

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
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 Arlington, TX 76012	
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 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45054</p> <p>Based on interview and record review, the facility failed to immediately consult with the resident's physician and notify the resident representative when there was a significant change in the resident's condition or need to alter treatment significantly for one (Resident #1) of five residents reviewed for notification.</p> <p>- The facility failed to notify Resident #1's physician when the resident's vitals were abnormal on 2/24/25, 2/25/25, 2/26/25, and 2/27/25. It was also documented and reported to nursing staff that Resident#1 was lethargic and fatigued throughout the week by staff and the resident's family. 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.</p> <p>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 IJ was removed on 4/9/25, the facility remained out of compliance at a scope of pattern with the severity level of no actual harm with potential for more than minimal harm that was not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems.</p> <p>This failure could place residents at risk of not receiving immediate medical attention when there was a change in their condition, which could lead to worsening of conditions and serious injury or death.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet, dated, 04/01/25, revealed the resident was a [AGE] year-old female admitted to the facility on [DATE] and discharged on [DATE] with diagnoses that included: fractured right pubis (lower part of hip bone), fractured clavicle (collarbone), hypertension (high blood pressure), chronic pain syndrome, atrial fibrillation (rapid heart rate), repeated falls, and reduced mobility.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 676407	Facility ID: 676407 If continuation sheet Page 1 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 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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #1's Nursing Home PPS MDS assessment, dated 02/27/25, revealed the resident had a BIMS score of 15 which suggested she was cognitively intact. The MDS Assessment, under Section GG-Functional Abilities, reflected Resident #1 required partial assistance with mobility and needed moderate to total assistance with ADLs. Further review of this document, under Section H-Bladder and Bowel, reflected Resident #1 had occasional urinary incontinence and Section I-Active Diagnoses, reflected the resident had not had a UTI in the last 30 days from date of assessment.</p> <p>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.</p> <p>Record review of Resident #1's consolidated physician orders, dated 4/01/25, reflected in part the following:</p> <p>-Benazepril HCL oral tablet 20 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.</p> <p>-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.</p> <p>-Clonidine HCL oral tablet 0.1 MG (to treat high blood pressure) - give 1 tablet by mouth every 24 hours as needed for HTN. Administer if SBP is over 160.</p> <p>Record review of Resident #1's MAR, dated February 2025, reflected the following:</p> <p>- Benazepril HCL oral tablet 20 MG- held on 2/24/25 at 9 PM, 2/25/25 at 9 PM, 2/26/25 at 9 AM, and 2/26/25 at 9 PM.</p> <p>- Carvedilol 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 PM.</p> <p>Record review of Resident #1's referral hospital records, dated 2/23/25, reflected in part the following:</p> <p>-Resident #1's hospital problems did not reflect a UTI or infection</p> <p>-Resident #1 did not receive a UA at discharge</p> <p>Record review of Resident #1's physical therapy evaluation and plan of treatment note, dated 2/24/25 by the DOR, reflected in part the following:</p> <p>Medical Factors-Precautions: Fall risk, right clavicle and superior/inferior pubic rami fractures, right UE NWB x 8weeks and in immobilizer (2 wks from 2/20/25) and right LE WBAT, [Resident #1] can use platform walker per [doctor] if needed for gait, lethargic at eval, 2 person/dependent transfer</p> <p>** very involved [family]**</p> <p>Record review of Resident #1's vitals reflected the following:</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Blood Pressures:</p> <p>2/24/25 at 8:31 PM-96/51</p> <p>2/25/25 at 11:43 PM-100/59</p> <p>2/25/25 at 11:45 PM-100/59</p> <p>2/26/25 at 9:31 AM-103/50</p> <p>2/27/25 at 8:59 PM-103/50</p> <p>2/28/25 at 7:30 PM-77/40</p> <p>Heart Rate:</p> <p>2/24/25 at 8:31 PM-54 bpm</p> <p>2/26/25 at 9:31 AM-55 bpm</p> <p>2/28/25 at 7:30 PM-54 bpm</p> <p>Record review of Resident #1's progress note, dated 2/25/25 at 11:28 PM by MD, reflected the following:</p> <p>.</p> <p>[Resident#1] was sleepy during my evaluation. No other complaints.</p> <p>Objective:</p> <p>BP 120/78, T 97.4, HR 60, RR 18, O2 97%</p> <p>CVS: S1-S2 heard. Regular rate and rhythm. No edema noted.</p> <p>RESPIRATORY: Chest expansion equal and symmetrical.</p> <p>ABDOMEN: Abdomen does not appear to be distended.</p> <p>SKIN: Stasis changes in the legs</p> <p>ENDOCRINE: No thyromegaly apparent.</p> <p>LYMPHATIC SYSTEM: No enlarged lymph nodes visible.</p> <p>MUSCULOSKELETAL: No acute bony abnormalities noted.</p> <p>PSYCH: Resident is alert and awake. Mood and affect appear to be within normal limits.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
