Printed: 07/31/2025 Form Approved OMB No. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Purehealth Transitional Care at Th	r Arlington	800 W. Randol Mill Road, 6th Floor Arlington, TX 76012		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)	
F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Immediately tell the resident, the reetc.) that affect the resident. **NOTE- TERMS IN BRACKETS IN Based on interview and record reviand notify the resident representation to alter treatment significantly for one of the facility failed to notify Reside 2/25/25, 2/26/25, and 2/27/25. It will be lethargic and fatigued throughout to local hospital on 2/28/25 where she the resident's blood pressure was of An Immediate Jeopardy (IJ) was id Administrator at 2:15 PM. While the scope of pattern with the severity lenot immediate jeopardy due to the This failure could place residents a change in their condition, which confirmed in their condition, which confirmed in the facility on [I Record review of Resident #1's facility publis (lower part of hip bone).	esident's doctor, and a family member of HAVE BEEN EDITED TO PROTECT C iew, the facility failed to immediately colive when there was a significant changine (Resident #1) of five residents review that the physician when the resident's vias also documented and reported to not he week by staff and the resident's fame was diagnosed with sepsis from a UT	of situations (injury/decline/room, ONFIDENTIALITY** 45054 onsult with the resident's physician ie in the resident's condition or need ewed for notification. itals were abnormal on 2/24/25, cursing staff that Resident#1 was hily. Resident #1 was sent to the TI, after the family alerted RN A that J Template was provided to the remained out of compliance at a remore than minimal harm that was ness of the corrective systems. cal attention when there was a d serious injury or death. resident was a [AGE] year-old diagnoses that included: fractured ension (high blood pressure),	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Purehealth Transitional Care at Thr Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 800 W. Randol Mill Road, 6th Floor Arlington, TX 76012	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	had a BIMS score of 15 which sugg GG-Functional Abilities, reflected F to total assistance with ADLs. Furth Resident #1 had occasional urinary not had a UTI in the last 30 days from	ord review of Resident #1's Nursing Home PPS MDS assessment, dated 02/27/25, revealed the a BIMS score of 15 which suggested she was cognitively intact. The MDS Assessment, under Surantional Abilities, reflected Resident #1 required partial assistance with mobility and needed mal assistance with ADLs. Further review of this document, under Section H-Bladder and Bowel, dent #1 had occasional urinary incontinence and Section I-Active Diagnoses, reflected the reside ad a UTI in the last 30 days from date of assessment.	
	incontinence, risk for UTI or hypert	re plan, dated 2/24/25, reflected there vension documented.	vas no focus for urinary
	Record review of Resident #1's cor	nsolidated physician orders, dated 4/01	/25, reflected in part the following:
		(to treat high blood pressure) - give 1 t nd DBP less than 60, HR less than 60.	
	-Carvedilol oral tablet 25 MG (to tre Hold for SBP less than 110 and DE	eat high blood pressure) - give 1 tablet BP less than 60, HR less than 60.	by mouth every 12 hours for HTN.
	-Clonidine HCL oral tablet 0.1 MG needed for HTN. Administer if SBP	(to treat high blood pressure) - give 1 ta is over 160.	ablet by mouth every 24 hours as
	Record review of Resident #1's MA	Record review of Resident #1's MAR, dated February 2025, reflected the following:	
	- Benazepril HCL oral tablet 20 MG at 9 PM.	20 MG- held on 2/24/25 at 9 PM, 2/25/25 at 9 PM, 2/26/25 at 9 AM, and 2/26/2	
	- Carvedilol oral tablet 25 MG- held PM.	on 2/24/25 at 9 PM, 2/25/25 at 9 PM,	2/26/25 at 9 AM, and 2/26/25 at 9
	Record review of Resident #1's refe	erral hospital records, dated 2/23/25, re	eflected in part the following:
	-Resident #1's hospital problems d	id not reflect a UTI or infection	
	-Resident #1 did not receive a UA	at discharge	
	Record review of Resident #1's phy DOR, reflected in part the following	ysical therapy evaluation and plan of tre	eatment note, dated 2/24/25 by the
	x 8weeks and in immobilizer (2 wks	isk, right clavicle and superior/inferior ps s from 2/20/25) and right LE WBAT, [Rough rgic at eval, 2 person/dependent transt	esident #1] can use platform walker
	** very involved [family]**		
	Record review of Resident #1's vita	als reflected the following:	
	(continued on next page)		

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Purehealth Transitional Care at Th	r Arlington	800 W. Randol Mill Road, 6th Floor Arlington, TX 76012		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0580	Blood Pressures:			
Level of Harm - Immediate	2/24/25 at 8:31 PM-96/51			
jeopardy to resident health or safety	2/25/25 at 11:43 PM-100/59			
Residents Affected - Some	2/25/25 at 11:45 PM-100/59			
	2/26/25 at 9:31 AM-103/50			
	2/27/25 at 8:59 PM-103/50			
	2/28/25 at 7:30 PM-77/40			
	Heart Rate:			
	2/24/25 at 8:31 PM-54 bpm			
	2/26/25 at 9:31 AM-55 bpm			
	2/28/25 at 7:30 PM-54 bpm			
	Record review of Resident #1's pro	gress note, dated 2/25/25 at 11:28 PM	by MD, reflected the following:	
	Resident#1] was sleepy during my	evaluation. No other complaints.		
	Objective:			
	BP 120/78, T 97.4, HR 60, RR 18,	O2 97%		
	CVS: S1-S2 heard. Regular rate ar	nd rhythm. No edema noted.		
	RESPIRATORY: Chest expansion	equal and symmetrical.		
	ABDOMEN: Abdomen does not ap	pear to be distended.		
	SKIN: Stasis changes in the legs			
	ENDOCRINE: No thyromegaly app	arent.		
	LYMPHATIC SYSTEM: No enlarge	d lymph nodes visible.		
	MUSCULOSKELETAL: No acute b	ony abnormalities noted.		
	PSYCH: Resident is alert and awak	xe. Mood and affect appear to be within	normal limits.	
	(continued on next page)			

