STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676293	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Park Nursing & Rehabilitation	6825 Harry Hines Blvd Dallas, TX 75235

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46486 Based on observation, interview, and record review the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, for three of six residents (Residents #1, Resident #2, and Resident #3) reviewed for quality of life. The facility failed to answer Resident #1 and Resident #2 call lights in a timely manner. The failure could place residents at risk for complications associated with delayed care such as skin breakdown and dignity issues. Findings included: Record review of Resident #1's Face Sheet dated July 18, 2024, reflected she was a [AGE] year-old female who admitted to the facility on [DATE] with active diagnosis that included Monoplegia (paralysis) of lower limb, type 2 diabetes, major depressive disorder, unspecified mood disorder, anxiety disorder, muscle weakness, Contracture of muscle right upper arm (permanent tightening of muscle fibers that limit movement). Interview on 07/18/2024 at 9:30am Resident #1 stated that staff doesn't come when you pull your call light or if they do come, they come in the room don't ask what you need and will just turn the call light off. Resident #1 stated that on Monday, July 15, 2024, call light was on all morning because Resident #1 needed to be changed, no one (staff) came until second shift. Resident #1 stated she hadn't put in a grievance since April 2024. Record review of Resident #2's Face Sheet dated July 18, 2024, reflected she was a [AGE] year-old female who admitted to the facility on [DATE] with active diagnosis that included Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema, major depressive disorder, anxiety disorder. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676293	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Park Nursing & Rehabilitation	6825 Harry Hines Blvd Dallas, TX 75235

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation and interview on 07/18/2024 at 2:21pm revealed Resident #2 was in her wheelchair in the hallway trying to get the staff attention to use the restroom. She stated she had been in the hallway for over an hour waiting on toileting assistance. She stated while waiting she used the restroom on herself apologized for the smell and stated doesn't enjoying sitting in it. During the interview the ADON F came down told the resident that Admissions Director was coming with Hoyer lift to get her cleaned up. Resident #2 responded to the ADON F that the Admission Director came to check on her and she told her the issue and the admissions director told her she would be right back. Resident #2 stated call lights can take hours to be answered. Resident stated overnight shift was the worse, but also 2-10 pm shift there may only be one CNA (Certified Nursing Assistant) on the hall and the nurses refuse to help. She stated they don't check and change when residents were asleep. At 2:30pm the admission director came to change resident. Resident stated had not put in grievance in a while because I must be here so now, she just waits. During an interview on 07/18/2024 at 4:16pm with LVN (Licensed Vocational Nurse) A stated call lights should be answered immediately by any staff member. LVN A stated she answered call lights as quick as possible, if a call light was not answered then anything could have happened and could be dangerous. The resident pressing the call light has a need for you (staff) to respond and could result in loss of life. During an interview on 07/18/2024 at 4:45 pm with CNA C, who stated it shouldn't take to long for staff to respond to a call light, less than 10 seconds, but she has had had 30 residents by herself with no help. CNA C stated that the Administrator and the DON will help but not the nurses on the floor so, that can cause delayed call light response time. During an interview on 07/18/2024 at 11:57pm with CNA D who stated that most residents don't require CNAs at night only nurses for pain medication, but call lights are answered quickly within minutes. During an interview on 07/19/2024 at 12:33 am with LVN B who stated that he has no call light issues as they conduct rounds every two hours, but expectation was to be answered within five minutes. During an interview on 07/19/2024 at 10:00 am with the DON (Director of Nursing), she stated on an average, response to a call light should be no longer than 15 minutes. She stated the resident could be in pain or he may have had to go to the bathroom. She stated everyone in the facility was responsible for answering call lights. She stated if the staff was not able to fulfill the task, they needed to get someone who was capable to assist as her approach was all hands-on deck. She stated CNAs have complained and residents have told her that nurses not helping answer call lights. Call lights response time was monitored by ambassador rounds, which were held Monday through Friday mornings. After rounds are completed will get with staff to see why needs weren't met. The DON stated she has conducted continuous education for staff on call light response time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676293	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Park Nursing & Rehabilitation	6825 Harry Hines Blvd Dallas, TX 75235

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with the Administrator on 07/19/24 at 11:23 am who stated that call lights can be answered by any staff member to see what the need of the resident was, if the staff member was unable to assist the resident, they go tell staff who was able to assist. Administrator stated call light will stay on until care was provided to the resident. He stated his response to a call light should be reasonable, the facility was not able to provide one on one care and there are times that a CNA could be in one room providing care and the hall nurse was with another resident so it could take 30 minutes, would like 15 minutes and no longer than 20 minutes. He stated CNAs have stated that nurses don't assist with duties of residents. Administrator stated he re-educated nurses that are located at the nurses' station that there was a call light box that tells what call light was on and how long the light has been on. He stated he had educated nursing staff to check the box when at station. Record review of the facility policy for Call Lights reflected It is the policy of this facility to provide the resident a means of communication with nursing staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676293	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Park Nursing & Rehabilitation	6825 Harry Hines Blvd Dallas, TX 75235

