| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676293 | A. Building<br>B. Wing | 02/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Forest Park Nursing & Rehabilitation | 6825 Harry Hines Blvd<br>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) |
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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the facility's 1 of 1 kitchen reviewed for food safety. The facility failed to ensure food items in the dry storage room were properly stored, sealed, and protected from exposure to air in accordance with professional food service standards. The facility failed to ensure food items in the walk-in refrigerator were properly stored, sealed, and protected from exposure to air in accordance with professional food service standards. The garbage receptacle at the #1 handwashing sink contained items other than paper towels. These failures could place residents at risk for food-borne illness, cross contamination, and infection.During an observation of the #1 handwashing sink's garbage receptacle on 02/17/2026 at 9:29 a.m., the following was revealed: 1 of 2 handwashing sinks had garbage receptacles that contained items other than disposable paper towels, including plastic cups and several tin cans. During an observation of the dry storage room on 02/17/2026 at 9:37 a.m., the following was revealed: 1-large clear plastic press-and-seal bag of colored circled-shaped cereal was exposed to air, had no label identifying the item, had an open date of 02/12/2026, and had a best-by date of 02/28/2026.1 previously opened bag of sandwich bread (1 lb. 8 oz.) had no label identifying the item, had no open date, and had a best-by date of 02/28/2026. The Dietary Manager handled the clear plastic press-and-seal bags; the bags separated without the application of force or resistance. She stated the seals are defective, as they opened with minimal contact. One previously opened bag of hamburger buns (1 lb. 8 oz.) had no open date and had a best-by date of 02/19/2026. 1-large clear plastic press-and-seal bag of edible cake confetti was exposed to air, had an open date of 10/30/2025, and had a best-by date of 01/30/2026. 1-large clear plastic press-and-seal bag of spiral shaped pasta was exposed to air, had no label identifying the item, had an open date of 02/15/2026, and had no best-by date. 4 unopened loaves of bread had no label identifying the item and had no best-by date. The manufacturer's name was the only identifiable information on the label. During an observation of the walk-in refrigerator on 02/17/2026 at 9:54 a.m. revealed the following: 1-large clear plastic press-and-seal bag containing shredded cheese was exposed to air, had an open date of 02/10/2026, and had no best-by date. During an interview on 02/17/2026 at 10:18 a.m., the Dietary Manager stated the two dates on food stored in the dry storage room and walk-in refrigerator reflected the date the product was opened and the best-by date. She reported that all kitchen staff were responsible for labeling and properly sealing food items after opening them. She further stated that serving residents food that was exposed to air or expired could cause them to become sick. During an interview on 02/17/2026 at 10:24 a.m., the Dietary Aide stated the two dates on the food reflected the day it was received and the best-by date. She stated the best-by date was three days after the product was opened. She further stated if improperly sealed or expired food was served to residents, the food could be contaminated with bacteria and residents could become sick. During an observation of the #1 handwashing sink garbage receptacle on 02/18/2026 at 10:06 a.m. the following was revealed: 1 of 2 handwashing sinks had garbage receptacles that contained items other than disposable paper towels, including insulated foil, plastic shrink wrap, and a large empty tin can. During an observation of the<br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | walk-in refrigerator on 02/18/2026 at 10:18 a.m. the following was revealed: The large clear plastic press-and-seal bag from the day prior was no longer in the walk-in refrigerator. During an interview on 02/18/2026 at 10:24 a.m., the Dietary Manager stated the facility received a shipment of supplies on 02/17/2026 and large clear plastic zip-top bags were included in the shipment. During an observation of the #1 handwashing sink garbage receptacle on 02/19/2026 at 12:23 p.m. revealed the following: 1 of 2 handwashing sinks had garbage receptacles that contained items other than disposable paper towels, including styrofoam cups, plastic shrink wrap, and a large empty apple juice carton. During an interview on 02/19/2026 at 12:46 p.m., the Corporate Dietitian stated the two dates recorded on food items stored in the dry storage room and walk-in refrigerator represented the date the product was opened by staff and the manufacturer's Best By date. She reported all dietary staff were responsible for appropriately labeling and sealing food items upon opening. She said that serving food items exposed to air or beyond the manufacturer's expiration date presented a risk for contamination and potential foodborne illness for residents. She added that she oversaw the training of all kitchen staff, and they receive training monthly and