

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

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455835	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Interlochen Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2645 West Randol Mill Rd Arlington, TX 76012	
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to incorporate the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care for 2 of 6 (Resident #1 and Resident #2) residents reviewed for PASARR. The facility failed to complete and accurately request for PASARR specialized services within the 20-day time frame for Resident #1 and Resident #2 after their Interdisciplinary Team meeting on 4/20/26. This failure could place residents at risk of not receiving needed treatment and services. Findings include: 1. Record review of Resident #1's face sheet, dated 7/23/26, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had the following pertinent diagnosis of Mild Intellectual Disabilities (conditions that are marked by slower learning speeds and some trouble with daily life skills). Record review of Resident #1's MDS Quarterly Assessment, dated 4/18/26, reflected Resident #1 had a moderate cognitive deficit with a BIMS of 8. Record review of Resident #1's Care Plan, with a revision date of 5/6/26, reflected [Resident #1] has Intellectual Developmental Disabilities & Developmental Disabilities and is PASARR positive Date Initiated: 05/06/2026 Revision on: 05/06/2026 [Resident #1] will have the specialized services recommended by local authority per PASARR Specialized Services program as needed. Date Initiated: 05/06/2026 Revision on: 05/19/2026 Target Date: 07/22/2026 Specialized Services will be provided per PASARR recommendations. 04/20/2026 [Resident #1] will receive Habilitation Coordination Services through Intellectual Developmental Disabilities Specialized Services. Date Initiated: 05/06/2026 Revision on: 05/19/2026 The Local Authority will be invited Annually to the care plan meeting for review of Specialized Services Date Initiated: 05/06/2026. Record review of Resident #1's Habilitative Service Plan, dated 4/28/26, reflected the following approved PASARR services: Customized Wheelchair, Physical Therapy Assessment, Occupational Therapy Assessment, Speech Therapy Assessment, Physical Therapy Service, Occupational Therapy Service and Speech Therapy Service. An interview and observation with Resident #1 on 7/23/26 at 8:56am revealed she was unable to answer any questions about her services due to her intellectual functioning and not answering the questions coherently. Resident #1 was observed in therapy at the time of the interview. 2. Record review of Resident #2's face sheet, dated 7/23/26, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #2 had the following pertinent diagnosis of Mild Intellectual Disabilities (conditions that are marked by slower learning speeds and some trouble with daily life skills). Record review of Resident #2's Comprehensive MDS Assessment, dated 4/6/26, reflected Resident #2 was unable to complete a BIMS assessment due to rarely being understood. Record review of Resident #2's Care Plan, with a revision date of 7/10/26, reflected [Resident #2] has Mental Illness, Intellectual Disability, or Developmental Disabilities and is PASARR positive Date Initiated: (continued on next page)		

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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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	03/31/2026 Revision on: 07/10/2026 [Resident #2] will have the specialized services recommended by local authority per PASARR SpecializedServices program as needed. Date Initiated: 03/31/2026 Revision on: 05/19/2026 Target Date: 07/08/2026 Specialized Services of Habilitation Coordination will be provided per Local Authority recommendations. Date Initiated: 03/31/2026 Revision on: 05/19/2026 The Local Authority will be invited Annually to the care plan meeting for review of Specialized Services. Date Initiated: 03/31/2026. Record review of Resident #2's Habilitative Service Plan, dated 4/28/26, reflected the following approved PASARR services: Customized Wheelchair, Physical Therapy Assessment, Occupational Therapy Assessment, Speech Therapy Assessment, Physical Therapy Service, Occupational Therapy Service and Speech Therapy Service. An interview and observation with Resident #2 on 7/23/26 at 9:49 a.m. revealed he was unwilling to speak to surveyor when approached. Resident #2 moved his hand back and forth and yelled no no when asked if he could answer a few questions. An interview with the Interim DOR on 7/23/26 at 12:23 p.m. revealed she had been interim DOR since 5/18/26 and was not aware