the port or watched it get covered. She said the nurse covered it, but she could not recall which nurse covered the dialysis port. She said she was not trained to cover the dialysis port because it was not in her scope as a CNA. She said only nurses covered the dialysis port. CNA B described the port cover as plastic and sticky, and hard to get off the resident. After the shower, CNA B said, a nurse (she could not recall name of nurse) told her that dialysis said the port was infected (indicating the resident could only further receive bed baths).</p> <p>Record review of Resident #1's bathing task sheet of baths given the last 30 days (from 05/10/2025) reflected no record of if the resident received or denied a bed bath or shower.</p> <p>Interview with the Nurse Practitioner on 06/10/2025 at 2:01PM revealed that Resident #1 should be able to receive showers and the dialysis port can be covered up. She said she was not aware of the issue, but she will make sure that she educates the nursing staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Glenview Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  7625 Glenview Dr North Richland Hills, TX 76180	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Regional Compliance Nurse on 06/10/2025 at 3:12PM revealed that initial refusal of showers was to be charted and care planned. She stated the residents have the right to refuse the shower, but staff can keep encouraging the residents. She said that just because they refuse doesn't mean they won't change their mind. The Regional Compliance Nurse stated she had not heard of a dialysis port being why a resident cannot have a shower. The Regional Compliance Nurse said staff can cover the access port; saying that may be a way to make someone have bed baths. The Regional Compliance Nurse stated she has had dialysis patients her whole career and never had that a situation where residents could only have bed baths due to their dialysis port and did not think nephrology would say that. The Regional Compliance Nurse explained dialysis did dressing changes on the ports and facility nurses monitor the sites.</p> <p>Interview with the ADM on 06/10/2025 at 4:34PM revealed the expectation for ADL care and showers was that they were resident rights and residents were to be asked if they want a shower. If residents refuse, staff were to put a note in their care plan or chart. The ADM stated that residents who were on dialysis do get showers. She named another resident who was on dialysis and took showers. The ADM stated dialysis ports need to be covered and taped for showers.</p> <p>Record review of facility in-service titled showers dated 05/07/25, revealed LVN A and CNA B had completed the training.</p> <p>Record review of the facility's Dialysis Care policy and procedure, revised 06/2020, reflected .IV. Care Plan A. The Interdisciplinary Team (IDT) will ensure that the resident's Care Plan includes documentation of the resident's renal condition and necessary precautions.</p> <p>Record review of the facility Resident Rights policy and procedure, revised 8/2020, reflected .II. Each resident is allowed to choose activities, schedules and health care that are consistent with his or her interests, assessments and plans of care, including: A. Sleeping, eating, exercise and bathing schedules; B. Personal care needs, such as bathing methods, grooming styles and dress; and C. Health care scheduling, such as times of day for therapies and certain treatments.</p>		