as needed. Their last training was a couple of weeks ago. In a record review of the facility's Food Labeling and Dating policy, dated 01.02.2026, revealed VI. Opening a food item can change the storage life of a product. Once a package or container is opened, the item must be labeled with an open by date and use-by date or dated with the use-by or expired on the manufacturer's recommended shelf-life. Section VI A. If the manufacturer does not include a recommended use by or expire date, the dietary staff must determine a use by date for the food item based on the Storage Period table or 7 days. Label the original packaging, Ziplock bag, bin, or container appropriate use by date. Review of the U.S. FDA Food Code 2022 reflected: Definitions 3. Food Receiving and Storage - When food, food products or beverages are delivered to the nursing home, facility staff must inspect these items for safe transport and quality upon receipt and ensure their proper storage, keeping track of when to discard perishable foods and covering, labeling, and dating all PHF/TCS foods stored in the refrigerator or freezer as indicated. Section 6-301.20 Disposable Towels, Waste Receptacle. Waste receptacles at handwashing sinks are required for the collection of disposable towels so that the paper waste will be contained, will not contact food directly or indirectly, and will not become an attractant for insects or rodents. |

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| F 0925<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an effective pest control program for 1 of 1 facility for 119 residents reviewed for pests, Gnats were observed in rooms and hallways on Hall A (first floor), Hall B, (secured unit), and Hall C (second floor), in the facility. This failure could place residents at risk of an increased exposure to pests and vector-borne diseases and infections.Findings included: During an observation on 02/17/2026 at 9:17 a.m., Hall A (first floor) room [ROOM NUMBER] had three gnats crawling in the bathroom sink. During an observation on 02/17/2026 at 9:18 a.m., Hall A (first floor) room [ROOM NUMBER] had five gnats crawling in the bathroom sink. During an observation on 02/17/2026 at 9:30 a.m., a medication cart on Hall A (first floor) had three gnats crawling on top of the cart. During an observation on 02/17/2026 at 9:32 a.m., Hall A (first floor) room [ROOM NUMBER]-2 (bed next to the window) had six gnats crawling on the bedside table. During an observation on 02/17/2026 at 10:07 a.m., Hall B (secured unit) room [ROOM NUMBER] a gnat flew in the room. During an observation on 02/17/2026 at 10:23 a.m., Hall B (secured unit) a gnat in the hallway flew outside of room [ROOM NUMBER]. During an observation on 02/17/2026 at 10:45 a.m., Hall C (second floor) three gnats were on the wall near the doorway to room [ROOM NUMBER]. Further observation revealed three gnats crawling on the wall, next to the window in room [ROOM NUMBER]. During an observation on 02/17/2026 at 10:52 a.m., Hall C (second floor) a gnat flew outside room [ROOM NUMBER]. During a confidential group meeting on an undisclosed date and time with eleven residents revealed eleven residents stated there was a pest control problem concerning gnats. The Gants were in their bathrooms and rooms. The eleven-resident stated they reported to staff and the pest control man treated the drains, but the gnat problem did not improve. During an interview on 02/18/2026 at 8:15 a.m., MA A revealed she had not seen any gnats. MA A stated if she saw pest, she would report to the Maintenance Man. MA A stated there was no book at the nurses' station to write your sightings in, but tell the Maintenance man. During an interview and record review on 02/19/2026 at 8:22 a.m., the Plant Operations Manager and a review of the pest control book revealed the pest control company comes two times a week. The Plant Operations Manager stated the pest control company told him as long as the residents had plants and food in their rooms there would be gnats. The Plant Operations Manager stated he would call the pest control company back out again. Record review of the Pest control logs, dated 12/2025 through 02/2026, revealed one mention of gnats. There was no further documentation to review, only one log. During an interview on 02/18/2026 at 11:10 a.m. with the Administrator he revealed he was aware of a pest problem in the residents' rooms and in other parts of the facility. The Administrator stated he would see that the problem was addressed now that he was aware of the pest still in the facility. Record review of facility provided pest control log revealed, in part, dates and treatments as follows:Treatment dates and services performed: 12-14-2025-Kitchen and Nurse's station had accumulation of food product from damaged goods noted. Instructed staff to remove food product to prevent attraction by pests. evidence of employees eating outside of cafeteria noted and my attract pests. Please instruct the staff, do not to take food outside of cafeteria area, and no open top drinks. 1-11-2026-treated hallways, reception, breakroom, conference room, kitchen, and restrooms. There is a small fly issue (gnats coming from the drains in the dish sink. Instructed employees to regularly clean this sink out to help. Also, rooms need to be better cleaned. Several residents' rooms have food and snacks with open containers in the rooms. 