

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675783	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER The Villa at Mountain View		STREET ADDRESS, CITY, STATE, ZIP CODE 2918 Duncanville Rd Dallas, TX 75211	
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 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48177</p> <p>Based on observation, interview, and record review the facility failed to provide residents who were unable to carry out ADL activity the necessary services to maintain good personal hygiene for 2 (Residents #1, #2) of 9 residents reviewed for ADL care.</p> <p>The facility failed to ensure Resident #1 and #2 were provided timely incontinent care as needed.</p> <p>These failures could place residents at risk of not receiving personal care services, having decreased quality of life, and skin breakdown.</p> <p>Findings include:</p> <p>Record review of Resident's #1s Face Sheet dated 3-13-2024, showed a [AGE] year-old female, with a BIMS (Brief Interview of Mental Status) score of 11, which shows moderate cognitive impairment, who was admitted to the facility on [DATE]. Resident #1 had a primary diagnosis of polyneuropathy (the simultaneous malfunction of many peripheral nerves throughout the body), type 2 diabetes mellitus with diabetic Neuropathy, gastro-esophageal reflux, cramps and spasms, Weakness, Hyperlipidemia (A condition in which there are high levels of fat particles (lipids) in the blood), and urinary tract infection.</p> <p>In an observation of Hall 200, on 3-13-2024, at 9:20 AM, most of the 200-hall smelled of urine.</p> <p>In an observation/interview of Resident #1, on 3-13-2024, at 6:30 AM, Resident #1 was in bed with a strong smell of urine in the room. Resident #1 revealed she had not been changed, with a wet brief, since 4 AM. Resident #1 stated that when CNA-C works her hall, CNA-C will provide incontinent care for her non-verbal roommate, but not her. At 9:40 AM, Resident #1 pressed her call light to get incontinent care.</p> <p>In an observation/interview on 3-13-2024, at 10:30 AM, Resident #1 still had not received incontinent care. Resident #1's room, still smelled of urine. Resident #1 stated that 10 minutes after she pressed the call light at 9:40 AM, a CNA came into her room, cut off the light, and left the room without providing incontinent care.</p> <p>In an observation of Resident #1s room, on 3-13-2024, at 11:45 AM, revealed Resident #1 received incontinent care.</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 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1s care plan, dated 7-24-2023, revealed resident is totally dependent on staff required a 2 person Hoyer lift to be moved out of bed and that incontinent care be provided every 2 hours.</p> <p>Record review of Resident #1's MDS Screening, revealed Resident #1 needed substantial/maximal assistance with toilet transfers, required partial/moderate assistance (helper does less than half the effort helper lifts, holds, or supports trunk or limbs, but provides less than half the effort), and rated as being frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding).</p> <p>Record review of Resident #2's Face Sheet dated 3-13-2024, showed a [AGE] year-old female, with a BIMS (Brief Interview for Mental Status) (it is a quick snapshot of how well you are functioning cognitively at the moment) score of 15 (which shows no cognitive impairment), who was admitted to the facility on [DATE]. Resident #2 had a primary diagnosis of Muscle wasting, rheumatoid arthritis, muscle weakness, type 2 diabetes mellites, Constipation, contracture of left hand, wheezing, intoxication delirium, vomiting without nausea, unspecified open-angle glaucoma, and indeterminate hypermetropia.</p> <p>In an observation/interview of Resident #2, on 3-13-2024, at 11:20 AM, it was revealed Resident #2 had not had her brief changed since 6:00 AM. There was a strong smell of urine in Resident #2s room. Resident #2 stated many times when she has pressed the call light, an aide comes in the room, turns the light off, leaves the room without providing incontinent care - until about 30 minutes later. Resident #2 stated that the 200-hall has a high percentage need of incontinent care, and the facility needs 2 aides to work that hall to provide timely incontinent care. However, the facility only has one aide for the hall and sometimes they are used in other halls - not just hall 200. Resident #2 said her right hand is paralyzed and cannot pull up her own brief. Resident #2 stated CNA-C, is not a good aide to deal with as she was needing help to fix her brief as it was pinching her after CNA-C provided incontinent care. Resident #2 stated she asked CNA-C to re-adjust the brief and CNA-C told Resident #2 to adjust it herself. Resident #2 stated she asked CNA-C to leave her room. After that incident, when CNA-C is working, CNA-C will not provide incontinent care, pick up resident #2s food tray, and won't provide Resident #2 with water. Resident #2 revealed this makes Resident #2 feel neglected. Resident #2 stated she has developed a rash due to incontinent care not being provided timely. Resident #2 stated she has had to wait up to 10 hours before receiving incontinent care at this facility. Resident #2 stated this makes her feel neglected. Resident #2 pressed the call light at 11:35 AM. Incontinent care was observed to be provided at 11:55 AM.