Resident #1 and Resident #2 qualified for PASARR level services. The Interim DOR stated she had not attended the Interdisciplinary meeting for Resident #1 and Resident #2 on 4/20/26. The Interim DOR stated she was made aware of their approval for PASARR services at their quarterly Interdisciplinary Meeting held on 7/10/26 by the Local Authority case manager. The Interim DOR stated Resident #1 had been receiving Occupational Therapy, Physical Therapy and Speech Therapy since she was admitted to the facility under Medicare Part B and stated she was transitioning out of Medicare Part B and would start PASARR paid therapy in August of 2026. The Interim DOR stated because the resident was still making progress in therapy she would continue on Medicare Part B until she met her baseline then she would start PASARR therapy. The Interim DOR stated she had not scheduled Resident #1's PASARR evaluations for Physical therapy, Occupational Therapy or Speech Therapy because Resident #1 was not at her baseline of functioning and needed to transition off of Medicare before she completed the evaluations. The Interim DOR stated she was not aware the facility was out of compliance until the evaluations were completed as she believed she had 30 days to complete them from the Interdisciplinary Team Meeting and it had not been 30 days yet since the meeting. The Interim DOR stated the Local Authority confirmed at the Interdisciplinary Meeting on 4/20/26 that she had 30 calendar days to complete the therapy evaluations. The Interim DOR stated she was not aware if the appropriate referrals were made for PASARR after the interdisciplinary meeting on 4/20/26. The Interim DOR stated she was not present at the Interdisciplinary Meeting for Resident #2 on 4/20/26 and was not aware if the referrals were made for PASARR services, however she was present at the Interdisciplinary meeting on 7/10/26 and Resident #2 refused the PASARR services. The Interim DOR stated she had not documentation of the refusal but the case manager from the Local Authority had noted it. The Interim DOR stated she was not aware of how the Local Authority person coded his last meeting, but the facility rehab was in the process of discharging Resident #2 from therapy due to him refusing services. The Interim DOR stated she was only able to convince Resident #2 to accept the specialized wheelchair through PASARR and stated she reached out to the provider the day after the interdisciplinary meeting to request they come to measure the resident and stated it had already occurred. The Interim DOR stated Resident #2 had been receiving Occupational Therapy, Physical Therapy and Speech Therapy since he was admitted to the facility. The Interim DOR stated she had also initiated the customized wheelchair request under PASARR for Resident #2 on 7/11/26. The Interim DOR stated she was not aware she did not have an additional 30 calendar days to complete the therapy evaluations for PASARR after the quarterly Interdisciplinary Meeting. The Interim DOR stated she had gotten on the job training on PASARR services at another facility and was how she (continued on next page)		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	learned about PASARR and how to complete the process. The Interim DOR stated she had never been in this position because she always completed the evaluations for therapy for PASARR positive residents immediately after their initial Interdisciplinary Meeting. The Interim DOR stated she not having had PASARR services had not affected the residents because they were receiving more the 3 therapies through Medicare more frequently than allowed on PASARR. The Interim DOR stated the only negative effect on the residents was they were delayed in getting the customized wheelchair and the process to get the customized wheelchair could have started back in April 2026. The Interim DOR stated it was the responsibility of the previous DOR to initiate the process for PASARR after 4/20/26 and because he was no longer at the facility she was unable to state the reason the process was done incorrectly. An interview with MDS Nurse Coordinator A on 7/23/26 at 12:59 p.m. revealed she attended the Interdisciplinary Team Meetings for the residents and inputted the referral information in the Local Authority portal when a resident qualified for PASARR services. MDS Nurse Coordinator A stated the Local Authority case manager would develop the Habilitative Plan during the Interdisciplinary Team Meeting and the case manager would send it to the facility to upload it to the medical record. MDS Nurse Coordinator A stated it was the responsibility of the facility's therapy department to provide the appropriate evaluations