2-13-2026-treated kitchen, dining room, break rooms, resident rooms, nurse's station, and exterior parameters. Serviced insect light stations in the hallways.Species listed in treatment: Flies, rodents, gnats, and occasional invaders. Review of the policy and procedure Pest Control dated revised 08/2020 reflected: To ensure the facility is fress of insects, rodents, and other pests that could compromise the health, safety, and comfort of residents, facility staff, and visitors. The facility maintains an ongoing pest control program to ensure the building and grounds are kept free of insects, rodents, and other pests. |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 of 3 residents (Resident #1) reviewed for care plans:The facility failed to ensure Resident #1's comprehensive care plans reflected that she had refused her medications on and off for the past 2 months. This failure could affect residents by placing them at risk of not receiving care and services to meet their needs. Findings included: Record review of Resident #1's face sheet dated 02/19/2026 revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included congestive heart failure, chronic kidney disease, blindness in right and left eye, chronic obstructive pulmonary disease and chronic viral hepatitis C. Record review of Resident #1's most recent admission MDS dated [DATE] revealed Resident had a BIMS of 15 indicating she was cognitively intact and needed partial to moderate assistance with activities of daily living. Record Review of Resident #1's nurses notes revealed the following: On 01/09/2026, it was documented at 8:19 PM that Resident #1 refused her anti-biotic Cefuroxime for a Urinary tract infection and other scheduled pills for the medication aide. On 01/14/2026, it was documented at 10:58 AM that Resident #1 refused morning medications with the medication aide, but accepted medications from the nurse.On 02/01/2026, it was documented at 6:21 AM that Resident #1 refused all morning medications.On 02/04/2026 it was documented at 8:31 PM that Resident #1 refused all evening medications except Amitriptyline HCl Oral Tablet 25 milligrams. Educated resident on the importance of taking medications, Resident verbalized understanding but refused. On 02/06/2026 it was documented at 8:50 AM that Resident #1 continued to refuse scheduled morning medications from yesterday, nurse provided education and encouraged the resident to adhere to taking her medication, but she continues to refuse. Record Review of Resident #1's comprehensive care plan dated 12/15/2025 revealed there was no care plan to address the refusal of medications until 02/19/2026 when it was brought to the attention of the facility by the surveyor. In an interview on 02/19/2026 at 11:20 AM with MDS Nurse A revealed that she had worked for the facility since September of 2025. She stated that she was notified in the morning clinical meeting of any issues that needed to be care planned. She stated that if the behavior only occurred one time, it should be added to the care plan. She was not aware that Resident #1 had refused her medication. She stated the risk to the residents would be the care plan was not personalized and would not show a true reflection of the resident. In an interview on 02/19/2026 at 11:33 AM with ADON B revealed that she would notify the Physician and the Director of Nurses of any refusals, and she would add it to the care plan but was unsure what the policy was regarding refusals. She was aware that Resident #1 had been refusing her medications. She stated the risk to the resident was that staff wouldn't know if the resident had been educated on the risks of refusing the medication. In an interview on 02/19/2026 at 12:56 PM with DON C revealed that if a resident was refusing medications, her expectation was that it should be reported in the morning meeting so that everyone is aware of the refusal. She stated the risk to the resident was that if it wasn't care planned, then staff were not aware and cannot monitor the resident. Review of the undated facility policy on Care Planning reflected in part, A licensed nurse will initiate the care plan and update as indicated for change of condition, onset of new problems. The IDT (Interdisciplinary Team) will revise the comprehensive care plan as needed at the following intervals:B: As dictated by changes in the residents' conditionD: To address changes in behavior and care |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an Infection Prevention and Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for two (Resident #78, and #124) of four residents reviewed for infection control. The facility MA A failed to disinfect the blood pressure cuff in between vital sign checks for Resident #78, and Resident #124. The facility MA A failed to wash hands prior to eye drops administration to Resident #78. This failure could place residents at risk for spread of infection through cross-contamination. Findings included: Record review of Resident #78's quarterly MDS assessment, dated 11/24/2025, reflected a [AGE] year-old female, admitted [DATE], diagnoses included hypertension (high blood pressure), diabetes (high sugar), and heart failure (weak heart). Resident #78's BIMs score of 