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NAME OF PROVIDER OR SUPPLI	FR	STREET ADDRESS, CITY, STATE, ZI	P CODE
Purehealth Transitional Care at Th		800 W. Randol Mill Road, 6th Floor Arlington, TX 76012	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0580	NEURO: No focal deficits noted.		
Level of Harm - Immediate	Record review of Resident #1's pro	ogress note, dated 2/28/25 at 7:32 PM	by RN A, reflected the following:
jeopardy to resident health or safety		n/s reported on this CIC Evaluation are, t vital signs, weight and blood sugar we	
Residents Affected - Some	- Blood Pressure: BP 77/40 - 2/28/2	2025 19:30 (7:30 PM) Position: Lying I/	arm
	- Pulse: P 54 - 2/28/2025 19:30 (7:	30 PM) Pulse Type: Regular	
	- RR: R 15.0 - 2/28/2025 19:30 (7:3	30 PM)	
	- Temp: T 97.9 - 2/28/2025 19:30 (7:30 PM) Route: Forehead (non-contac	et)
	- Weight:		
	- Pulse Oximetry: O2 95.0 % - 2/28	3/2025 19:30 (7:30 PM) Method: Oxyge	n via Nasal Cannula
	- Blood Glucose:		
	low b/p, lethargic, and delayed resp discovered [Resident #1] B/p, HR,	and recommendations are: [Resident # conse. This nurse implemented assess and RR outside of baseline; [Resident muli only. [MD] notified, and [Resident a	ment r/t change of condition and #1] lethargic, presents with delayed
	Record review of Resident #1's hos	spital records, dated 3/4/25, reflected in	n part the following:
	Diagnosis at discharge:		
	Hospital Problems		
	-Sepsis		
	Hospital Course:		
	(left, 1996), chronic pain, DVT (202 scoliosis, and vertigo, presents to the scoliosis of t	emale with a past medical history signit 21), hypertension, pulmonary embolism he ED from rehab with hypotension an antibiotics with improvement in sympto	(2019), COPD, glaucoma, d altered mental status. [Resident
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
Purehealth Transitional Care at Thr Arlington 800 V		STREET ADDRESS, CITY, STATE, ZI 800 W. Randol Mill Road, 6th Floor Arlington, TX 76012	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG		ARY STATEMENT OF DEFICIENCIES eficiency must be preceded by full regulatory or LSC identifying information)	
F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	AKI on admission resolved with fluid [Resident #1] experiencing urinary Upon hospitalization AMS resolved for which she was seen by Ortho a [Resident #1] also had mild AKI what facility on p.o. antibiotic. In an attempted interview on 4/1/25 discharged to a different nursing fare and clavicle at home, and after a strehabilitation on 2/23/25. The famile 2/26/25 is when she first had concest stated Resident #1 was barely continued throughout the week. The off. The family stated she also reposass issues with ordering a medicatice 2/27/25, Resident #1 was still drow #1's eyes and her pupils were so reast the family stated on 2/28/25, Resident's blood pressure and it was saying her groin was hurting. The family stated RN A also found the room to call for help. The family with sepsis from a UTI. In an interview on 4/1/25 at 1:01 Plent and a low blood pressure and was sent out to the hospital. The DON so one time when it dipped low but can admitted to the facility, it was proto presented with s/sx that warranted s/sx of a UTI or infection. The DON over the resident's medication there resident at risk of being over-medic because the resident was adjusting hospital, they are coming off strong the proof of the proof of the proof of the president was adjusting hospital, they are coming off strong the proof of the proof of the president was adjusting hospital, they are coming off strong the proof of the proo	retention about 700 750 Q8 getting in a I [Resident #1] found to have right lowe nd did not recommend any surgical into nich resolved with IV fluids and subsequents of at 9:25 AM, Resident #1 was unable to	and out cath ar gland pubic MI [sic] fractures with ervention just supportive care. Juently sent back to skilled nursing to be interviewed due to being dent had a fall and broke her pelvis mitted to the nursing facility for normal vitals. The family stated on resident being extremely drowsy. Interact with visitors and that d to a nurse; however, it was blown esident #1 sleeping all day as well berned. The family stated on by stated she checked Resident someone who was overmedicated. It took it upon herself to check the he resident was also squirming and ant down to assess Resident #1. Critically low, and she ran out of the ED, where she was diagnosed alled to notify her that Resident #1's had ordered for the resident to be d been normal all week, except for DON stated when a resident first to to a UA unless the resident ed that Resident #1 exhibited any #1 sleeping all day but when going frowsiness or that would place the ng fatigued was not unusual s when residents admit from a riod that can cause fatigue. The
		d Resident #1's fatigue and hypotensio ad periods of being alert and oriented a	

