

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Balch Springs Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  4200 Shepherd LN Balch Springs, TX 75180	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50222</b></p> <p>Based on interviews and record reviews, the facility failed to ensure a resident maintained acceptable parameters of nutritional status, such as usual body weight for one (Resident #99) of seven residents reviewed for nutrition.</p> <ol style="list-style-type: none"> <li>The facility failed to complete an annual comprehensive nutritional assessment or a nutrition assessment after identified weight loss by the dietician on 8/12/2024 per facility policy.</li> <li>The facility failed to implement dietary recommendations on 8/12/2024 that included ordering a magic cup and obtaining weekly weights for four weeks.</li> </ol> <p>These failures could place residents at risk for unplanned weight loss and place them at risk of not having their nutritional needs met.</p> <p>Findings included:</p> <p>Record review of Resident #99's Comprehensive MDS assessment dated [DATE] revealed Resident #99 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of muscle wasting and atrophy (decrease of muscle mass), dementia, and heart failure. Section C of the MDS assessment revealed a BIMS score of 00 (indicated severe cognitive impairment). Section K of the MDS assessment did not indicate a weight loss of 5% or more in the last month or a loss of 10% or more in the last 6 months.</p> <p>Record review of Resident #99's care plan with a revision date of 9/17/2024 revealed Resident #99 had a nutritional risk and interventions included for a registered dietitian to evaluate and make diet/supplement changes. The care plan also revealed supplements should be provided as ordered.</p> <p>Record review of Resident #99's nutritional assessments revealed the last comprehensive nutritional assessment was completed on 8/02/2023.</p> <p>Record review of Resident #99's progress note dated 8/12/2024 at 11:30 a.m. written by Dietician E revealed Resident #99 had an unintended weight loss with a goal to prevent further significant weight loss. This progress note also revealed Resident #99's weight was 176 lbs. on 8/07/2024. Interventions listed included to start magic cup with every lunch and dinner and to obtain weekly weights for four weeks.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #99's weight records from 8/12/2024 to 9/12/2024 revealed weights were not obtained weekly after 8/12/2024. Weights obtained included:</p> <p>8/21/2024 177.6 lbs.</p> <p>9/06/2024 174.6 lbs. (loss of 3 lbs. or 1.7%)</p> <p>Record review of Resident #99's physician orders on 3/06/2025 revealed there were no orders entered for a magic cup or to obtain weekly weights after 8/12/2024.</p> <p>In an interview on 3/05/2025 at 1:09 p.m., the Dietary Manager reported the dietician visited the facility every week. The Dietary Manager stated the dietician assessed the residents quarterly or if there were any changes. The Dietary Manager reported that the dietician would document the assessments on the computer under assessments and would write notes under the progress notes. The Dietary Manager stated if a resident was not eating or drinking well then the dietician would order supplements, and a magic cup was a supplement. The Dietary Manager stated if dietary recommendations were not followed then the residents could lose weight. The Dietary Manager stated she did not remember if Resident #99 had difficulty drinking fluids or a decreased appetite. The Dietary Manager reported that Resident #99 was assessed by her and the dietician, but the dietician was responsible for documenting the assessment.</p> <p>In an interview on 3/06/2025 at 11:16 a.m., ADON C reported the dietician came to the facility every week or two and assessed the residents. ADON C stated if the dietician discovered any changes, then the dietician would relay the information to the nurses. ADON C stated then the nurses would notify the doctor and obtain an order. ADON C reported that a magic cup is ice cream and if the dietician recommended a magic cup, then an order would be obtained. ADON C stated once an order for the magic cup was entered then it would show up on the TAR for the nurses to ensure it was administered. ADON C stated the dietician may order a magic cup for weight loss or if a resident was not eating well. ADON C reported she monitored and ensured orders were put in for dietary recommendations. ADON C was not asked the risk of not following the dietary recommendations.</p> <p>In an interview on 3/06/2025 at 11:55 a.m., the DON reported the dietician would send recommendations to the DON. The DON reported she would enter an order to obtain weekly weights and an order for a magic cup. The DON stated she ensured the orders were put in and if dietary recommendations were not followed then it could affect the resident's weight and wound healing. The DON was unsure how frequently nutrition assessments had to be completed but stated she would verify since she was new at the facility.</p> <p>In an interview on 3/06/2025 at 12:38 p.m., Dietician E stated she would email dietary recommendations to the DON, ADON, and the dietary manager. The dietician stated the DON, ADON, and dietary manager were responsible for ensuring the recommendations were implemented. Dietician E reported she expected recommendations to be followed. Dietician E stated she documented assessments on the computer under nutrition assessments and wrote notes in the progress notes section. Dietician E stated nutritional assessments were completed at the time of admission, readmission, annually, and if at risk. Dietician E stated she ensured that assessments were done. Dietician E reported weekly weights and magic cups were ordered for residents at risk for weight loss. Dietician E was not asked about Resident #99.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 3/06/2025 at 2:34 p.m., the DON reported nutritional assessments were expected to be completed on admission and yearly. The DON stated if they were not completed then they may miss a resident who was at nutritional risk. The DON stated that the dietician and the DON were responsible for ensuring all assessments were done for all the residents.</p> <p>Record review of facility's policy titled, Nutrition Documentation Instructions, updated February 2021, revealed The sooner interventions can be started the better results we can obtain for these residents. Table 1 on this policy revealed If weight loss or eating poorly . Refer to RD for nutrition assessment and under the Time Frame on this table revealed, On admission, annually and significant change of condition. In the same time frame as Comprehensive MDS.</p>		