

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/13/2023
NAME OF PROVIDER OR SUPPLIER Town Hall Estates Arlington Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 824 W Mayfield Rd Arlington, TX 76015	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>42214</p> <p>Based on observation, interview, and record review, the facility failed to ensure that all drugs and biologicals were stored in locked compartments and inaccessible to unauthorized staff, visitors, and residents for 1 (Treatment cart #1) of 5 medication/treatment carts reviewed for medication storage in that:</p> <p>Treatment cart # 1 was left unattended and unlocked.</p> <p>This failure could allow residents, unsupervised access to prescription and over-the-counter medications.</p> <p>The findings included:</p> <p>Observation on 12/13/23 at 11:43 AM revealed Treatment cart #1 was left in the facility's C-hall unlocked and unattended. Upon visual inspection, Treatment cart #1 was observed near the wall with the drawers facing the hallway, the cart had two empty medication blister packs and what appeared to be a personal mobile device on the top. Treatment cart #1's drawers were able to be opened and were observed to contain medications, treatment supplies and treatment scissors. Three staff members and four residents passed treatment cart #1. At 11:46 AM, LVN A exited a nearby resident room, returned to treatment cart #1, secured the cart and pushed it towards the nurse's station.</p> <p>In an interview on 12/13/23 at 11:47 AM, LVN A stated she was assigned to treatment cart #1 and she was not aware the cart was unsecured while she was in a resident's room. LVN A stated she was asked by another staff member to assist with incontinent care and left the cart unlocked. LVN A stated she was trained to lock any medication or treatment cart when not in use. LVN A stated treatment cart #1 contain medications for g-tubes, breathing treatments, over the counter medications and wound treatment supplies. LVN A stated if treatment or medication carts were left unlocked, residents could get into the cart and take medications.</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: 676080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/13/2023
NAME OF PROVIDER OR SUPPLIER Town Hall Estates Arlington Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 824 W Mayfield Rd Arlington, TX 76015	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/13/23 at 2:31 PM, the DON stated LVN A reported the unsecured treatment cart to her prior to her interview with the surveyor. The DON stated it was expected for nursing staff to secure all medication and treatment carts when not in use. The DON stated the security of carts would be the responsibility of all nursing staff but started with the nurse assigned to the cart. The DON stated unlocked and unattended medication and treatment carts could lead to drug diversions. The DON stated she would begin to in-service staff on cart security and medication storage.</p> <p>In an interview on 12/13/23 at 3:41 PM, the Administrator stated the DON notified her about the unlocked treatment cart prior to her interview with the surveyor. The Administrator stated medication and treatment carts should be secured at all times. The Administrator stated drugs could go missing if carts were not secured. The Administrator stated it was the responsibility of all nursing staff to ensure carts were secured at all times. The Administrator stated staff would be in-serviced on medication storage and security and carts would be checked at random to ensure they are secured at all times.</p> <p>Record review of the facility's policy entitled Security of Medication Cart, revised in April 2007, read in part:</p> <p>Policy Statement: The medication cart shall be secured during medication passes. Policy Interpretation and Implementation 1. The nurse must secure the medication cart during the medication pass to prevent unauthorized entry. 2. The medication cart should be parked in the doorway of the resident's room during the medication pass. The cart doors and drawers should be facing the resident's room. 3. When it is not possible to park the cart in the doorway, the cart should be parked in the hallway against the wall with doors and drawers facing the wall. The cart must be locked before the nurse enters the resident's room. 4. Medication carts must be securely locked at all times when out of the nurse's view .</p>		