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 Arlington, TX 76012	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>NEURO: No focal deficits noted.</p> <p>Record review of Resident #1's progress note, dated 2/28/25 at 7:32 PM by RN A, reflected the following:</p> <p>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:</p> <ul style="list-style-type: none"> - Blood Pressure: BP 77/40 - 2/28/2025 19:30 (7:30 PM) Position: Lying l/arm - Pulse: P 54 - 2/28/2025 19:30 (7:30 PM) Pulse Type: Regular - RR: R 15.0 - 2/28/2025 19:30 (7:30 PM) - Temp: T 97.9 - 2/28/2025 19:30 (7:30 PM) Route: Forehead (non-contact) - Weight: - Pulse Oximetry: O2 95.0 % - 2/28/2025 19:30 (7:30 PM) Method: Oxygen via Nasal Cannula - Blood Glucose: . <p>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 #1] 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.</p> <p>.</p> <p>Record review of Resident #1's hospital records, dated 3/4/25, reflected in part the following:</p> <p>Diagnosis at discharge:</p> <p>Hospital Problems</p> <p>-Sepsis</p> <p>Hospital Course:</p> <p>[Resident #1] is a [AGE] year-old female with a past medical history significant for asthma, breast cancer (left, 1996), chronic pain, DVT (2021), hypertension, pulmonary embolism (2019), COPD, glaucoma, scoliosis, and vertigo, presents to the ED from rehab with hypotension and altered mental status. [Resident #1] with suspected UTI started on antibiotics with improvement in symptoms. Urine cultures grew E. coli.</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>AKI on admission resolved with fluids</p> <p>[Resident #1] experiencing urinary retention about 700 750 Q8 getting in and out cath</p> <p>Upon hospitalization AMS resolved [Resident #1] found to have right lower gland pubic MI [sic] fractures with 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 .</p> <p>In an attempted interview on 4/1/25 at 9:25 AM, Resident #1 was unable to be interviewed due to being discharged to a different nursing facility.</p> <p>In an interview on 4/1/25 at 9:30 AM, Resident #1's family stated the resident had a fall and broke her pelvis and clavicle at home, and after a stay at the local hospital Resident #1 admitted to the nursing facility for rehabilitation on 2/23/25. The family stated she was not notified of any abnormal vitals. The family stated on 2/26/25 is when she first had concerns for Resident #1's health due to the resident being extremely drowsy. She stated Resident #1 was barely able to stay up long enough to eat or interact with visitors and that continued throughout the week. The family state this concern was reported to a nurse; however, it was blown off. The family stated she also reported to the DON concerns regarding Resident #1 sleeping all day as well as issues with ordering a medication, but the DON did not seem very concerned. The family stated on 2/27/25, Resident #1 was still drowsy and slept most of the day. The family stated she checked Resident #1's eyes and her pupils were so restricted they looked like pinpoints, like someone who was overmedicated. The family stated on 2/28/25, Resident #1 continued to be drowsy, so she took it upon herself to check the resident's blood pressure and it was 58/34 at about 7:20 PM. She stated the resident was also squirming and saying her groin was hurting. The family stated she alerted RN A, who went down to assess Resident #1. The family stated RN A also found that Resident #1's blood pressure was critically low, and she ran out of the room to call for help. The family stated Resident #1 was transferred to the ED, where she was diagnosed with sepsis from a UTI.</p> <p>In an interview on 4/1/25 at 1:01 PM, the DON stated on 2/28/25, RN A called to notify her that Resident #1's had a low blood pressure and was not responding as normal, and the MD had ordered for the resident to be sent out to the hospital. The DON stated Resident #1's blood pressure had been normal all week, except for one time when it dipped low but came back up with no interventions. The DON stated when a resident first admitted to the facility, it was protocol for them to complete blood work but not a UA unless the resident presented with s/sx that warranted it. The DON stated it was never reported that Resident #1 exhibited any s/sx of a UTI or infection. The DON stated the family mentioned Resident #1 sleeping all day but when going over the resident's medication there was nothing listed that would cause drowsiness or that would place the resident at risk of being over-medicated. The DON stated Resident #1 being fatigued was not unusual because the resident was adjusting to a new environment, and sometimes when residents admit from a hospital, they are coming off strong medications and have a refractory period that can cause fatigue. The DON stated Resident #1 was also receiving physical therapy and the work involved in rehabilitation could also cause fatigue. The DON stated Resident #1's fatigue and hypotension did not occur at the same time to her knowledge, and Resident #1 had periods of being alert and oriented and talkative.