

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents were free from misappropriation of property for one (Resident #1) of 10 residents reviewed for misappropriation of property. The facility failed to protect Resident #1 from misappropriation of property by one of their employees, Housekeeper A. On 12/18/2025 the Social Worker came to know that Housekeeper A used Resident #1's bank account for unauthorized transactions. As a result, Resident #1 lost approximately \$300.00 from his personal bank account. This failure could place residents at risk of loss of lifelong earnings. Findings included: Record review of Resident #1's face sheet dated 01/08/2026 revealed Resident #1 was a [AGE] year-old male, with an original admission date of 07/15/2025. Diagnoses included: Radiculopathy lumbosacral region (pain in the lower back), paroxysmal atrial fibrillation (irregular heartbeat), cerebrovascular disease (blood flow to the brain affected), adult failure to thrive (overall decline in physical and cognitive function), chronic systolic (congestive) heart failure (the left ventricle of the heart can't pump blood efficiently), and dementia (decline in mental abilities). Record review of Resident #1's Quarterly MDS assessment dated [DATE] revealed he had a BIMS score of 12, which indicated moderate cognitive impairment. Resident #1 required supervision or partial/moderate assistance with ADLs. Record review of Resident #1's Care Plan dated 09/15/2025 reflected that he had impaired cognitive function/dementia or impaired thought processes related to dementia/memory deficit. Record review of Provider Investigation Report (PIR) (Form 3613-A of Texas Health and Human Services) dated 01/06/2026 reflected a screenshot of Resident #1's cell phone that reflected an electronic transfer of \$300 from Resident #1's bank account to Housekeeper A's cell phone number. In an interview on 01/08/2026 at 9:11 AM, the Social Worker revealed someone had stolen money from Resident #1's bank account. She stated Resident #1 revealed an employee in activities assisted him with sending money to a family member. She stated she reviewed the transaction history with Resident #1 which reflected a \$300 electronic transfer transaction to a telephone number and person with the same last name of Resident #1. She stated Resident #1 didn't recognize the name nor telephone number. She stated the telephone number was verified by Human Resources and the Administrator as Housekeeper A's telephone number. She stated an interview with Housekeeper A revealed she established an electronic transfer through Resident #1's bank account on his cell phone but denied sending money to her telephone number. She stated Housekeeper A was suspended during the investigation and terminated as a result. She stated Social Services employees, Activities employees, and the Business Office assisted residents with financial matters. In an interview on 01/08/2026 at 9:31 AM with the Activity Director, revealed Resident #1 and Housekeeper A were in the dining room when Resident #1 asked if Housekeeper A could assist him with his bank account. The Activity Director responded Housekeeper A could help him. She stated she was informed the next day Housekeeper A took \$300 from Resident #1's bank account. She stated she was aware that only she and Activity Assistants were authorized to assist residents with financial</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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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>matters. In an interview on 01/08/2026 at 9:45 AM with Resident #1, revealed his memory wasn't good and he didn't remember all the details. Resident #1 stated someone from the activity center obtained his debit card. Resident #1 stated he didn't remember the employee's name who helped him, but it wasn't the Activity Director. Resident #1 stated there were bank charges he didn't recognize. Resident #1 stated he informed the Social Worker about the bank charges. In an interview 01/08/26 at 1:53 PM, the Administrator revealed the Social Worker informed him Resident #1 lost \$300 from his bank account that Housekeeper A helped set up. The Administrator stated the cell number contained in Resident #1's cell phone for the electronic bank transfer matched the cell number in his cell phone for Housekeeper A. He stated Housekeeper A admitted to helping Resident #1 set up his bank account but denied taking his money. The Administrator stated the Business Office, Activities employees, and Social Workers are authorized to assist residents with financial matters. The Administrator stated Housekeeper A revealed the Activity Director gave permission to assist Resident #1 with his bank account. He stated employees authorized to assist with resident finances cannot delegate the responsibility to other employees. In an interview 01/12/26 at 12:52 PM, Housekeeper A stated the Activity Director asked her to assist Resident #1 with setting up the electronic transfer on his cell since she didn't know how. She stated they were all in the dining room and sat side-by-side at a table. She stated Resident #1 stated he needed help setting up an electronic transfer to receive money from a family member. She stated she doesn't know how \$300 was missing from Resident #1's bank account nor how her cell number reflected on the electronic transfer. Record review of Housekeeper A's personnel file revealed date of hire was 08/10/2023, last day of work was 12/18/2025, and date of termination was 12/18/2025. Record review of the facility policy titled, Abuse Prevention and Prohibition Program revised October 24,2022 reflected, Each resident has the right to be free from mistreatment, neglect, abuse, involuntary seclusion and misappropriation of property. The Facility has zero tolerance for abuse, neglect, mistreatment, and/or misappropriation of resident property. Staff must not permit anyone to engage in verbal, mental, sexual, or physical abuse, neglect, mistreatment, or misappropriation of resident property</p>		