

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2025
NAME OF PROVIDER OR SUPPLIER Treemont Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5550 Harvest Hill Rd Dallas, TX 75230	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47161</p> <p>Purpose of Visit: Investigations</p> <p>Entrance Date: [DATE]</p> <p>Facility Census: 75</p> <p>Complaint Intakes:</p> <p>1010357 TX00543373</p> <p>The following acronyms were used in the document:</p> <p>CNA - Certified Nurse Aide</p> <p>DON - Director of Nursing</p> <p>HR- Human Resources</p> <p>NAR-Nurse Aide Registry</p> <p>Based on interviews and record review, the facility failed to ensure sufficient nursing staff with appropriate competencies and skills set to provide nursing and related services for 3 (CNA A, CNA B, CNA C) of 10 employees reviewed for staff qualifications.</p> <p>The facility failed to ensure CNA A, CNA B, and CNA C had a current nurse aide certification while employed at the facility and actively providing care for residents.</p> <p>This failure could result in residents being provided care by staff who have not provided documentation of training and competency in providing care.</p> <p>Findings include:</p> <p>Record review of CNA A's NAR. Certificate registry date [DATE], revealed CNA As certification expired on [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
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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of CNA A's Timecard Report for [DATE]-[DATE], revealed CNA A worked a total of 5 shifts scheduled 10:00pm-6:00am.</p> <p>Record review of CNA B's NAR. Certificate registry date [DATE], revealed CNA Bs certification expired on [DATE].</p> <p>Record review of CNA B's Timecard Report for [DATE]-[DATE], revealed CNA B worked a total of 3 shifts scheduled 2:00pm-10:00pm.</p> <p>Record review of CNA C's NAR. Certificate registry date [DATE], revealed CNA Cs certification expired on [DATE].</p> <p>Record review of CNA C's Timecard Report for [DATE]-[DATE], revealed CNA C worked a total of 7 shifts scheduled 10:00pm 6:00am.</p> <p>Attempted interview on [DATE] at 3:20pm with CNA B via phone, the attempt was unsuccessful.</p> <p>Attempted interview on [DATE] at 3:22pm with CNA C via phone, the attempt was unsuccessful.</p> <p>In an interview with CNA A on [DATE] at 3:25pm revealed she was responsible for notifying HR and the Administrator when licensed expired. CNA stated she did not inform staff that her license had expired.</p> <p>In an interview on [DATE] at 4:00pm, the DON stated HR was expected to complete background and registry checks routinely. The DON stated background checks and registry checks should be completed prior to hire and annually once hired. The DON stated staff were responsible for notifying HR that their licenses/certifications are expired. The DON stated the risk of staff working with an expired license or certification can result in incompetent staff, residents at risk for abuse and neglect, and a lack of quality of care.</p> <p>In an interview with the Administrator on [DATE] at 4:40pm, the Administrator stated HR was responsible for completing background checks and registry checks prior to hire and annually once hired. The Administrator stated an HR coordinator was just hired 30 days ago. The Administrator stated it was the responsibility of the staff to notify HR that their license or certification has expired or close to being expired. The Administrator stated completing checks annually was how the facility monitors criminal history, expired licenses, and certifications. The Administrator stated if an aide's certification was expired or close to expiring, it was their responsibility to renew their certification. The Administrator stated if an aide's certification is expired, an aide cannot perform duties until their certification is renewed. The Administrator stated CNA A, CNA B, and CNA C's certifications expiration dates were [DATE] and [DATE]. The Administrator stated the risk of staff working with an expired license or certification can cause a lack of skills and affect the quality of care the resident would receive. The Administrator stated staff working with an expired license or certification can result in termination.</p> <p>A policy for nurse aide registry verification was requested from the Administrator on [DATE] but was not received at the time of exit.</p>		