</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview on 4/1/25 at 1:45 PM, CNA C stated she worked with Resident #1 the week she was at the facility. CNA C stated Resident #1 was alert and able to express her needs during the week. CNA C stated there were times when Resident #1 would sleep longer, and she would ask the resident if she could help her out of bed so that she would not be lying down all day. CNA C stated Resident #1 would also be very tired after physical therapy and dinner and would ask to be put back in bed. CNA C stated Resident #1 urinated a lot, and there would be times she would start urinating while being changed. CNA C stated the urine was a normal yellow color and did not have a foul smell. CNA C stated the CNAs took all residents' vitals during the morning and would provide them to the charge nurse to be documented in the records. CNA C stated any abnormal vitals would be reported to the nurse immediately and the nurse would do a re-check themselves. CNA C could not recall Resident #1 having any abnormal vitals when she checked them.</p> <p>In an interview on 4/1/25 at 02:00 PM, the MD stated he saw Resident #1 on 2/25/25, and he noted that the resident was sleepy during his evaluation but with no other s/sx that were concerning at that time. The MD stated Resident #1 was on hypertensive medications and there were parameters in place for the nurses to hold medications if the blood pressure was outside of the parameters. The MD stated the nurses could use their clinical judgement and did not have to notify him every time they held hypertensive medications; however, he expected the nurses to notify him if a resident's systolic blood pressure was less than 90 and the diastolic was less than 60. The MD stated he did not recall being notified on 2/24/25 when Resident #1's blood pressure was 96/51 or abnormal on any other days prior to 2/28/25. He stated he would have expected the nurses to notify him so that he could get additional information about other s/sx before he could determine treatment. The MD stated any s/sx such as fever, AMS, change in urine, and c/o pain would have suggested signs of a UTI/infection. The MD stated fatigue and low blood pressure could also be a sign of a UTI. The MD stated on 2/28/25, the nurse notified him that Resident #1 was drowsy with a bp of 77/40 and the resident was sent to the hospital for further evaluation.</p> <p>In an interview on 4/1/25 at 03:05 PM, the DOR stated she completed Resident #1's therapy evaluation on 2/24/25 and the resident was lethargic during the evaluation, and it was reported to the charge nurse. The DOR could not recall who the charge nurse was that day, but she stated she remembered having to report it because it was protocol.</p> <p>In an interview on 4/1/25 at 4:43 PM, CNA B stated she worked with Resident #1 and described the resident as being able to express her needs, but she did not talk much. CNA B also stated Resident #1 slept a lot. CNA B stated she worked 2:00 PM-10:00 PM on 2/28/25, when Resident #1 was sent out to the hospital. CNA B stated when she arrived on shift and did her first round, Resident #1 was sitting up in her chair and seemed fine. CNA B stated Resident #1 let her assist her with eating dinner and she only ate a little, then the resident was ready to get back in bed. CNA B stated the nurses changed shifts at 6:00 PM and RN A came on shift. CNA B stated RN A checked Resident #1's bp and it was low. She stated RN A notified the MD and Resident #1 was sent to the hospital. CNA B stated Resident #1 acted like her normal self throughout the day and did not show any sign or symptoms of an infection and did not complain of feeling bad.