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(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	A. Building B. Wing	04/09/2025
ER	STREET ADDRESS, CITY, STATE, ZIP CODE	
r Arlington	800 W. Randol Mill Road, 6th Floor Arlington, TX 76012	
plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
facility. CNA C stated Resident #1 there were times when Resident #7 out of bed so that she would not be after physical therapy and dinner a lot, and there would be times she wormal yellow color and did not have morning and would provide them to abnormal vitals would be reported to CNA C could not recall Resident #1. In an interview on 4/1/25 at 02:00 For resident was sleepy during his eval stated Resident #1 was on hyperte hold medications if the blood press their clinical judgement and did not however, he expected the nurses to the diastolic was less than 60. The blood pressure was 96/51 or abnorn the nurses to notify him so that he determine treatment. The MD states suggested signs of a UTI/infection. UTI. The MD stated on 2/28/25, the the resident was sent to the hospital In an interview on 4/1/25 at 03:05 For 2/24/25 and the resident was lethan DOR could not recall who the charge because it was protocol. In an interview on 4/1/25 at 4:43 P1 as being able to express her needs CNA B stated she worked 2:00 PM CNA B stated when she arrived on seemed fine. CNA B stated Reside resident was ready to get back in bon shift. CNA B stated RN A check Resident #1 was sent to the hospital parts of the provided resident #1 was sent to the hospital parts of the hospital parts of the provided RNA check Resident #1 was sent to the hospital parts of the provided RNA check Resident #1 was sent to the hospital parts of the provided RNA check Resident #1 was sent to the hospital parts of the provided RNA check Resident #1 was sent to the hospital parts of the provided RNA check Resident #1 was sent to the hospital parts of the provided RNA check Resident #1 was sent to the hospital parts of the provided RNA check Resident #1 was sent to the hospital parts of the provided RNA check Resident #1 was sent to the hospital parts of the provided RNA check Resident #1 was sent to the hospital parts of the provided RNA check Resident #1 was sent to	was alert and able to express her need would sleep longer, and she would as a lying down all day. CNA C stated Res and would ask to be put back in bed. CN would start urinating while being change we a foul smell. CNA C stated the CNAs of the charge nurse to be documented in to the nurse immediately and the nurse of the having any abnormal vitals when she of the parameters. The have to notify him every time they held to notify him if a resident's systolic blood any s/sx such as fever, AMS, change and the mount of the parameters. The could get additional information about of any s/sx such as fever, AMS, change and the mount of the parameters. The parameters are notified him that Resident #1 was all for further evaluation. PM, the DOR stated she completed Resigned and the evaluation, and it was regenurse was that day, but she stated she worked with Resident #1 was all for further evaluation, and it was regenurse was that day, but she stated she she worked with Resident #1 was all for further evaluation. PM, the DOR stated she worked with Resident #1 was all for further evaluation. PM, the DOR stated she worked with Resident #1 was all for further evaluation. PM, the DOR stated she worked with Resident #1 was the did not talk much. CNA B als -10:00 PM on 2/28/25, when Resident #1 was all for CNA B stated the nurses changed ed Resident #1's bp and it was low. Shall CNA B stated Resident #1 acted like and controlled the parameters and it was low. Shall CNA B stated Resident #1 acted like	Is during the week. CNA C stated to the resident if she could help her ident #1 would also be very tired IA C stated Resident #1 urinated a ed. CNA C stated the urine was a stook all residents' vitals during the in the records. CNA C stated any would do a re-check themselves. The checked them. on 2/25/25, and he noted that the concerning at that time. The MD immeters in place for the nurses to be MD stated the nurses could used hypertensive medications; and pressure was less than 90 and died on 2/24/25 when Resident #1's. He stated he would have expected other s/sx before he could are in urine, and c/o pain would have bressure could also be a sign of a last drowsy with a bp of 77/40 and sident #1's therapy evaluation on exported to the charge nurse. The other emembered having to report it was sent out to the hospital. #1 was sent out to the hospital. #1 was sent out to the hospital. #1 was sitting up in her chair and the end of the ND and the normal self throughout the
	Plan to correct this deficiency, please consumple of the correct this deficiency must be preceded by the correct the correct this deficiency must be preceded by facility. CNA C stated Resident #1 there were times when Resident #1 there were times when Resident #1 out of bed so that she would not be after physical therapy and dinner a lot, and there would be times she wormal yellow color and did not have morning and would provide them to abnormal vitals would be reported to CNA C could not recall Resident #1 was on hyperte hold medications if the blood press their clinical judgement and did not however, he expected the nurses to the diastolic was less than 60. The blood pressure was 96/51 or abnor the nurses to notify him so that he determine treatment. The MD states suggested signs of a UTI/infection. UTI. The MD stated on 2/28/25, the the resident was sent to the hospital In an interview on 4/1/25 at 03:05 F 2/24/25 and the resident was lethal DOR could not recall who the charge because it was protocol. In an interview on 4/1/25 at 4:43 Pl as being able to express her needs CNA B stated she worked 2:00 PM CNA B stated when she arrived on seemed fine. CNA B stated RN A check Resident #1 was sent to the hospital day and did not show any sign or significant was ready to get back in bon shift. CNA B stated RN A check Resident #1 was sent to the hospital day and did not show any sign or significant was ready to get back in bon shift. CNA B stated RN A check Resident #1 was sent to the hospital day and did not show any sign or significant was ready to get back in bon shift.	plan to correct this deficiency, please contact the nursing home or the state survey. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information and interview on 4/1/25 at 1:45 PM, CNA C stated she worked with Resifacility. CNA C stated Resident #1 was alert and able to express her need there were times when Resident #1 would skep longer, and she would as out of bed so that she would not be lying down all day. CNA C stated Resident #1 would skep beinger, and she would as out of bed so that she would not be lying down all day. CNA C stated Resident physical therapy and dinner and would ask to be put back in bed. CN lot, and there would be times she would start urinating while being change normal yellow color and did not have a foul smell. CNA C stated the CNA morning and would provide them to the charge nurse to be documented in abnormal vitals would be reported to the nurse immediately and the nurse CNA C could not recall Resident #1 having any abnormal vitals when she In an interview on 4/1/25 at 02:00 PM, the MD stated he saw Resident #1 resident was sleepy during his evaluation but with no other s/sx that were stated Resident #1 was on hypertensive medications and there were para hold medications if the blood pressure was outside of the parameters. The their clinical judgement and did not have to notify him every time they held however, he expected the nurses to notify him if a resident's systolic blood the diastolic was less than 60. The MD stated he did not recall being notifi blood pressure was 96/51 or abnormal on any other days prior to 2/28/25 the nurses to notify him so that he could get additional information about of determine treatment. The MD stated any s/sx such as fever, AMS, change suggested signs of a UTI/infection. The MD stated him that Resident #1 were resident was sent to the hospital for further evaluation. In an interview on 4/1/25 at 03:05 PM, the DOR stated she completed Resident was ready to the hospital for further evaluat

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Purehealth Transitional Care at Th	200 M B 1 1 1 1 M B 1 6 M 5 M		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Arlington, TX 76012 ne's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		aught in school to care for a resident is were abnormal her expectation needed to be called. The DON ors such as the time blood pressure The DON stated the MD should be of for a low blood pressure alone. because the fatigue could have if medications from hospital, tifying the MD of a low blood is alone. The DON could not state ent on determining when to notify in school to treat residents based lity for about 2 years. She stated the resident reported to her. RN A ded her in the room and when she was very low, and she was out of it. tal just downstairs from the facility. BP was less than 110 or the DBP resident and notify the MD. RN A he documented that Resident #1's seed the resident and everything cluding re-checks; however, she officed a change in Resident #1's ent was fatigued at any other time. OON stated her nurses would not unt notifying the MD. The VP of by the emotions RN A had over the at the resident did not show any he VP of Clinical Services/Interim facility whether the nurses should sis.
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F 0580	1. The nurse will notify the resident	's attending physician or physician on	call when there has been a (an):
Level of Harm - Immediate jeopardy to resident health or			
safety	d. significant change in the resider	nt's physical/emotional/mental condition	1;
Residents Affected - Some	2. A significant change of condition	is a major dealine or improvement in t	ha racidant'a atatua that:
		is a major decline or improvement in t thout intervention by staff or by implem	
	clinical interventions (is not self-lim		onting standard disease related
	b. impacts more than one area of the	ne resident's health status;	
		and/or revision to the care plan; and	
	d. ultimately is based on the judgm Assessment Instrument.	ent of the clinical staff and the guidelin	es outlined in the Resident
		tion's website, <https: c<br="" www.heart.org="">re/low-blood-pressure-when-blood-pres</https:>	
		pressure have a condition called hypot . Low blood pressure is usually not har ire professional.	
	Symptoms of low blood pressure		
	Constantly low blood pressure can	be dangerous if it causes signs and sy	mptoms such as:
	-confusion		
	-dizziness		
	-nausea		
	-fainting		
	-fatigue		
	(continued on payt page)		
	(continued on next page)		

