

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation & Wellness Centre of Dallas LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 Live Oak St Dallas, TX 75204	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 44021</p> <p>Based on observation, interview, and record review the facility failed to ensure each resident had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences for 5 of 8 residents (Resident #'s 45, 18, 17, 9, and 67) reviewed for accommodation of needs, in that:</p> <p>The facility failed to ensure:</p> <p>Residents #'s 45, 18, 17, 9, and 67 had either unwanted facial hairs (Resident #'s 45, 18, and 17 female residents) and or long, dirty, or untrimmed nails (residents #'s 9 and 67).</p> <p>This failure placed residents at risk of not receiving services/care with reasonable accommodation of their needs and preferences, feelings of not being listened to, and depression.</p> <p>Findings include:</p> <p>Record review of Resident # 45's Face Sheet revealed the resident had an original admitted [DATE] with diagnoses which included Cellulitis of right lower limb (Primary, Admission), Cough, unspecified, Acute respiratory failure with hypercapnia (elevated levels of Carbon Dioxide in the blood), Unspecified diastolic (congestive) heart failure.</p> <p>Record review of Resident # 45's MDS dated [DATE] reflected a BIMS score of 15 out of 15, which suggested no cognitive impairment (no difficulty making decisions that affected everyday life and care). Continued review showed substantial/maximal staff assistance for daily care, including personal hygiene.</p> <p>Record review of Resident 45's Care Plan dated 4/16/24 read, in part, [Resident #45] has an ADL self-care performance deficit and requires assistance by staff in all Activities of Daily Living (ADL's), 2 staff members for bed mobility and toileting, 1 staff member for transfers, bathing, dressing, grooming, personal hygiene. Eating with set up tray assist.</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: 676215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation & Wellness Centre of Dallas LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 Live Oak St Dallas, TX 75204	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation in the dining room on 5/29/24 at 12:03 PM, Resident # 45 was sitting up in motorized wheelchair at the dining table. Resident #45's wheelchair was observed to have a frayed right armrest, the resident appeared to have facial hair on and below her chin. She stated that she had noticed that it was frayed and that she would like it to be repaired but did not know who to tell about it. She stated that it did not seem to bother her skin yet. She stated that she had not been told about having facial hair but would very much like it to be shaved off.</p> <p>Record review of Resident # 18's Face sheet revealed the resident had an original admitted [DATE] with diagnosis of Encephalopathy (disorder that affects structure or function of brain), unspecified (Primary, Admission), Cauda equina syndrome (compression of nerves at base of spine), Muscle wasting and atrophy, not elsewhere classified, unspecified site, Muscle weakness (generalized), Cognitive communication deficit.</p> <p>Record review of Resident # 18's MDS dated [DATE] reflected a BIMS score of 12 out of 15, which suggested moderate cognitive impairment. Continued review showed substantial/maximal staff assistance for daily care, including personal hygiene.</p> <p>Record review of Resident # 18's Care Plan dated 5/21/24 read in part, that [Resident #18] has an ADL self-care performance deficit and requires assistance by staff in all Activities of Daily Living (ADL's), 2 staff members for bed mobility and toileting, 1 staff member for transfers, bathing, dressing, grooming, personal hygiene. Eating with set up tray assist.</p> <p>During an observation and interview on 5/28/24 at 10:56 AM, Resident # 18 was observed to be sitting comfortably in a wheelchair, the left armrest on the wheelchair appeared to have cracked and half of the armrest cushion appeared to be missing entirely. The resident's nails appeared to be long and tinged yellow with some dirt under them. The resident stated that he did not like to have long nails and that he wished someone would trim them more often for him.</p> <p>Record review of Resident # 17's Face Sheet revealed the resident had an original admitted [DATE] with diagnoses which included Interstitial pulmonary disease (progressive scarring of the lung tissue), unspecified (Primary, Admission), Urinary tract infection, other speech and language deficits following cerebral infarction, Pneumonia, Acute upper respiratory infection.</p> <p>Record review of Resident # 17's MDS dated [DATE] reflected a BIMS score of 00 out of 15, which suggested severe cognitive impairment. Continued review showed total/maximal staff assistance for daily care, including personal hygiene.