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46486 Based on, interview and record review, the facility failed to ensure residents who were unable to carry out activities of daily living received necessary services to maintain personal hygiene for three (Resident #1, Resident #2, and Resident #3) of five residents reviewed for ADLs. The facility failed to provide shower/bath ADL care according to resident care plan for June 2024. These failures placed residents at risk of not receiving necessary services to maintain good personal hygiene and decreased self- esteem. Findings included: Record review of Resident #1's Face Sheet dated July 18, 2024, reflected she was an [AGE] year old female who admitted to the facility on [DATE] with active diagnosis that included Monoplegia (paralysis) of lower limb, type 2 diabetes, major depressive disorder, unspecified mood disorder, anxiety disorder, muscle weakness, Contracture of muscle right upper arm (permanent tightening of muscle fibers that limit movement). Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected she had a BMS score of 11, which indicated moderate cognitive impairment. Resident #1 did not have any mood issues, delirium, behavioral symptoms, or rejection of care issues. She had functional limitation in her range of motion on both lower extremities and used a wheelchair for mobility, was always incontinent of urine and always incontinent of bowel. Resident #1 required dependent assistance in bathing and required substantiation/maximum assistance with all areas of mobility (shower/tub transfers, bed transfers, rolling in bed, and sitting and lying in bed). Review of Resident #1's care plan completed on 07/12/24 reflected a focus area under the category ADL Self Care which reflected she needed bathing/hygiene assistance of one staff. An interview with Resident #1 on 07/18/24 at 10:45 AM she stated that she did not get a shower or bed bath Tuesday 07/16/24 and her scheduled days were Tuesdays, Thursdays, and Saturdays. Resident #1 stated she did not know why her CNA (Certified Nursing Assistant) did not provide her with one and no one ever came to tell her why she did not get one. Resident #1 stated, I just figured they were busy and forgot about me. I would like one. They make me feel relaxed and fresh. I don't like not getting one. Resident #1 could not recall the exact date she last received a shower but knew she had not received on the day prior as scheduled. Observation of resident #1 slight bowel movement odor noted on resident #1. Record review of Resident #2's Face Sheet dated July 18, 2024, reflected she was a [AGE] year old female who admitted to the facility on [DATE] with active diagnosis that included Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema, major depressive disorder, anxiety disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676293	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Park Nursing & Rehabilitation	6825 Harry Hines Blvd Dallas, TX 75235

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #2's quarterly MDS assessment dated [DATE] reflected she had a BIMS score of 13, which indicated cognition was intact. Resident #2 did not have any mood issues, delirium, behavioral symptoms, or rejection of care issues. She had functional limitation in her range of motion on both lower extremities and used a wheelchair for mobility, was always incontinent of urine and always incontinent of bowel. Resident #1 required substantial/maximal assistance in bathing and all areas of mobility (shower/tub transfers, bed transfers, rolling in bed, and sitting and lying in bed). Review of Resident #2's care plan completed on 07/12/24 reflected a focus area under the category ADL Self Care which reflected she was dependent on staff to provide bath three times weekly and as needed. An interview with Resident #2 on 07/18/24 at 9:30 AM stated she did not get a shower or bed bath the day prior (Wednesday 07/17/24) and her scheduled days were Mondays, Wednesdays, and Fridays. Resident #2 stated she did not know why her CNA did not provide her with one and no one ever came to tell her why she did not get one. Resident #2 stated, I feel I don't receive them, because they are understaffed. Usually, only one CNA for a hall. I don't like not getting one (shower) and it shouldn't be too hard, because I am supposed to receive bed baths. Resident #2 could not recall the exact date she last received a shower but knew she had not received on the day prior as scheduled. Review of grievance log for the months of June 2024, and July 2024 revealed six residents had submitted grievance regarding not receiving their showers. One grievance submitted by Occupational Therapist on the behalf of a resident #3, which stated that the resident was filthy with dry poop on fingernails, fingers, pants, and socks. The grievance reflected the Resident was so filthy the Occupational Therapist decided to give resident full bath. Record Review of Resident #3 quarterly MDS assessment dated [DATE] reflected he had a BIMS score of 3, which indicated he had severe cognitive impairment. Resident #3 required partial/moderate assistance in bathing and all areas of mobility (shower/tub transfers, bed transfers, rolling in bed, and sitting and lying in bed). An interview with the OT E (Occupational Therapist) on 07/18/24 at 12:39 pm revealed that on June 7, 2024, she went to conduct a resident evaluation on a resident who was in bed preparing to eat breakfast. OT E noticed Resident #3 could not be cleaned up with just wet wipes as the bed was soiled with poop and urine. OT E stated resident #3 was dirty, so she wheeled him into the bathroom and gave him a full bath and put him in wheelchair and brought him to the lobby as his room needed to be cleaned before he got back in bed. An interview with the DON (Director of Nursing) on 07/19/24 at 10:00 am who stated that she was aware that residents had missed their showers on their shower day. She stated she learned about this during morning ambassador rounds that were conducted Monday through Friday. The ambassador rounds give residence opportunity to express how the staff was performing and what their failures were. If resident stated they missed their shower, she would make sure they received one even if fit was not their day. Additionally, she stated the grievance log also has residents who state they missed their shower. The DON stated missed showers are sometimes a result of time issues if residents did activities that day, they may ask the CNA to come back later. The CNAs should follow-up and if resident continued to refuse, they are to inform the nurse. The nurses are to document the refusal. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676293	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Park Nursing & Rehabilitation	6825 Harry Hines Blvd Dallas, TX 75235

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's online charting system, completed by the staff when ADLs were performed reflected no refusals of showers for Resident #1, Resident #2 or Resident #3. An interview with the Administrator on 07/19/24 at 11:23 am stated that CNAs provided showers to residents on their scheduled shower day. CNAs are to document if they noticed abnormalities of the resident on a shower sheet. Once complete with the shower, the shower sheets are provided to the nurses to sign, once signed the Assistant Director of Nursing gathered all forms and brings to the morning meeting to discuss any issues noted. He stated that his nurses have gotten complacent in documenting, he stated he told them that if you don't document it didn't happen. The administrator stated he had implemented shower audit to improve resident showers. Staff were re-educated on importance to document when residents refused. Review of the facility's policy titled, Showering a Resident (not dated), reflected, A shower bath is given to the residents to provide cleanliness, comfort and to prevent body odors.