ER/SUPPLIER/CLIA ION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025	
NAME OF PROVIDER OR SUPPLIER Purehealth Transitional Care at Thr Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 800 W. Randol Mill Road, 6th Floor Arlington, TX 76012	
s deficiency, please con	tact the nursing home or the state survey	agency.	
TATEMENT OF DEFICELY must be preceded by	DF DEFICIENCIES eceded by full regulatory or LSC identifying information)		
essure can happen wing scenarios: """ this can occur when a company the company of Clinical Serviced licensed staff or distandard disease reconsisted specifically of Clinical Serviced licensed staff or distandard disease reconsisted specifically of Clinical Serviced licensed staff or distandard disease reconsisted specifically of Clinical Serviced licensed staff or distandard disease reconsisted specifically of Clinical Services or included assessing of Clinical Services or included assessing of the company of	th: bacteria from an infection enter the blackeria failures and the IJ Template was proint 4/9/25 at 1:56 PM and included: se informed of the Immediate Jeopardy. ses/Interim DON], [ADON], [Medical Report of a boundary of a boundary of the licent of notifying physician of abnormal vital selected clinical interventions by the licent of notifying the physician of abnormal vilated clinical interventions by the licent a resident for change of condition and anterim DON] and [ADON] reviewed all the having low blood pressures outside of the specified of the specified of were available, or in an emergent situation.	oodstream. of an Immediate Jeopardy (IJ) on vided at 2:15 PM. The facility's Plan ecords Nurse], and [Wound Care signs when accompanied by sed nurse are not successful. vital signs when accompanied by sed nurse are not successful. This notifying physician of change in patients for documented low blood of specified order parameters. If a order parameters, the MD or NP lation, the [VP of Clinical	
o peri	onsisted specifically of I standard disease reincluded assessing of Clinical Services/I satients identified with en noted to have blowen notified. If neither m DON] or designee	I standard disease related clinical interventions by the licent possisted specifically of notifying the physician of abnormal standard disease related clinical interventions by the licent included assessing a resident for change of condition and of Clinical Services/Interim DON] and [ADON] reviewed all patients identified with having low blood pressures outside of the specified of the notified. If neither were available, or in an emergent situst m DON] or designee would have contacted emergency ser next page)	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLI	FD.	STREET ADDRESS, CITY, STATE, Z	IP CODE
Purehealth Transitional Care at Th		800 W. Randol Mill Road, 6th Floor Arlington, TX 76012	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)
F 0580 Level of Harm - Immediate jeopardy to resident health or safety	On 4/8/25 [VP of Clinical Services/Interim DON] in-serviced [ADON], [Administrator], [Medical Records] [Wound Care Nurse] on notifying physician of change of condition and assessing the patient for change condition and identifying a major decline or improvement in the resident's status. Notify of Changes		sessing the patient for change in
Residents Affected - Some	1. A significant change of condition	is a major decline or improvement in t	he resident's status that:
	a. will not normally resolve itself wir clinical interventions (is not self-lim	thout intervention by staff or by implemiting);	nenting standard disease-related
	b. impacts more than one area of the	he resident's health status;	
	c. requires interdisciplinary review	and/or revision to the care plan; and	
	d. ultimately is based on the judgm	ent of the clinical staff	
	with a completion date of 4/8/25 at not be permitted to work until in-set staff, staff on leave, agency (if appl nurse immediately. Charge nurse v	/N, RN, CNA) in-servicing on notifying of changes in condition and qualit 8/25 at 5pm. Any staff who have not received in-servicing by 4/8/25 at 5pt til in-servicing has been completed. In-servicing will be on-going for PRN (if applicable). If a CNA obtains abnormal vital signs they will notify their nurse will then re-assess resident and re-take vital signs. The physician gns when accompanied by symptoms and standard disease related clinic	
	•	al director, the physician is to be notifie andard disease related clinical interven	<u> </u>
	Abnormal vital signs:		
	Systolic BP less than 90		
	Diastolic less than 50		
	Systolic greater than 180		
	Diastolic greater than 100		
	Heart rate less than 50		
	Heart rate greater than 130		
	Measures to be put in to practice to	o monitor and to prevent future occurre	nce will include
	(continued on next page)	•	

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Facility ID: 676407

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZI	
Purehealth Transitional Care at Thr	Arlington	800 W. Randol Mill Road, 6th Floor Arlington, TX 76012	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0580 Level of Harm - Immediate	pressures less than 90 and diastoli		·
jeopardy to resident health or safety	b. Review will occur daily for 2 wee weeks.	ks, and then 5 times weekly for 6 week	is, and then 3 times weekly for 4
Residents Affected - Some		monitoring (2:00 PM-5:15 PM) to determine the Immediate Jeopardy by:	mine if the facility implemented
	4/8/25, reflected [VP of Clinical Ser	ded by the Administrator titled Weights vices/Interim DON] audited all resident es in condition were reported to the [MI	s' vitals to ensure they were
	dated 4/8/25, reflected the [VP of C	d Change of Condition, when to notify p linical Services/Interim DON] educated d Care Nurse] on identifying change of	the [Administrator], [ADON],
	[ADON] and [Medical Records Staf	n-service titled Abnormal Vital Signs/Change in Condition dated 4/9/25, reflected the Records Staff/LVN] educated licensed staff (including RNs, LVNs, CNAs, and Thera prormal vital signs and change of condition, and when to notify the charge nurse and easy, and record reviews on 4/9/25 from 2:00M-3:00 PM of Residents #1, #2, #3, #4, ar concerns for incontinence care or infections. Record review of residents' EHRs of or changes in physical, mental, or psychosocial status. Observations and interviews RPs revealed no concerns for change of condition or quality of care received.	
	#5 revealed no further concerns for reflected no concerns for changes		
	confirmed that his expectation was resident had abnormal vitals, he wo	the MD revealed he was notified of the for the nurses to notify him of any abno- buld also expect there to be accompany a MD stated there were specific parame sure and heart rate.	ormal vitals. The MD stated if a ying s/sx such as dizziness or pain
	Wound Care Nurse, DOR, nurses, F (6a-6p), LVN G (6a-6p), CNA H (PRN), LVN L (6p-6a), CNA M (10p-in in-service trainings starting on 4/and change of condition, paramete The nurses were able to describe the assessment, who to notify, followin	PM, conducted with the Administrator, and CNAs: CNA C (6a-2p, rotating), LV 2P-10P, PRN), LVN I (6p-6a), CNA J (2-6a), LVN N (6P-6A), and CNA O (10p-8/25-4/9/25. The CNAs were able to do rs for abnormal vital, and who to notify the s/sx of a UTI, sepsis, and change of g up on orders, and what to document.	/N D (6a-6p), CNA E (2p-10p), RN 2p-10p, PRN), CNA K (2p-10p, 6a) indicated they all participated escribe the s/sx of a UTI, sepsis, of any changes in the residents. If condition, how to complete an The ADON understood her role to
	(continued on next page)		