and input them into the Local Authority portal for PASARR positive residents. MDS Nurse Coordinator A stated Resident #1 and Resident #2 had their initial Interdisciplinary Team Meeting on 4/20/26 and stated the DOR, at the time, was present at those meetings. MDS Nurse Coordinator A stated she could not see any referrals for services in the portal for Resident #1 and Resident #2 and could not say if the previous DOR completed the evaluations for those residents. MSD Nurse Coordinator A stated Resident #1 had her quarterly Interdisciplinary Team Meeting on 7/10/26 and the Interim DOR was present at the meeting. MDS Nurse Coordinator A recalled being at Resident #2's Interdisciplinary meeting and he refused services. MDS Nurse Coordinator A stated if residents were not referred appropriately for PASARR services the residents could have missed out on state services they may need. Record review of the facility's policy PASARR Level 1 Screen Policy and Procedure, revised 3/6/19, reflected .9. Nursing Facility to Nursing Facility Admissions: The discharging facility is the responsible entity and completes a new PAPER copy of the PASARR Level 1 to send with the individual to the new facility. If the individuals PASARR Evaluation is positive the new PASARR Level 1 would remain positive and a new PASARR Evaluation will be completed by the Local Authority. and An Interdisciplinary Team meeting is required and Specialized Services must be reviewed.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, personal and oral hygiene for 1 of 6 residents (Resident #3) reviewed for ADLs. The facility failed to assist Resident #3 timely with getting out of bed when requested on 7/23/26. This failure could place residents at risk of skin breakdown and affect their dignity and self-esteem. Findings Include:Record review of Resident #3's face sheet, dated 7/23/26, reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #3 had the following pertinent diagnoses: morbid obesity (weighing 100 pounds or more of your ideal body weight), anxiety disorder (intense, excessive, and persistent worry, fear or dread that are hard to control and interfere with daily life), low back pain, constipation and hypertension (high blood pressure). Record review of Resident #3's Quarterly MDS Assessment, dated 6/8/26, reflected Resident #3 was moderately cognitively impaired with a BIMS of 8. Section GG reflected Resident #3 was dependent on staff for all transfers. Record review of Resident #3's Care Plan, revised on 5/21/26, reflected .[Resident #3] has an ADL Self Care Performance Deficit Date Initiated: 05/05/2026 Revision on: 05/21/2026 Will maintain or improve current level of function through the review date. Date Initiated: 05/05/2026 Revision on: 05/21/2026 Assist with personal hygiene as required: hair, shaving, oral care as needed Date Initiated: 05/05/2026 Bathing: requires staff x2 for assistance Date Initiated: 05/05/2026 Bed Mobility: requires staff x2 for assistance Date Initiated: 05/05/2026 Discuss with family/POA care any concerns related to loss of independence, decline in function. Date Initiated: 05/05/2026 Revision on: 05/21/2026 Praise all efforts at self-care. Date Initiated: 05/05/2026 Physical Therapy/Occupational Therapy evaluation and treatment as per Medical Doctor's orders. Date Initiated: 05/05/2026 The resident is NPO Date Initiated: 05/05/2026 Toilet use: requires staff x2 for assistance Date Initiated: 05/05/2026 Encourage the resident to discuss feelings about self-care deficit. Date Initiated: 05/05/2026 Encourage the resident to participate to the fullest extent possible with each interaction. Date Initiated: 05/05/2026 Encourage the resident to use bell to call for assistance. Date Initiated: 05/05/2026 Monitor/document/report to Medical Doctor PRN any changes, any potential for improvement, reasons for self-care deficit, expected course, declines in function. Date Initiated: 05/05/2026. An interview and observation of Resident #3 in her room on 7/23/26 at 9:36 a.m. revealed she was in bed and had not been out of her bed yet. Resident #3 had her oxygen mask on, and it was difficult to understand her. Resident #3 had a family member on the phone on speaker at the time of the interview. Resident #3's family member stated she was concerned the facility left her loved one in bed all day and had not been getting her out of the bed frequently. The relative of Resident #3 stated she wanted her family member out of bed early at least by 9:00 a.m. and returned to bed after lunch. An observation of Resident #3 on 7/23/26 at 11:22 a.m. revealed two staff members were setting Resident #3 up in her wheelchair. The Hoyer lift was observed in the room behind