</p> <p>Record review of Resident 17's Care Plan dated 5/07/24 read, in part, [Resident #17] has an ADL self-care performance deficit and requires assistance by staff in all Activities of Daily Living (ADL's), 2 staff members for bed mobility and toileting, 2 staff member for transfers, bathing, dressing, grooming, personal hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation & Wellness Centre of Dallas LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 Live Oak St Dallas, TX 75204	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview of on 5/28/24 at 11:13 AM, Resident #17 was observed to have untrimmed, long nails on both hands, the nails appeared to have some dirt accumulation under them. The resident was unable to respond to questions. During the observation of Resident # 17, CNA H entered the room and stated that Resident #17's nails should have been trimmed, she stated that she had seen Resident # 17's nails longer. She denied that the resident or his family had any objection or instructions to keep Resident #17's nails long or untrimmed. She stated that she would trim Resident # 17's nails later that evening when she would administer a bed bath for the resident.</p> <p>Record review of Resident # 9's Face sheet revealed the resident had an original admitted [DATE] with diagnoses of Cerebral palsy, unspecified (Primary, Admission), Diarrhea, Urinary tract infection, site not specified, Depression, Anxiety disorder due to known physiological condition.</p> <p>Record review of Resident # 9's MDS dated [DATE] reflected a BIMS score of 07 out of 15, which suggested severe cognitive impairment. Continued review showed total/maximal staff assistance for daily care, including personal hygiene.</p> <p>Record review of Resident # 9's Care Plan dated 5/07/24 read, in part, [Resident #9] Requires extensive assist of 1 staff member for all ADL functions except eating with set up tray assist. Set-up, assist, give shower, shave, oral, hair, nail care per schedule and PRN.</p> <p>During an observation and interview on 5/29/24 at 12:40 PM, Resident # 9 was observed to have facial hair on her chin, she stated that it would be nice if someone would help her with her chin hairs because she would never want to have them. She stated that none of the staff had mentioned that she had any chin hairs.</p> <p>Record review of Resident # 67's Face sheet revealed the resident had an original admitted [DATE] with diagnoses of Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (Primary), Depression, unspecified, Gastro-esophageal reflux disease without esophagitis (chronic heart burn).</p> <p>Record review of Resident # 67's MDS dated [DATE] reflected a BIMS score of 08 out of 15, which suggested moderate cognitive impairment. Continued review showed minimal staff assistance for daily care, including personal hygiene.</p> <p>Record review of Resident # 67's Care Plan dated 4/24/24 read, in part, [Resident #67] Requires minimal assist of 1 staff member for all ADL functions. ADLs Functional Status/Rehabilitation Potential Residents ADL Functions: Bed Mobility: assist x 1, Transfers: assist x 1, Dressing: assist x 1, Eating: assist x 1, Toileting: assist x 1, Personal Hygiene: assist x 1,</p> <p>Bathing: assist x 1. Assist, give-- shower, shave, oral, hair, nail care per schedule and as needed.</p> <p>During an observation and interview on 5/28/24 at 3:01 PM, Resident #67 was observed to have very long toenails and facial hair consisting of several long hairs on and below her chin. She stated that she thinks a podiatrist came around last month but she was not entirely sure, she stated that she didn't know who to ask to shave off her facial hair but that she did not want facial hair and hoped a staff member could help her with getting rid of the chin hairs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation & Wellness Centre of Dallas LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 Live Oak St Dallas, TX 75204	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 5/30/24 at 3:20 PM with the DON, he stated that residents should have their nails trimmed and female residents should always be offered to have any unwanted facial hair shaved off for them. Long nails could cause injury to residents and male residents may find it embarrassing to have long nails. Female residents should have unwanted facial hair attended too, as having unwanted facial hair could cause the residents emotional harm or embarrassment.</p> <p>Record review of the facility's policy titled Activities of Daily Living dated December 2018, reflected in part .it is the policy of this home to assure residents have their activities of daily living met .Grooming: Encourage residents with nail trimming and grooming .assist residents with shaving .makeup application.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation & Wellness Centre of Dallas LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 Live Oak St Dallas, TX 75204	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44021</p> <p>Based on observations, interviews, and record review, the facility failed to ensure all assistive devices and overbed tables were maintained and free of hazards for three (Residents #9, #18, and #45) of eight residents reviewed for essential equipment.