			10.0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, Z	
Purehealth Transitional Care at Th	at Thr Arlington 800 W. Randol Mill Road, 6th Floor Arlington, TX 76012		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)
F 0580 Level of Harm - Immediate jeopardy to resident health or safety	Administrator at 2:15 PM. While the	lentified on 4/8/25 at 1:33 PM and an lage facility remained out of compliance a lad for more than minimal harm that was tiveness of the corrective systems.	t a scope of pattern with the severity
Residents Affected - Some			

			No. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025	
NAME OF PROVIDER OR SUPPLIER Purehealth Transitional Care at Thr Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 800 W. Randol Mill Road, 6th Floor		
For information on the pursing home's	plan to correct this deficiency places con	Arlington, TX 76012 tact the nursing home or the state survey	ogopov.	
For information on the nursing nomes	plan to correct this deliciency, please con	tact the hursing home of the state survey (agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0684	Provide appropriate treatment and	care according to orders, resident's pre	eferences and goals.	
Level of Harm - Immediate jeopardy to resident health or	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 45054	
safety Residents Affected - Some	in accordance with professional sta	ew, the facility failed to ensure the resion andards of practice, the comprehensive ant #1) of 5 residents reviewed for quali	person-centered care plan, and	
	the residents' choices for 1 (Resident #1) of 5 residents reviewed for quality of care. -The facility failed to document assessments and notify the physician when Resident #1's vitals were abnormal on 02/24/25, 2/25/25, 2/26/25, and 2/27/25. There were also no interventions when staff and Resident #1's family expressed concerns about the resident being lethargic and fatigued throughout the week. Resident #1 was sent to the local hospital on 2/28/25 where she was diagnosed with sepsis from a UTI, after the family alerted RN A that the resident's blood pressure was critically low. An Immediate Jeopardy (IJ) was identified on 4/8/25 at 1:33 PM and an IJ Template was provided to the Administrator at 2:15 PM. While the facility remained out of compliance at a scope of pattern with the seve level of no actual harm with potential for more than minimal harm that was not immediate jeopardy due to a facility's need to evaluate the effectiveness of the corrective systems.			
		t risk of not receiving treatment in a tim optoms, and/or serious injury, and death	•	
	Findings included:			
	female admitted to the facility on [D right pubis (lower part of hip bone),	rd review of Resident #1's face sheet, dated, 04/01/25, revealed the resident was a [AGE] year- e admitted to the facility on [DATE] and discharged on [DATE] with diagnoses that included: fractive pubis (lower part of hip bone), fractured clavicle (collarbone), hypertension (high blood pressure) ic pain syndrome, atrial fibrillation (rapid heart rate), repeated falls, and reduced mobility.		
	ted 02/27/25, revealed the resident MDS Assessment, under Section with mobility and needed moderate tion H-Bladder and Bowel, reflected gnoses, reflected the resident had			
	Record review of Resident #1's care plan, dated 2/24/25, reflected there was no focus for urinary incontinence, risk for UTI or hypertension documented.			
	Record review of Resident #1's cor	nsolidated physician orders, dated 4/01	/25, reflected in part the following:	
		(to treat high blood pressure) - give 1 t nd DBP less than 60, HR less than 60.		
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025	
NAME OF PROVIDER OR SUPPLIER Purehealth Transitional Care at Thr Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 800 W. Randol Mill Road, 6th Floor		
		Arlington, TX 76012		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0684 Level of Harm - Immediate	-Carvedilol oral tablet 25 MG (to treat high blood pressure) - give 1 tablet by mouth every 12 hours for HTN. Hold for SBP less than 110 and DBP less than 60, HR less than 60.			
jeopardy to resident health or safety	-Clonidine HCL oral tablet 0.1 MG needed for HTN. Administer if SBP	(to treat high blood pressure) - give 1 to is over 160.	ablet by mouth every 24 hours as	
Residents Affected - Some	Record review of Resident #1's MA	AR, dated February 2025, reflected the	following:	
	- Benazepril HCL oral tablet 20 MG at 9 PM.	6- held on 2/24/25 at 9 PM, 2/25/25 at 9	9 PM, 2/26/25 at 9 AM, and 2/26/25	
	- Carvedilol oral tablet 25 MG- held PM.	arvedilol oral tablet 25 MG- held on 2/24/25 at 9 PM, 2/25/25 at 9 PM, 2/26/25 at 9 AM, and 2/26/25 at 9		
	Record review of Resident #1's physical therapy evaluation and plan of treatment note, dated 2/24/2 DOR, reflected in part the following:			
	x 8weeks and in immobilizer (2 wks	recautions: Fall risk, right clavicle and superior/inferior pubic rami fractures, right UE NWB mmobilizer (2 wks from 2/20/25) and right LE WBAT, [Resident #1] can use platform walker ded for gait, lethargic at eval, 2 person/dependent transfer		
	** very involved [family]**			
	Record review of Resident #1's vita	als reflected the following:		
	Blood Pressures:			
	2/24/25 at 8:31 PM-96/51			
	2/25/25 at 11:43 PM-100/59			
	2/25/25 at 11:45 PM-100/59			
	2/26/25 at 9:31 AM-103/50			
	2/27/25 at 8:59 PM-103/50			
	2/28/25 at 7:30 PM-77/40			
	Heart Rate:			
	2/24/25 at 8:31 PM-54 bpm			
	2/26/25 at 9:31 AM-55 bpm			
	2/28/25 at 7:30 PM-54 bpm			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Purehealth Transitional Care at Thr Arlington		800 W. Randol Mill Road, 6th Floor Arlington, TX 76012		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0684	Record review of Resident #1's referral hospital records, dated 2/23/25, reflected in part the following:			
Level of Harm - Immediate jeopardy to resident health or	-Resident #1's hospital problems di	d not reflect a UTI or infection		
safety	-Resident #1 did not receive a UA a	at discharge		
Residents Affected - Some	Record review of Resident #1's pro	gress note, dated 2/25/25 at 11:28 PM	by MD, reflected the following:	
	[Resident#1] was sleepy during my	evaluation. No other complaints.		
	Objective:			
	BP 120/78, T 97.4, HR 60, RR 18,			
	CVS: S1-S2 heard. Regular rate and rhythm. No edema noted. RESPIRATORY: Chest expansion equal and symmetrical.			
	ABDOMEN: Abdomen does not appear to be distended.			
	SKIN: Stasis changes in the legs			
	ENDOCRINE: No thyromegaly app			
	LYMPHATIC SYSTEM: No enlarge MUSCULOSKELETAL: No acute b	•		
		ke. Mood and affect appear to be within	normal limits NEURO: No focal	
	deficits noted.	to. Mood and anote appear to be within	THORNIA IIIII.O. NEONO. NO 10001	
	Record review of Resident #1's pro	gress note, dated 2/28/25 at 7:32 PM b	by RN A, reflected the following:	
	Situation: The Change In Condition/s reported on this CIC Evaluation are/were: Altered mental status At the time of evaluation resident/resident vital signs, weight and blood sugar were:			
	- Blood Pressure: BP 77/40 - 2/28/2	2025 19:30 (7:30 PM) Position: Lying I/	arm	
	- Pulse: P 54 - 2/28/2025 19:30 (7:30 PM) Pulse Type: Regular			
	- RR: R 15.0 - 2/28/2025 19:30 (7:3	80 PM)		
	- Temp: T 97.9 - 2/28/2025 19:30 (7:30 PM) Route: Forehead (non-contac	xt)	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025	
NAME OF PROVIDER OR SUPPLIER Purchasth Transitional Care at The Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 800 W. Randol Mill Road, 6th Floor		
Purehealth Transitional Care at Thr Arlington		Arlington, TX 76012		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0684	- Weight:			
Level of Harm - Immediate jeopardy to resident health or	- Pulse Oximetry: O2 95.0 % - 2/28	3/2025 19:30 (7:30 PM) Method: Oxyge	n via Nasal Cannula	
safety	- Blood Glucose:			
Residents Affected - Some				
	Nursing observations, evaluation, and recommendations are: [Resident #1's] [family] notified this nurse of low b/p, lethargic, and delayed response. This nurse implemented assessment r/t change of condition and discovered resident B/p, HR, and RR outside of baseline; [Resident #1] lethargic, presents with delayed response, and reacted to touch stimuli only. [MD] notified, and [Resident #1] sent to ER.			
	Record review of Resident #1's hospital records, dated 3/4/25, reflected in part the following:			
	Diagnosis at discharge:			
	Hospital Problems			
	-Sepsis			
	Hospital Course:			
	(left, 1996), chronic pain, DVT (202 scoliosis, and vertigo, presents to t	year-old female with a past medical history significant for asthma, breast cancer DVT (2021), hypertension, pulmonary embolism (2019), COPD, glaucoma, esents to the ED from rehab with hypotension and altered mental status. [Resident tarted on antibiotics with improvement in symptoms. Urine cultures grew E. coli.		
	AKI on admission resolved with flui	ds		
	[Resident #1] experiencing urinary	retention about 700 750 Q8 getting in a	and out cath	
	Upon hospitalization AMS resolved [Resident #1] found to have right lower gland pubic MI [sic] fractures wit for which she was seen by Ortho and did not recommend any surgical intervention just supportive care. [Resident #1] also had mild AKI which resolved with IV fluids and subsequently sent back to skilled nursing facility on p.o. antibiotic.			
	In an attempted interview on 4/1/25 discharged to a different nursing fa	5 at 9:25 AM, Resident #1 was unable t cility.	to be interviewed due to being	
	(continued on next page)			