the wheelchair and the staff members stated they had just gotten Resident #3 out of her bed and into her wheelchair. An interview with CNA B on 7/23/26 at 1:29 p.m. revealed Resident #3 liked to get out of the bed sometimes, but the resident's POA wanted her out of the bed more often than the resident requested. CNA B stated it took time to get Resident #3 out of bed because she was a 2 person assist. CNA B stated she was unsure of how long it should take to get Resident #3 out of bed from the time she requested to get out. An interview with CNA C on 7/23/26 at 1:42 p.m. revealed he was the CNA assigned to Resident #3 and had assisted in transferring Resident #3 out of her bed into (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	her wheelchair. CNA C stated Resident #3 asked him at about 8:20 a.m. when he was bathing her roommate, when he was going to get her out of the bed. CNA C stated he had gotten Resident #3 out of bed around 11:00 a.m. CNA C stated he told Resident #3 he would get her out of her bed when he was done bathing her roommate. CNA C stated he bathed all the residents he was assigned to first then he assisted them with getting them out of their bed. CNA C stated Resident #3 required a 2 person assist with Hoyer Lift and therefore it took him longer to get her out of bed. CNA C stated he did not believe Resident #3 was affected by waiting 3 hours to get out of bed because he explained when he would assist her. CNA C repeated he explained to Resident #3 he would get her out of bed once he finished bathing her roommate and therefore, she should not have been upset about waiting 3 hours to get out of bed. An interview with CNA D on 7/23/26 at 2:02 p.m. revealed she assisted CNA C with transferring Resident #3 out of her bed into the wheelchair around 11:00 a.m. CNA C stated Resident #3 required two people and the Hoyer lift to get her out of bed. CNA C stated it was typical for Resident #3 to have been out of bed by 11:00 a.m. CNA C stated Resident #3 was usually out of bed by 11:00 a.m. because that was when the CNAs were available to help her out of bed. CNA C stated the CNAs had a lot of other residents and must meet their needs as well. CNA C stated Resident #3 never asked her personally to get her out the bed before 11:00 a.m. but her POA has requested Resident #3 be out of bed early. CNA D stated a resident waiting for several hours to get out of bed could make the resident unhappy or frustrated. An interview with Resident #3 on the patio on 7/23/26 at 2:43 p.m. revealed she preferred to be out of her bed and out of her room. Resident #3 stated she liked to get out of her bed early in the morning but that had not been happening. Resident #3 stated she had asked her CNA early morning, when he was assisting her roommate, to get her out the bed but had not recalled the time. Resident #3 stated she waited a very long time to get out of bed today but could not state the length of time she waited. Resident #3 stated she had gotten upset several times for having waited so long to get out of bed that she called her relative to complain. An interview with the Interim DON on 7/23/26 at 3:20 p.m. revealed she was covering at the facility that day but was a DON at another facility. The Interim DON stated the Administrator of the facility was not at the facility but was at a conference. The Interim DON stated the expectation for staff was they assisted residents with getting out of bed as soon as they requested if they were not assisting other residents at the time. The Interim DON stated if the staff were busy and would not be available for a long time then the expectation was staff look for someone available to assist the resident with getting out of bed. The Interim DON stated regarding Resident #3, she expected the staff to assist the residents in getting up as soon as they were free. The Interim DON stated the relative of the resident had expressed her concerns to her that morning and she had already started an in-service on timely transfers. The Interim DON stated it was not okay for a staff member to take 3 hours to get a resident out of their bed when they requested it, unless the staff was truly providing the other resident with a bed bath for 3 hours. The Interim DON stated a long wait for a resident to get out could negatively affect their mood and the residents could have felt like staff had not wanted them out of bed. Record review of the facility's Resident Rights policy, with an unknown revision date, reflected The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this policy. A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the residents. The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source		