

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675972	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Carrollton Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1618 Kirby Rd Carrollton, TX 75006	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47855</b></p> <p>Based on observations, record reviews and interviews, the facility failed to ensure the resident environment remains as free of accident hazards as is possible and that residents received adequate supervision to prevent accidents for one (Resident #1) resident of five residents reviewed for elopement.</p> <p>The facility failed to provide Resident#1 with adequate supervision to prevent him from eloping from the facility on 01/04/24. Resident #1 was able to leave the building without staff being aware that he left the building early morning on 01/04/24 and made it down the street, approximately 2/10ths of a mile from the facility.</p> <p>It was determined a past non-compliance Immediate Jeopardy existed from 01/04/24 to 01/05/24. The Immediate Jeopardy was determined to have been removed on 01/05/24 due to the facility's implemented actions that corrected the non-compliance.</p> <p>This failure placed residents at risk for harm and /or serious injury.</p> <p>Findings included:</p> <p>Record review of quarterly MDS assessment for Resident #1, dated 12/08/2023 reflected the Resident was a [AGE] year old male who admitted to the facility on [DATE] with a diagnosis of Schizophrenia, cerebral infarction, limited use of right side and limited use of left side, PTSD , aphasia (language disorder), and need for assistance with personal care. Resident #1 had a BIMS score of 7, which indicated severe cognitive impairment. MDS Section GG reflected Resident#1 required transfer assistance to wheelchair but was independent once in wheelchair.</p> <p>Record Review of Resident #1's Quarterly Care plan dated December 2023 reflected resident was placed on 15minute checks after the 05/06/23 incident but no current special supervision precautions. There were no current checks in place for elopement.</p> <p>Record review of Resident #1's Elopement assessment completed 11/28/2023 scored Resident #1 as low risk for elopement with a score of 4 of 15.</p> <p>Record review of Resident #1's Elopement assessment completed on 01/04/2024 scored Resident #1 as high risk for elopement with a score of 13 of 15. This assessment was completed after the elopement.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675972	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Carrollton Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1618 Kirby Rd Carrollton, TX 75006	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of Provider Investigation Report dated 01/10/2024 reflected a finding of Unfounded for Neglect. Upon the return of the Resident to the facility by a staff member, the facility completed a physical head to toe assessment and the resident had no injuries. He was then placed on 1:1 supervision until transfer to new facility, referrals were placed to facilities with wander guard availability. The doors were checked for proper function, codes to the doors were changed. The facility started education on the elopement policy with all staff and conducted 4 elopement drills over 2 days for each shift.</p> <p>Facility timeline (attached to the Provider Investigation Report)</p> <p>05:35 am Agency LVN notified CNAG that Resident #1 was unable to be located.</p> <p>05:35 am CNA G notified LVN B of Resident #1's possible Elopement.</p> <p>05:36 am LVN B gathered staff and started in house and perimeter search for Resident #1.</p> <p>05:47 am LVN B notified ADON of possible elopement.</p> <p>05:55 am CNA A Returned to the facility with Resident #1.</p> <p>06:00 am Resident #1 assessed and vitals taken.</p> <p>06:05 am Resident placed on 1:1 supervision until discharge.</p> <p>Description Environment; weather 38 degrees. Resident Dressed in red t-shirt, jeans, shoes and socks. In manual wheelchair with orange bag on the back with a cellphone.</p> <p>Record review of progress notes reflected Resident #1 had a previous elopement on 05/06/2023. Resident found in front of the building by a passerby. Resident had been observed in the building 15 minutes prior to being returned to the building. Facility put 15-minute checks in place for 3 days. Facility also requested a psychological assessment and an assessment by the Physician's Assistant.</p> <p>An Interview with CNA D on 03/18/2024 at 3:15 pm revealed the CNA was coming in to work, and night staff was looking for Resident #1. She volunteered to go look for him. She stated she got in her car and found him on the corner about a block away from the facility. She stated that he was on the sidewalk when she saw him. She stated she parked her car and walked him back to the building. She stated that was the second time he had done that. The first time he did it, she was not at the facility. She stated she did not know how he got out of the building. He told her he was going to the store. She stated he did not leave the building regularly. CNA D said they had 1:1 monitoring, and he sat with her most of the time. She said they were able to move him to a sister facility with Wander guard. CNA D said they have a book at the nurses' station with those people (Wander Risks) in it. She stated that none of the residents are exit seeking at this time. The facility did an in-service on elopement and had elopement drills. She stated they watch the residents and doors closer. When the alarms on the doors go off, they have to respond to the alarm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675972	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Carrollton Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1618 Kirby Rd Carrollton, TX 75006	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview with the DON on 03/18/2024 at 4:55 pm. The DON reported they paid staff to monitor Resident #1 one on one. She stated they maintained the one-to-one supervision until the resident left the facility. She stated they spoke with resident and his representative and placed him in their sister facility that has Wander guard. She stated they felt that a facility with Wander guard could better serve the resident's needs. She stated that Resident#1 told them that he wanted to go to the store. She stated that he was not one to sign himself out and leave the facility. She stated that since the incident back in May they had no indication that he would leave the facility. She stated the May incident was around the time his father was admitted to the hospital and had stopped visiting him daily. At that time, he told them he was going to see his father. This time there was no explanation or indication that Resident#1 would leave the building.