STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675754	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Traymore Nursing Center	4315 Hopkins Ave Dallas, TX 75209

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28637 Based on interviews and record review, the facility failed to assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months for 2 of 8 residents (Residents #31 and #84) reviewed for quarterly assessments. 1. The facility did not ensure Resident #31's Quarterly MDS Assessment, dated 6/3/24, was completed within 92 days of the previous assessment. 2. The facility did not ensure Resident #84's Quarterly MDS Assessment, dated 5/30/24, was completed within 92 days of the previous assessment. These failures could place residents at risk of not having their assessments completed timely. Findings included: 1. Record review of Resident #31's Admission Record, dated 6/20/24, revealed she was a [AGE] year-old female admitted to the facility on [DATE]. Record review of Resident #31's annual MDS assessment dated [DATE] revealed she had diagnoses including Non-Alzheimer's dementia, Multiple Sclerosis (disease affecting the nervous system), anxiety, depression, repeated falls, cognitive communication deficits, and other speech disturbances. Record review of Resident #31's EHR revealed there were quarterly MDS assessments dated 6/3/24 and 7/1/24. Both assessments reflected their status was In-Progress and had not been completed or transmitted to the CMS system. Her most recent completed assessment was an Annual MDS assessment completed on 2/16/24. 2. Record review of Resident #84's Admission Record dated 6/20/24 revealed she was a [AGE] year-old female admitted to the facility on [DATE]. Record review of Resident #84's quarterly MDS assessment dated [DATE] revealed she had diagnoses including anemia (low red blood cell count affecting the ability to carry oxygen), hypertension (high blood pressure), Alzheimer's disease, fractures, and muscle weakness. (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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #84's EHR revealed her quarterly MDS assessment dated [DATE] reflected the status was In-progress and had not been completed or transmitted to the CMS system. Her most recent completed assessment was a quarterly MDS assessment dated [DATE]. In an interview on 6/20/24 at 10:10 AM, MDS LVN A stated she had not yet completed Resident #31's quarterly MDS assessment. She stated she moved the date out in order to capture rehabilitation minutes and needed to clarify the minutes before she could enter the data. When asked about Resident #84's assessment, MDS LVN A stated she had completed her assessment on 6/19/24 and was waiting for a signature. She stated she had missed getting Resident #84's quarterly assessment completed on time. MDS LVN A stated the risk of late or missed assessments was it could affect the residents plan of care, continuity of care, and affect reimbursement. During an interview on 6/20/24 at 10:30 AM, the DON stated she was responsible for signing the MDS assessments upon completion and had noticed some were late on occasion. She stated the risks for late assessments included delays in communication among staff related to assessment components such as ADLs. She stated they risked not getting the most up-to-date information needed during their IDT meetings and it could also affect their reimbursement. During an interview on 6/20/24 at 10:43 AM, the Administrator stated his MDS team was responsible for ensuring the assessments were completed and transmitted on time. He stated he had just been made aware some were late, and they were working to resolve the matter. He stated risks for late assessments included the resident's information may not be updated timely and they could miss a change in condition. He stated the facility's reimbursement could be impacted as well. Record review of the facility's undated policy and procedure titled Resident Assessment, identified as current by the Administrator, reflected the following: It is the policy of this facility to conduct and document, initially and periodically, a comprehensive, accurate, standardized, reproducible assessment of a resident's functional capacity on all residents admitted to the facility. The facility will electronically transmit to CMS resident-entry-and -death-in-facility tracking records required by the RAI; and OBRA assessments, including admission, annual, quarterly, significant change, significant correction, and discharge assessments. This will provide the facility with the information necessary to develop a care plan and to provide appropriate care and services for each resident . Frequency of Clinical Assessments . Quarterly review assessments will be completed not less frequently than once every three months using the quarterly review instrument specified by HHSC and approved by CMS . Automated Data Processing: The facility will complete an MDS for each resident. The facility will encode the MDS data into the facility's assessment software within 7 days after completing the MDS and electronically transmit the encoded, accurate, and complete MDS data to CMS within 14 days after completing the MDS

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37193 Based on observations, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infection for 1 of 5 residents (Resident #9) reviewed for infection control. CNA D did not change her gloves or wash her hands while providing incontinent care for Resident #9. These deficient practices could place residents at-risk for infection due to improper care practices. The findings included: Record review of Resident #9's face sheet, dated 06/20/2024, revealed an [AGE] year-old female with an admitted [DATE] with diagnoses which included: lack of coordination, contracture to the right hand, cognitive communication deficit, reduced mobility, anxiety, dementia, and muscle wasting and atrophy. Record review of Resident #9's Annual MDS assessment, dated 02/14/2024, revealed Resident #9 had a BIMS score of 8, which indicated moderate cognitive impairment. Resident #9 was indicated to always being incontinent of bowel and bladder. Review of Resident #9's care plan, initiated 01/02/2019, revealed a focus of, Resident requires assist with ADLs due to weakness, right hemiplegia (one-sided paralysis or weakness), intervention, Provide 1 staff member to complete dressing, peri-care, bed mobility, re-positioning, personal hygiene, and bathing needs. Observation on 06/19/2024 at 09:43 AM revealed CNA D provided incontinent care to Resident #9. Resident #9 was in bed. CNA D informed the resident she was going to provide her with incontinent care and gathered the supplies. CNA D completed hand hygiene put on gloves and then started incontinent care. CNA D cleaned the resident with wipes, the resident was soiled with urine. After cleaning the resident, CNA D did not complete any form of hand hygiene or change gloves. She proceeded to apply the barrier cream and then applied the clean brief. After fastening the brief, CNA D then changed her gloves without any form of hand hygiene and proceeded to dress the resident. Interview on 06/19/2024 at 02:35 PM with CNA D revealed she had been in the facility for about 1 month. She stated she had worked in the facility for a short period, and she had been checked off by the lead aide on incontinent care. CNA D stated she was not aware she was supposed to change gloves or complete hand hygiene after cleaning the resident. CNA D stated she had been in-serviced on hand hygiene and infection control. CNA D stated she was supposed to complete hand hygiene and change gloves to maintain infection control. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/20/2024 at 12:51 PM with the DON, she stated while providing incontinent care the staff was to maintain infection control. The DON stated the staff was supposed to complete hand hygiene, after cleaning the resident and before touching the clean brief. She stated infection control and hand hygiene in-service was completed with the staff and incontinent care proficiency was completed by the staff. Review of the incontinent care procedure and proficiency evaluation dated 05/22/2024 reflected CNA D completed the skills check off with a female resident and competency demonstrated. It indicated, . 8. Remove old brief, rolling resident to side, check for any stool. If there no stool, remove gloves and hand sanitize. 9. Apply gloves and place clean barrier (clean towel) under resident. Review of the facility policy undated and titled Hand Washing reflected, . Hand washing is required before and after a procedure that involves direct or indirect contact with a resident, after with any waste or contaminated materials, before handling any food, . or any time the hands are soiled.