</p> <p>The facility failed to properly maintain wheelchairs for Residents #9, #18, and #45.</p> <p>These failures could place residents at risk for equipment that was in unsafe operating condition, which could cause injury.</p> <p>Findings included:</p> <p>Record review of Resident # 9's Face sheet revealed the resident had an original admitted [DATE] with diagnosis of Cerebral palsy, unspecified (Primary, Admission), Diarrhea, Urinary tract infection, site not specified, Depression, Anxiety disorder due to known physiological condition.</p> <p>Record review of Resident # 9's MDS dated [DATE] reflected a BIMS score of 07 out of 15, which suggested severe cognitive impairment. Continued review showed total/maximal staff assistance for daily care, including use of a wheelchair.</p> <p>Record review of Resident # 9's Care Plan dated 5/07/24 read, in part, [Resident #9] Requires extensive assist of 1 staff member for all ADL functions. Resident requires a wheelchair, Resident sleeps in the wheelchair with bedside table in front of her with a pillow on top.</p> <p>During an observation and interview on 5/29/24 at 12:40 PM, Resident # 9 was observed to have a frayed and cracked armrest on the right side of her wheelchair. Resident #9 stated that she sleeps in her wheelchair and is in it nearly all day and that it would be nice to have a new arm rest to replace the broken one.</p> <p>Record review of Resident # 18's Face sheet revealed the resident had an original admitted [DATE] with diagnoses of Encephalopathy (disorder that affects structure or function of brain), unspecified (Primary, Admission), Cauda equina syndrome (compression of nerves at base of spine), Muscle wasting and atrophy, not elsewhere classified, unspecified site, Muscle weakness (generalized), Cognitive communication deficit.</p> <p>Record review of Resident # 18's MDS 5/09/24 reflected a BIMS score of 12 out of 15, which suggested moderate cognitive impairment. Continued review showed substantial/maximal staff assistance for daily care, including use of a wheelchair.</p> <p>Record review of Resident # 18's Care Plan dated 5/21/24 read in part, that [Resident #18] has an ADL self-care performance deficit and requires assistance by staff in all Activities of Daily Living (ADL's), 2 staff members for bed mobility and toileting, 1 staff member for transfers, bathing, dressing, grooming, personal hygiene. Transfers to and from wheelchair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation & Wellness Centre of Dallas LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 Live Oak St Dallas, TX 75204	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 5/28/24 at 10:56 AM, Resident # 18 was observed to be sitting comfortably in a wheelchair, the left armrest on the wheelchair appeared to have cracked and half of the armrest cushion appeared to be missing entirely. Resident #18 stated that he didn't think that he had not suffered any scratches from the missing part of the armrest on his wheelchair, but that it may be more comfortable if it was replaced.</p> <p>Record review of Resident # 45's Face Sheet revealed the resident had an original admitted [DATE] with diagnoses which included Cellulitis of right lower limb (Primary, Admission), Cough, unspecified, Acute respiratory failure with hypercapnia (elevated levels of Carbon Dioxide in the blood), Unspecified diastolic (congestive) heart failure.</p> <p>Record review of Resident # 45's MDS dated [DATE] reflected a BIMS score of 15 out of 15, which suggested no cognitive impairment (no difficulty making decisions that affected everyday life and care). Continued review showed substantial/maximal staff assistance for daily care, including personal hygiene.</p> <p>Record review of Resident 45's Care Plan dated 4/16/24 read, in part, [Resident #45] has an ADL self-care performance deficit and requires assistance by staff in all Activities of Daily Living (ADL's), 2 staff members for bed mobility and toileting, 1 staff member for transfers, bathing, dressing, grooming, personal hygiene. Eating with set up tray assist.</p> <p>During an observation in Resident # 45 in the dining room on 5/29/24 at 12:03 PM, Resident # 45 was sitting up in motorized wheelchair at the dining table. Resident 45's wheelchair was observed to have a frayed right armrest. She stated that she really hadn't noticed but that it would be nice to have a new armrest for her chair.</p> <p>In an interview on 5/30/24 at 3:05 PM, the Maintenance Supervisor stated that he was responsible for the repair of wheelchairs and if the residents needed other equipment replaced. He stated he kept a maintenance logbook at the nurse's station, but the staff tell him, they do not use the book. The Maintenance Supervisor stated he had not had any staff members tell him about any wheelchairs needing repair. The Maintenance Supervisor stated that if the equipment was not in working ordered it could cause injuries.