14 indicated the resident was cognitively intact and required assistance from one staff for activities of daily living. Record review of Resident #78's consolidated physician orders, dated January 2026 reflected an order dated 01/09/2025, metoprolol Tartrate (high blood pressure) tablet 25mg one tablet by mouth two times a day. Further review revealed physician orders to check blood pressure every shift. Record review of Resident #124's admission MDS assessment, dated 12/12/2026, reflected a [AGE] year-old male, admitted [DATE], diagnoses included hypertension (high blood pressure) and end stage renal disease (kidneys do not function completely). Resident #124's BIMs score of 15 indicated the resident was cognitively intact and required assistance from one staff for activities of daily living. Record review of Resident #124's consolidated physician orders, dated February 2026 reflected an order dated 02/18/2026, losartan potassium (blood pressure) 25mg give one tablet by mouth one time a day, and amlodipine besylate (for high blood pressure) 5mg give one tab by mouth daily. Further review revealed physician orders to check blood pressure every shift, prior to giving blood pressure medications. During an observation on 02/17/2026 at 9:20 a.m., MA A, during medication pass, went to the medication cart and started preparing to perform medication administration for Resident #78. MA A took the blood pressure cuff (machine to check blood pressure) to check Resident #78's blood pressure. MA A did not clean the machine prior to or after using on Resident #78, with germicidal proposal wipes. MA A left the room, went back to the cart, used hand sanitizer documented on the resident's clinical record and began to prepare for the medication pass. MA A prepared the medications after taking the blood pressure, reentered the room of Resident #78 carrying a medicine cup, a box of nasal spray, and a box of eye drops. MA A administered the cup of medications to Resident #78, then administered the nasal spray and, without cleansing her hands, administered the eyes drops to both eyes of Resident #78. MA A collected the boxes and left the room, returned to the medication cart, using hand sanitizer after. During an observation on 02/17/2026 at 9:59 a.m., MA A, during medication pass, went to the medication cart and started preparing to perform medication administration for Resident #124. MA A took the blood pressure cuff to check his blood pressure. MA A did not clean the machine prior to or after used on Resident #78 or Resident #124. MA A left the room, went back to the medication cart, used hand sanitizer, documented on the resident's clinical record and began to prepare for the medication pass. During an interview on 02/17/2026 at 10:30 a.m., MA A stated she was to clean all equipment used before and after use on each resident, to prevent the spread of infection. MA A stated the blood pressure cuff must be cleaned after each usage. MA A stated she guessed she did not clean it in front of you, just got to talking and forgot. MA A stated she used hand sanitizer before and after using the blood pressure cuff. MA A stated she should have cleaned her hands before giving eye drops, she thought about it after the drops were administered. During an interview on 02/18/2026 at 2:24 p.m., the DON stated all direct care staff must clean equipment, including blood pressure cuffs, after having contact with each resident. The DON stated germicidal proposal wipes were available on all medication and treatment carts. The DON stated if the<br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | staff were not cleaning the equipment appropriately this could spread germs to themselves and the residents. Further interview with the DON revealed the staff should always wash their hands and put on gloves before administering eye drops. The DON stated if they did not, it could spread infection to themselves and others. Record review of the in-services given in the past three months (11/2025 through 01/2026) reflected an in-service dated 01/09/2026, for infection control and cleaning of equipment and MA A attended the meeting. Record review of the facility's policy titled, Cleaning & Disinfection of Environmental Surfaces and Equipment, dated revised June 2020, reflected, The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used in the resident's environment. C. non-critical items are those that come in contact with intact skin but not mucous membranes. ii. Non-critical equipment items include bed pans, blood pressure cuffs. iii. Most non-critical items can be decontaminated where they are used . Record review of the facility's policy titled, Hand Hygiene, dated revised June 2020, reflected, . policy: the facility considers hand hygiene the primary means to prevent the spread of infections. Procedure: III. Facility staff follow the hand hygiene procedures to help prevent the spread of infections to other staff, residents, and visitors. V. Facility staff and volunteers must perform hand hygiene procedures in the following circumstances including but not limited to. A. Wash hands with soap and water: . iv. After unprotected (ungloved.) contact with blood, other body fluids, secretions, excretions, mucous membranes, non-intact skin, intact skin. v. after contact with intact and non-intact skin . |