</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In a further interview on 4/1/25 at 4:59 PM, the DON stated nurses are taught in school to care for a resident based on what you see and not based on numbers, so if a resident's vitals were abnormal her expectation would be for the nurses to use their clinical judgement to decide if the MD needed to be called. The DON stated a lot of people can function well with a low blood pressure and factors such as the time blood pressure was taken and the position the resident was in could affect the numbers. The DON stated the MD should be called if the blood pressure was low with accompanying symptoms, but not for a low blood pressure alone. The DON stated Resident #1 did exhibit fatigue; however, that was tricky because the fatigue could have been reasons mentioned earlier (adjusting to new environment, coming off medications from hospital, physical therapy). The DON stated she could not state any risks of not notifying the MD of a low blood pressure if there were no other s/sx because nurses did not treat numbers alone. The DON could not state the protocol to ensure that nurses were using appropriate clinical judgement on determining when to notify the MD of a change of condition. She continued to state that nurses learn in school to treat residents based on what they see and not based on numbers.</p> <p>In an interview on 4/8/25 at 9:29 AM, RN A stated she worked for the facility for about 2 years. She stated she worked with Resident #1 on 2/28/25 and there were no concerns for the resident reported to her. RN A stated one of the CNAs later informed her that Resident #1's [family] wanted her in the room and when she went there, she assessed the resident and found that her blood pressure was very low, and she was out of it. RN A stated she notified the MD and transferred Resident #1 to the hospital just downstairs from the facility. 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 during the week.</p> <p>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 signs or symptoms 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.</p> <p>Review of the facility's policy titled Change in a Resident's Condition or Status, revised 08/2024, reflected in part the following:</p> <p>Policy Statement: Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g. changes in level of care, billing/payments, resident rights, etc.).</p> <p>Policy Interpretation and Implementation</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>1. The nurse will notify the resident's attending physician or physician on call when there has been a (an):</p> <p>.</p> <p>d. significant change in the resident's physical/emotional/mental condition;</p> <p>.</p> <p>2. A significant change of condition is a major decline or improvement in the resident's status that:</p> <p>a. will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (is not self-limiting)</p> <p>b. impacts more than one area of the resident's health status;</p> <p>c. requires interdisciplinary review and/or revision to the care plan; and</p> <p>d. ultimately is based on the judgment of the clinical staff and the guidelines outlined in the Resident Assessment Instrument.</p> <p>.</p> <p>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-when-blood-pressure-is-too-low>, reflected in part the following:</p> <p>.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.</p> <p>Symptoms of low blood pressure</p> <p>Constantly low blood pressure can be dangerous if it causes signs and symptoms such as:</p> <p>-confusion</p> <p>-dizziness</p> <p>-nausea</p> <p>-fainting</p> <p>-fatigue</p> <p>.</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Underlying causes of low blood pressure</p> <p>.</p> <p>Low blood pressure can happen with:</p> <p>.</p> <p>-Life-threatening scenarios:</p> <p>-septic shock: this can occur when bacteria from an infection enter the bloodstream.</p> <p>.</p> <p>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 Plan of Removal (POR) was accepted on 4/9/25 at 1:56 PM and included:</p> <p>Plan of Removal</p> <p>Name of Facility: [Nursing Facility]</p> <p>Date: April 8, 2025</p> <p>Immediate action:</p> <p>F-580 Notify of Changes</p> <p>On 4/8/25, the Medical Director was informed of the Immediate Jeopardy.</p> <p>On 4/8/25 the [VP of Clinical Services/Interim DON], [ADON], [Medical Records Nurse], and [Wound Care 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.</p> <p>This training consisted specifically of notifying the physician of abnormal vital signs when accompanied by symptoms and standard disease related clinical interventions by the licensed nurse are not successful. This in-service also included assessing a resident for change of condition and notifying physician of change in conditions.</p> <p>On 4/8/25 [VP of Clinical Services/Interim DON] and [ADON] reviewed all patients for documented low blood pressure. No patients identified with having low blood pressures outside of specified order parameters. If a patient had been noted to have blood pressures outside of the specified order parameters, the MD or NP would 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).</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Notify of Changes</p> <p>1. A significant change of condition is a major decline or improvement in the resident's status that:</p> <p>a. will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (is not self-limiting);</p> <p>b. impacts more than one area of the resident's health status;</p> <p>c. requires interdisciplinary review and/or revision to the care plan; and</p> <p>d. ultimately is based on the judgment of the clinical staff</p> <p>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.