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			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Purehealth Transitional Care at Th	r Arlington	800 W. Randol Mill Road, 6th Floor Arlington, TX 76012	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	and clavicle at home, and after a st rehabilitation on 2/23/25. The family 2/26/25 is when she first had conce She stated Resident #1 was barely continued throughout the week. Th off. The family stated she also report as issues with ordering a medication 2/27/25, Resident #1 was still drow #1's eyes and her pupils were so read the family stated on 2/28/25, Resident #1 was still drow #1's eyes and her pupils were so read the family stated on 2/28/25, Resident #1 was saying her groin was hurting. The family stated RN A also found the room to call for help. The family with sepsis from a UTI. In an interview on 4/1/25 at 1:01 Pl had a low blood pressure and was sent out to the hospital. The DON sone time when it dipped low but call admitted to the facility, it was proton presented with s/sx that warranted s/sx of a UTI or infection. The DON over the resident's medication there resident at risk of being over-medic because the resident was adjusting hospital, they are coming off strong DON stated Resident #1 was also also cause fatigue. The DON stated her knowledge, and Resident #1 had In an interview on 4/1/25 at 1:45 Pl facility. CNA C stated Resident #1 there were times when Resident #1 out of bed so that she would not be after physical therapy and dinner allot, and there would be times she worming and would provide them to abnormal yiellow color and did not have morning and would provide them to abnormal vitals would be reported to a provide them to abnormal vitals would be reported to a provide them to a provide t	M, Resident #1's family stated the residence and the local hospital Resident #1 and by stated she was not notified of any aboverns for Resident #1's health due to the able to stay up long enough to eat or it is family state this concern was reported to the DON concerns regarding Rom, but the DON did not seem very come sy and slept most of the day. The family estricted they looked like pinpoints, like dent #1 continued to be drowsy, so she is 58/34 at about 7:20 PM. She stated amily stated she alerted RN A, who we that Resident #1's blood pressure was a stated Resident #1 was transferred to with the DON stated on 2/28/25, RN A cannot responding as normal, and the MD stated Resident #1's blood pressure has me back up with no interventions. The col for them to complete blood work but it. The DON stated it was never reported a stated the family mentioned Resident et awas nothing listed that would cause to eated. The DON stated Resident #1 be an ew environment, and sometimes a medications and have a refractory per receiving physical therapy and the world Resident #1's fatigue and hypotension and periods of being alert and oriented a periods of being alert and oriented a model of the stated the family mentioned the world as alert and able to express her need a would sleep longer, and she would as a lying down all day. CNA C stated Resident would start urinating while being change for a foul smell. CNA C stated the CNA of the charge nurse to be documented in the tharge nurse to be documented in the hurse immediately and the nurse in the hurse in the hurs	mitted to the nursing facility for normal vitals. The family stated on resident being extremely drowsy. Interact with visitors and that d to a nurse; however, it was blown esident #1 sleeping all day as well berned. The family stated on y stated she checked Resident someone who was overmedicated. It took it upon herself to check the he resident was also squirming and not down to assess Resident #1. Critically low, and she ran out of the ED, where she was diagnosed alled to notify her that Resident #1's had ordered for the resident to be do been normal all week, except for DON stated when a resident first that not a UA unless the resident ed that Resident #1 exhibited any #1 sleeping all day but when going throwsiness or that would place the notify fatigued was not unusual so when residents admit from a find that can cause fatigue. The convolved in rehabilitation could an did not occur at the same time to not talkative. In the week she was at the stated the versident #1 would also be very tired that C stated Resident #1 urinated a ed. CNA C stated the urine was a stook all residents' vitals during the the records. CNA C stated any would do a re-check themselves.

