

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 04/11/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45507</p> <p>Based on observation and interview the facility failed to ensure each resident had the right to a safe, clean, comfortable and homelike environment, which included but not limited to receiving treatment and supports for daily living for 4 of 20 Residents (Resident #3, #32, #12, #10) reviewed for environmental concerns.</p> <ol style="list-style-type: none"> The facility failed to clean the restroom in Resident #3 and Resident #32's room. The facility failed to ensure Resident #12 and Resident #10 had a lever on the doorhandle. <p>These failures could place residents at risk by exposing them to an unsanitary and an unsafe environment.</p> <p>Findings include:</p> <p>Record review of Resident #3's face sheet, dated 04/12/2024, revealed a [AGE] year-old female who admitted to the facility on [DATE] with diagnosis of anoxic brain damage and dementia.</p> <p>Record review of Resident #3's Quarterly MDS, undated, revealed a BIMS score of 6, indicating sever cognitive impairment. Further review of the MDS revealed Resident #3 was always incontinent of bowel and bladder.</p> <p>Observation on 04/09/2024 at 11:09 AM revealed a foul odor in room in Resident #3's room. Observation of the bathroom revealed a dried black substance which appeared to be fecal matter on the floor in front of the toilet bowl and on the toilet seat. Attempted interview with Resident #3 was unsuccessful and Resident #32 was not in the room.</p> <p>Record review of Resident #12's face sheet, dated 04/12/2024, revealed an [AGE] year-old female who admitted on [DATE] with diagnosis of unspecified dementia.</p> <p>Record review of Resident #12's Annual MDS, undated, revealed a BIMS of 14, indicating intact cognition.</p> <p>Record review of Resident #10's face sheet, dated 04/12/2024, revealed [AGE] year-old female who admitted on [DATE] with a diagnosis of bipolar disorder.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #10's Annual MDS, undated, revealed a BIMS score of 9, indicating moderate cognitive impairment.</p> <p>Observation and interview on 04/09/2024 at 11:29 AM, in Resident #12 and #10's room, revealed the lever on the inside of the room door was missing. There was no knob or handle to turn and the door was hard to open from the inside when closed. Resident #12 stated they (Resident #12 and Resident #10) leave the door open and do not close it at night. Resident #12 stated the lever had been missing for a while, but it did not bother her. She stated no one came in the room but the nurse and she pulled the curtain for privacy. Resident #10 was not interviewable.</p> <p>Interview on 04/12/2024 at 2:01 PM, the DON stated if there were feces on the ground that was not cleaned up the risk would be touching or stepping on it. The Administrator stated Resident #32 utilized the bathroom, and Resident #3 would not go to the bathroom. She stated housekeeping did rounds and rooms were cleaned daily. She stated the CNAs could disinfect and then housekeeping would follow up as well. When asked about 201's door handle, the Administrator stated one resident did not come out of the room and the door handle was fixed immediately upon notification. The Administrator stated she could not confirm how long the lever was missing. The Administrator stated the risk was not being able to open the door to leave in any state of emergency. The Administrator stated the residents in 201 had never mentioned any concerns wanting the door closed and Resident #12 always has the privacy curtain drawn.</p>		