

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/13/2026
NAME OF PROVIDER OR SUPPLIER South Dallas Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3808 S Central Expwy Dallas, TX 75215	
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 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the activities program is directed by a qualified professional. Based on interview and record review the facility failed to ensure the activities program was directed by a qualified professional who was a qualified therapeutic recreation specialist or an activities professional who was licensed or registered by the State in which practicing to provide activities for 1 of 1 facility reviewed for qualifications of activity professionals. The facility failed to ensure they had a qualified Activities Professional to direct their activities program. This deficient practice could place residents at risk of not receiving approaches that were individualized to match the skills, abilities, and interests/preferences of each resident. Based on interview and record review the facility failed to ensure the activities program was directed by a qualified professional who was a qualified therapeutic recreation specialist or an activities professional who was licensed or registered by the State in which practicing to provide activities for 1 of 1 facility reviewed for qualifications of activity professionals. The facility failed to ensure they had a qualified Activities Professional to direct their activities program. This deficient practice could place residents at risk of not receiving approaches that were individualized to match the skills, abilities, and interests/preferences of each resident. The findings were: Interview on 07/13/26 at 02:35 PM with the BOM, she stated that due to the facility not having an AD, she kept the residents busy and did activities with them. The BOM stated if it was something the residents did not want to do listed on the activity calendar; she would switch out the activity. The BOM stated the DOR assisted her with physical exercises. The BOM stated because residents could become restless, she volunteered to do activities. The BOM stated she asked residents during the Resident Council Meeting what they preferred to do. The BOM stated that without having an AD to oversee activities, there was a potential for residents to become bored from not having any activities to do. Interview on 07/13/26 at 03:00 PM with the DOR, she stated the facility did not have a qualified AD. The DOR stated she oversaw and worked with the BOM to ensure there was engagement despite the residents' ability. The DOR stated she ensured the facility had appropriate items to ensure the safety of the residents. The DOR stated she participated two to three times a week and on other days they did one-on-one activities. The DOR stated during the resident council meetings, they collected input from the residents and based the activities off what the residents wanted to do. The DOR stated once the prior AD left, the facility had someone from another department step in to get licensed, but that person decided to leave. The DOR stated as a result of not having a licensed AD, the residents' might not receive activities centered to meet their individual needs. In an interview on 07/13/26 at 3:25 PM with the ADM, a policy reflecting the requirements of an AD was requested, but not provided prior to exit. Interview on 07/13/26 at 03:50 PM with the ADM, he stated they had not had an AD for 2 months. The ADM stated when the AD quit, he replaced her with a dietary aide, and had the dietary aide sign up to become certified, but it did not work out. The ADM stated the BOM and the HRD did activities with the residents. The ADM stated he met with the residents to see what they wanted to do. The ADM stated as of today the DOR would officially start (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 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	covering activities. The ADM stated the BOM would manage the activities under the DOR. The ADM stated the DOR would create a check-off list for the BOM until they could secure an appropriate AD. The ADM stated today (07/13/26), he listed another advertisement for an AD on an employment site. The ADM stated he understood the activities program required a qualified AD to direct the program so the residents could receive specialized activities to meet their needs. The ADM stated the worse that could happen would be a potential for boredom. Record review of the facility's policy, Activity Programs, revised August 2006, reflected: Policy Statement: Activity programs designed to meet the needs of each resident are available on a daily basis. Policy Interpretation and Implementation1. Our activity programs are designed to encourage maximum individual participation and are geared to the individual resident's needs.3. Our activity programs consist of individual and small and large group activities that are designed to meet the needs and interests of each resident.9. Adequate space and equipment are provided to ensure that needed services identified in the resident's plan of care are met. Record review of the facility's policy, Activities and Social Services, revised December 2006, reflected: .5. Should a resident be considered to lack sufficient decision making capacity, mental incompetence, or physical capacity to participate in Activity and Social Service Programs, the Activities or Social Services Staff will document the reasons for any limitations in the resident's medical record (chart).		