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 676407

If continuation sheet

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED
	676407	B. Wing	04/09/2025
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Purehealth Transitional Care at Thr Arlington		800 W. Randol Mill Road, 6th Floor Arlington, TX 76012	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	resident was sleepy during his eval stated Resident #1 was on hypertel hold medications if the blood pressitheir clinical judgement and did not however, he expected the nurses to the diastolic was less than 60. The blood pressure was 96/51 or abnor the nurses to notify him so that he determine treatment. The MD state suggested signs of a UTI/infection. UTI. The MD stated on 2/28/25, the the resident was sent to the hospital In an interview on 4/1/25 at 03:05 F 2/24/25 and the resident was lethar DOR could not recall who the charge because it was protocol. In a further interview on 4/1/25 at 4 based on what you see and not base would be for the nurses to use their stated a lot of people can function was taken and the position the resicalled if the blood pressure is low w DON stated Resident #1 did exhibit reasons mentioned earlier (adjustin therapy). The DON stated she could there were no other s/sx because in to ensure that nurses were using all change of condition. She continued see and not based on numbers. In an interview on 4/8/25 at 9:29 All she worked with Resident #1 on 2/2 stated one of the CNAs later inform went there, she assessed the resid	PM, the MD stated he saw Resident #1 uation but with no other s/sx that were noive medications and there were paraure was outside of the parameters. The have to notify him every time they held to notify him if a resident's systolic blood MD stated he did not recall being notificated and on any other days prior to 2/28/25. Could get additional information about of days s/sx such as fever, AMS, change The MD stated fatigue and low blood per nurse notified him that Resident #1 was for further evaluation. PM, the DOR stated she completed Regic during the evaluation, and it was regenurse was that day, but she stated seed on numbers, so if a resident's vitals of clinical judgement to decide if the MD well with a low blood pressure and fact dent was in could affect the numbers. With accompanying symptoms, but not fat fatigue; however, that was tricky because to new environment, coming off medid not state any risks of not notifying the nurses did not treat numbers alone. The propriate clinical judgement on determant to state that nurses learn in school to the state of the that Resident #1's [family] want ent and found that her blood pressure and transferred Resident #1 to the hosping of the state of th	concerning at that time. The MD imeters in place for the nurses to be MD stated the nurses could use in the protect of the protect of the stated he would have expect other s/sx before he could in urine, and c/o pain would have pressure could also be a sign of a passure was less than 90 and ited on 2/24/25 when Resident #1's. He stated he would have expect other s/sx before he could in urine, and c/o pain would have pressure could also be a sign of a passure could also be a sign of a passure at the country of the protect of the charge nurse. The she remembered having to report a side in the protect of the protect o

(continued on next page)

during the week.

RN stated she knew to hold any hypertensive medication if a resident's SBP was less than 110 or the DBP was less than 60; however, if there were other s/sx she would assess the resident and notify the MD. RN A stated she really could not remember what happened on 2/24/25, but if she documented that Resident #1's blood pressure was 96/51 and did not notify the MD, that meant she assessed the resident and everything was fine. RN A stated the nurses were supposed to document all vitals including re-checks; however, she must have forgotten to do so. RN A stated 2/28/25 was the first day she noticed a change in Resident #1's condition, and she did not recall the family or staff reporting that the resident was fatigued at any other time

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZI	
Purehealth Transitional Care at Thr Arlington		800 W. Randol Mill Road, 6th Floor	
	•	Arlington, TX 76012	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	In an interview on 4/8/25 at 2:00 PM, the VP of Clinical Services/Interim DON stated her nurses would not have allowed Resident #1 to go all week with a change in condition without notifying the MD. The VP of Clinical Services/Interim DON stated she spoke with RN A and could tell by the emotions RN A had over the phone that she was sincere about properly assessing Resident #1 and that the resident did not show any s/sx until 2/28/25 when she was sent out to the hospital. The VP of Clinical Services/Interim DON stated it depended on Resident #1's baseline when admitting to the facility whether the nurses should have been able to determine that the resident's fatigue was a s/sx of sepsis.		
	A policy on Quality of Care regarding 4/8/25 at 5:20 PM and she informe	ng blood pressure assessments was red t that the facility did not have one.	equested from the Administrator on
	Review of American Heart Association's website, https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure-low-blood-pressure-is-too-low , reflected in part the following: .Some people with very low blood pressure have a condition called hypotension. This occurs when blood pressure is less than 90/60 mm Hg. Low blood pressure is usually not harmful unless there are other symptoms that concern a health care professional. Symptoms of low blood pressure		
	Constantly low blood pressure can	be dangerous if it causes signs and sy	mptoms such as:
	-confusion		
	-dizziness		
	-nausea		
	-fainting		
	-fatigue		
	Underlying causes of low blood pre	ecura	
	Officerrying causes of low blood pre	Soule	
	·		
	Low blood pressure can happen wi	th:	
	-Life-threatening scenarios:		
	-septic shock: this can occur when	bacteria from an infection enter the bl	oodstream.
	(continued on next page)		