</p> <p>It was determined these failures placed Resident #1 in an Immediate Jeopardy (IJ) situation from 01/04/24 to 01/05/24. The facility took the following action to correct the non-compliance on 01/05/24.</p> <p>Review of In-service dated 01.4.24 and 01/05/24 reflected All staff attend and the subject matter was regarding Facility policy on elopement, and Reducing the risk for elopement.</p> <p>An interview with CNA E on 03/18/2024 at 3:33 pm, revealed she knew Resident #1 and has cared for him. She stated she was not there the morning when he got out. She did not know that he could get out. She had never seen him trying to leave the building. None of the residents try to get out. She stated the last in-service was sometime last month (February 2024), and they get in-services all the time. She stated after Resident#1's elopement they all had to take in services and had drills about preventing elopement.</p> <p>An interview with CNA F on 03/18/24 at 3:45 pm revealed she works the 6am-6pm shift. She stated she does not work the overnight shifts at all. She stated she was not at the facility when Resident #1 eloped. Resident #1 was not exit seeking or trying to leave the building during the shifts she worked prior to his elopement. She stated there was in-service trainings on Elopement and drills after Resident #1 eloped. Now staff watch the doors more closely and do headcounts each shift.</p> <p>An interview with LVN C on 03/18/2024 at 4:20 pm revealed she works 6am-6pm shift. She stated the rotation requires work some weekends too. She revealed that she was aware of Resident#1 eloping. She stated it did not happen on her shift. She stated that she is unaware of any previous issues with him getting out. She stated none of the residents are exit seekers. They have had multiple in services trainings about Elopement, and they also have drills every so often. She stated that they discuss elopement risks during their daily meeting at the start of the shift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675972	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Carrollton Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1618 Kirby Rd Carrollton, TX 75006	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview with the DON on 03/19/24 9:30 am, revealed the facility implemented two in service trainings on 01/04/24. These trainings were for both the 6 am shifts and the 6 pm shifts. The Don stated that they conducted elopement drills for all staff on both shifts on that day. The facility also had an in service and an elopement drill for all staff on 01/05/2024 for both the 6 am and 6 pm shifts as well. She stated the in-service training included the facility elopement policy and additional information on reducing the elopement risk training for all staff. She stated the facility also conducts monthly elopement drills and provided the documentation for all drills to date. The facility has added the elopement policy to the new hire packet and added it to the agency LMF training packet. She reveals that they review elopement in the weekly meetings. She added that none of the current residents exhibit wandering or exit seeking habits. She stated the facility maintains an Elopement Book, this book contains profiles of 7 residents who are known to walk up and down the halls. It also contains profiles of all other residents in the facility who have current wandering assessments in a separate section. The DON provided copies of the in-service training sign in sheets. She was able to provide dates and times of the elopement drills.</p> <p>An Interview with the Administrator on 03/20/2024 at 04:30 PM revealed he personally changed the door codes. He stated the security provider came out and taught him how to change the codes. He stated that he personally changes the codes every so often. He stated at the time of the elopement all doors were in working order. He stated there were no orders or notification of non-working doors. He stated the resident must have gotten the code, but he cannot be sure how he got out of the facility.</p> <p>An observation was made inside the facility on 03/20/2024 at 4:45 pm. There are 6 doors leading to the outside that are accessible to the residents. These 6 doors all have magnetic 15 second delay locks. All of these doors were tested , these doors emit an alarm when the bars are touched. They will not open until the 15 seconds have elapsed, or a code is entered on the keypad. The doors are locked at all times.</p> <p>An observation was made on the exterior of the facility on 03/20/2024 at 7:00 pm, Observation of the surrounding area, parking lot, and streets adjacent to the facility. The facility sits off a residential street with a very large grassy area in front of it. There is a street leading to the facility 75 yards from the door. The street is older with some rough spots, there are cars parked on one side of the street. There is another residential street that crosses the street leading to the facility, it has cars parked on both sides. The main street is about one block from the facility, it is a four lane street. There is an apartment complex on the left side of the facility that extends to the residential street in front of the facility. There is a sidewalk in front of the apartment complex that extends to the four-lane road. Traffic is moderate during the day.</p> <p>Review of Facility Policy's Section Administration Subject Elopement- Exit Seeking Profile , date January 2023 reflected the following:</p> <p>.Procedures:</p> <ol style="list-style-type: none"> <li>1. An Exit seeking profile will be completed for every resident identified as and wander risk. The Exit Seeking Profile will be reviewed annually for continued accuracy.</li> <li>2. Obtain a current photograph of the resident and attach to the page.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675972	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Carrollton Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1618 Kirby Rd Carrollton, TX 75006	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>3. Determine the significant physical characteristics of the resident and record Physical characteristics may include but are not limited to eye color, gait variances or physical deformity</p>		