</p> <p>Record review of Resident #2s care plan dated 6-15-2022, stated that Resident #2 needs assistance with ADL care to include incontinent care. Resident #2s care plan revealed the goal for Resident #2 is to maintain a sense of dignity by being clean, dry, odor free, and well-groomed. Resident #2s care plan stated for resident to be turned every 2 hours and use skin protocols with barrier cream.</p> <p>Record review of Resident #2's MDS (Minimum Data Set) ratings, revealed that Resident #2 was Dependent (Helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) for toileting hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with CNA-B, on 3-13-2024, at 12:31 PM, it was revealed that the facility is short staffed especially in the 200-hall. CNA-B stated the 200-hall needs 2 CNAs to keep up with the workload of providing care needed for residents. CNA-B revealed that she believes the urine that has been smelling in Resident #1s room, was probably from her roommate who is non-verbal. CNA-B stated Resident #1s roommate fights staff when staff try to provide incontinent care and it takes 2 people to provide incontinent care. CNA-B said she does not know if the night shift provides incontinent care to Resident #1s roommate because she can be so combative. CNA-B stated she does not believe the night shift are providing timely incontinent care. CNA-B stated she is the CNA who turned off Resident #1s call light at around 9:50 AM, and could not provide incontinent care at the time, because the Administrator pulled her out of the 200-hall to help with 100-hall to provide incontinent care.</p> <p>In an interview with CNA-C, on 3-14-2024, at 11:10 AM, it was revealed CNA-C will not provide incontinent care to a resident if the resident is rude or speaks mean or is abusive to her. CNA-C stated she will switch out with another CNA to provide care for the resident(s) who are rude, mean, or abusive toward her.</p> <p>In an interview with the Administrator, on 3-14-2024, at 2:45 PM, it was revealed that her call light response expectations were in a perfect world not to take over 10 minutes. The Administrator stated call light response becomes neglect by not being conducted. The Administrator stated, just make sure the residents are safe, if staff cannot meet their needs. The Administrator stated that it was the ADON and the DON's responsibility to ensure there was adequate staffing to meet the demands of call lights being used by residents. The Administrator stated if an aide cannot meet the needs, of a resident using a call light, just ensure staff are communicating with residents, at the time, and let them know you will be back later. The Administrator revealed it was everyone's responsibility to respond to call lights. The Administrator's expectations were for CNAs to make rounds for incontinent care every 2 hours. The Administrator stated that if a particular CNA isn't comfortable with providing care for certain residents, she wants to know about it. The Administrator stated if a CNA isn't comfortable with providing call light response to a resident, they will assign that particular room to another aide.</p> <p>Review of an article from International Continence Society, file:///C:/Users/TCodd01/Downloads/Skin_Damage_from_Incontinence%20(1).pdf, undated, revealed, .Urine or feces can damage skin if not immediately removed and the affected area thoroughly cleaned and dried. Irritating substances in feces can cause inflammation of the skin .skin damage from prolonged exposure to urine or feces can occur fast - within just a few days .</p> <p>Record Review of the facility's Call Light Policy, dated 6-14-2006, stated the purpose of the call light system is to provide prompt assistance to patients and ensure the system is working.</p> <ol style="list-style-type: none"> 1. Answer all call lights promptly, whether or not you are assigned to the patient. 2. Answer all call lights in a prompt, calm, courteous manner. 3. Never make the patient feel you are too busy to give assistance; offer further assistance before you leave the room . 		