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID:

If continuation sheet Page 19 of 22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Purehealth Transitional Care at Thr Arlington		800 W. Randol Mill Road, 6th Floor Arlington, TX 76012		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0684 Level of Harm - Immediate jeopardy to resident health or safety	The Administrator and VP of Clinical Services/Interim DON were notified of an Immediate Jeopardy (IJ) on 4/8/25 at 2:08 PM, due to the above failures and the IJ Template was provided at 2:15 PM. The facility's Plar of Removal (POR) was accepted on 4/9/25 at 1:56 PM and included: Plan of Removal			
Residents Affected - Some	Name of Facility: [Nursing Facility]			
	Date: April 8, 2025			
	Immediate action:			
	F-684 Quality of Care			
	On 4/8/25, the Medical Director was informed of the Immediate Jeopardy.			
	On 4/8/25 the [VP of Clinical Services/Interim DON], [ADON], [Medical Records Nurse], and [Wound Ca Nurse], in-serviced licensed staff on notifying physician of abnormal vital signs when accompanied by symptoms and standard disease related clinical interventions by the licensed nurse are not successful. This training consisted specifically of notifying the physician of abnormal vital signs when accompanied symptoms and standard disease related clinical interventions by the licensed nurse are not successful. in-service also included assessing a resident for change of condition and notifying physician of change is conditions. On 4/8/25 [VP of Clinical Services/Interim DON] and [ADON] reviewed all patients for documented low the pressure. No patients identified with having low blood pressures outside of specified order parameters, patient had been noted to have blood pressures outside of the specified order parameters, the MD or Nowould have been notified. If neither were available, or in an emergent situation, the [VP of Clinical Services/Interim DON] or designee would have contacted emergency services (911).			
	On 4/8/25 [VP of Clinical Services/Interim DON] in-serviced [ADON], [Administrator], [Medical Records], and [Wound Care Nurse] on notifying physician of change of condition and assessing the patient for change in condition and identifying a major decline or improvement in the resident's status.			
	Notify of Changes			
	2. A significant change of condition is a major decline or improvement in the resident's status that:			
	e. will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (is not self-limiting);			
	f. impacts more than one area of th	e resident's health status;		
	g. requires interdisciplinary review and/or revision to the care plan; and			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0684	h. ultimately is based on the judgm	ent of the clinical staff	
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 4/8/25, initiated staff (LVN, RN, CNA) in-servicing on notifying of changes in condition and quality of care with a completion date of 4/8/25 at 5pm. Any staff who have not received in-servicing by 4/8/25 at 5pm will not be permitted to work until in-servicing has been completed. In-servicing will be on-going for PRN, new staff, staff on leave, agency (if applicable). If a CNA obtains abnormal vital signs they will notify their charge nurse immediately. Charge nurse will then re-assess resident and re-take vital signs. The physician is to be notified of abnormal vital signs when accompanied by symptoms and standard disease related clinical interventions by the licensed nurse are not successful.		
	Based upon direction of the medical director, the physician is to be notified of abnormal vital signs when accompanied by symptoms and standard disease related clinical interventions by the licensed nurse are not successful.		
	Abnormal vital signs:		
	Systolic BP less than 90		
	Diastolic less than 50		
	Systolic greater than 180		
	Diastolic greater than 100		
	Heart rate less than 50		
	Heart rate greater than 130		
	Measures to be put in to practice to	monitor and to prevent future occurre	nce will include
	a. ADON/DON/designee will review pressures less than 90 and diastoli	v the exception report for low blood pre c less than 50	ssures with systolic blood
	b. Review will occur daily for 2 wee weeks.	ks, and then 5 times weekly for 6 week	cs, and then 3 times weekly for 4
	On 4/09/25 the investigator began monitoring (2:00 PM-5:15 PM) to determine if the facility implemented their plan of removal sufficiently to remove the Immediate Jeopardy by:		
	4/8/25, reflected [VP of Clinical Ser	ded by the Administrator titled Weights vices/Interim DON] audited all resident es in condition were reported to the [MI	ts' vitals to ensure they were
	dated 4/8/25, reflected the [VP of C	d Change of Condition, when to notify p Dinical Services/Interim DON] educated d Care Nurse] on identifying change of	d the [Administrator], [ADON],
	(continued on next page)		

centers for Medicare & Medic	AIG 501 11005		No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety	[ADON] and [Medical Records Staf	d Abnormal Vital Signs/Change in Con f/LVN] educated licensed staff (includir signs and change of condition, and whe	ng RNs, LVNs, CNAs, and Therapy
Residents Affected - Some	Observations, interviews, and record reviews on 4/9/25 from 2:00M-3:00 PM of Residents #1, #2, #3, #4, and #5 revealed no further concerns for incontinence care or infections. Record review of residents' EHRs reflected no concerns for changes in physical, mental, or psychosocial status. Observations and interviews with residents and/or RPs revealed no concerns for change of condition or quality of care received.		
	confirmed that his expectation was resident had abnormal vitals, he wo	the MD revealed he was notified of the for the nurses to notify him of any abnormal also expect there to be accompanied MD stated there were specific parameters and heart rate.	ormal vitals. The MD stated if a ying s/sx such as dizziness or pain
	Wound Care Nurse, DOR, nurses, F (6a-6p), LVN G (6a-6p), CNA H (PRN), LVN L (6p-6a), CNA M (10p-in in-service trainings starting on 4/and change of condition, parameter The nurses were able to describe the assessment, who to notify, following	PM, conducted with the Administrator, and CNAs: CNA C (6a-2p, rotating), LV 2P-10P, PRN), LVN I (6p-6a), CNA J (-6a), LVN N (6P-6A), and CNA O (10p-8/25-4/9/25. The CNAs were able to deep to a state of a big and the sysx of a UTI, sepsis, and change of g up on orders, and what to document benormal vitals to prevent future occurred.	/N D (6a-6p), CNA E (2p-10p), RN 2p-10p, PRN), CNA K (2p-10p, 6a) indicated they all participated escribe the s/sx of a UTI, sepsis, of any changes in the residents. It condition, how to complete an The ADON understood her role to
	Administrator at 2:15 PM. While the	entified on 4/8/25 at 1:33 PM and an IJ e facility remained out of compliance at al for more than minimal harm that was tiveness of the corrective systems.	a scope of pattern with the severity