</p> <p>In an interview 05/30/24 3:20 PM, the DON stated that armrests on wheelchairs that were damaged or missing could cause skin degradation for the resident and that wheelchair armrests should be repaired at all times for the comfort and safety of the residents.</p> <p>Record review of the Maintenance log dated 1/01/2024 through 5/30/2024 at the nurse's station, reflected no entries for wheelchair armrest repair.</p> <p>A review of the facility's policy and procedure Adaptive Devices and Equipment dated December 2022 reflected Policy Statement Our facility maintains and supervises the use of assistive devices and equipment for residents . 6. The following factors and addressed to the extent possible to decrease the risk of available accidents associated with devices and equipment . c. Devices condition-devices and equipment are maintained on schedule and according to manufacturer's instructions. Defective or worn devices are discarded or repaired</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation & Wellness Centre of Dallas LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 Live Oak St Dallas, TX 75204	

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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>44021</p> <p>Based on observation, interview, and record review the facility failed to post the following information on a daily basis: (1) Current date. (2) The total number and the actual hours worked by Register Nurses, Licensed Vocational Nurses, Certified nurse's aides, and Resident census at the beginning of each shift in a prominent place readily accessible to residents and visitors.</p> <p>The facility did not post and maintain the required staffing information from May 23, 2024, to May 28, 2024.</p> <p>This failure could place residents and visitors at risk of not knowing how many nursing staff were on duty and the actual hours worked per shift daily.</p> <p>Findings include:</p> <p>During an observation on 05/28/24 at 9:49 AM, Nursing Staffing Information dated 05/23/24 was posted up in the facility main entrance visible to all residents and visitors.</p> <p>In an interview on 05/28/24 at 9:50 AM, the ADM stated that hours should be posted so that both family members and residents are aware of how many staff might be in the building during each shift. Without that information, residents and visitors may feel that there are not enough staff to sufficiently care for their loved ones .</p> <p>Policy review of a document dated 12/2017 entitled Nursing Policy and Procedure, Posting Nurse Staff Information and Report revealed that It is the policy of this home to post staff information daily.the nurse staffing data must be posted at the beginning of each shift.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation & Wellness Centre of Dallas LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 Live Oak St Dallas, TX 75204	
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 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>44021</p> <p>Based on interview and record reviews the facility failed to maintain documentation and demonstrate evidence of its ongoing QAPI program for 1 of 1 facility reviewed for QAPI.</p> <p>The facility failed to maintain documentation of QAPI meetings prior to June of 2024.</p> <p>This failure placed residents at risk of maintaining and improving safety and quality of life.</p> <p>Findings included:</p> <p>Record review of QAPI meetings revealed: Facility had maintained QAPI meeting minutes from 08/2023 to 02/2024. No signed QAPI team signature sheets were found from 03/2024 to 05/2024.</p> <p>During an interview on 05/29/24 at 1:30 PM, the ADM stated he and the staff had been scouring the ADM office for evidence of previous QAPI meetings with no success. He said he became the temporary ADM in May of 2024, and his staff was unable to locate where the former ADM had placed the meeting minutes or signature sheets.</p> <p>During an interview on 05/30/24 at 1:24 PM, the ADM said that he and the staff was unable to locate any other QAPI documented meetings after Feb of 24 and that he did not have any proof that meetings occurred or were fully attended for the last three months. He stated that without monthly meetings the facility would not be alert to problems and not be able to create resolutions or assess problems and the effectiveness of solutions .</p> <p>Record review of QAPI policy dated 1/12/2027 revealed: The facility will conduct monthly meetings to monitor and evaluate all areas of facility services and practices . Establish systems and processes to maintain documentation relative to the QAPI program, as a basis for demonstrating that there is an effective ongoing program .All attending team members will sign in on the attached sheet at each meeting.</p>		