</p> <p>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.</p> <p>Abnormal vital signs:</p> <p>Systolic BP less than 90</p> <p>Diastolic less than 50</p> <p>Systolic greater than 180</p> <p>Diastolic greater than 100</p> <p>Heart rate less than 50</p> <p>Heart rate greater than 130</p> <p>Measures to be put in to practice to monitor and to prevent future occurrence will include</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>a. ADON/DON/designee will review the exception report for low blood pressures with systolic blood pressures less than 90 and diastolic less than 50</p> <p>b. Review will occur daily for 2 weeks, and then 5 times weekly for 6 weeks, and then 3 times weekly for 4 weeks.</p> <p>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:</p> <p>Record review of a document provided by the Administrator titled Weights and Vitals Exceptions, dated 4/8/25, reflected [VP of Clinical Services/Interim DON] audited all residents' vitals to ensure they were within parameters and any changes in condition were reported to the [MD].</p> <p>Record review of an in-service titled Change of Condition, when to notify physician of a change in condition dated 4/8/25, reflected the [VP of Clinical Services/Interim DON] educated the [Administrator], [ADON], [Medical Records/LVN] and [Wound Care Nurse] on identifying change of condition and notifying the MD.</p> <p>Record review of an in-service titled Abnormal Vital Signs/Change in Condition dated 4/9/25, reflected the [ADON] and [Medical Records Staff/LVN] educated licensed staff (including RNs, LVNs, CNAs, and Therapy staff) on identifying abnormal vital signs and change of condition, and when to notify the charge nurse and MD.</p> <p>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.</p> <p>Interview on 4/9/25 at 3:02 PM with the MD revealed he was notified of the Immediate Jeopardy. The MD confirmed that his expectation was for the nurses to notify him of any abnormal vitals. The MD stated if a resident had abnormal vitals, he would also expect there to be accompanying s/sx such as dizziness or pain that would need to be reported. The MD stated there were specific parameters for the nurses to follow when monitoring for abnormal blood pressure and heart rate.</p> <p>Interviews on 4/9/25, 3:06 PM-5:15 PM, conducted with the Administrator, ADON, Medical Records Nurse, Wound Care Nurse, DOR, nurses, and CNAs: CNA C (6a-2p, rotating), LVN D (6a-6p), CNA E (2p-10p), RN F (6a-6p), LVN G (6a-6p), CNA H (2P-10P, PRN), LVN I (6p-6a), CNA J (2p-10p, PRN), CNA K (2p-10p, PRN), LVN L (6p-6a), CNA M (10p-6a), LVN N (6P-6A), and CNA O (10p-6a) indicated they all participated in in-service trainings starting on 4/8/25-4/9/25. The CNAs were able to describe the s/sx of a UTI, sepsis, and change of condition, parameters for abnormal vital, and who to notify of any changes in the residents. The nurses were able to describe the s/sx of a UTI, sepsis, and change of condition, how to complete an assessment, who to notify, following up on orders, and what to document. The ADON understood her role to monitor the facility reports of any abnormal vitals to prevent future occurrences.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
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 Arlington, TX 76012	
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 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	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 severity level of no actual harm with potential for more than minimal harm that was not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems.		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45054</p> <p>Based on interview and record review, the facility failed to ensure the residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for 1 (Resident #1) of 5 residents reviewed for quality of care.</p> <p>-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.</p> <p>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 severity level of no actual harm with potential for more than minimal harm that was not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems.</p> <p>This failure could place residents at risk of not receiving treatment in a timely manner, which could result in a decline in health, worsening of symptoms, and/or serious injury, and death.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet, dated, 04/01/25, revealed the resident was a [AGE] year-old female admitted to the facility on [DATE] and discharged on [DATE] with diagnoses that included: fractured right pubis (lower part of hip bone), fractured clavicle (collarbone), hypertension (high blood pressure), chronic pain syndrome, atrial fibrillation (rapid heart rate), repeated falls, and reduced mobility.</p> <p>Record review of Resident #1's Nursing Home PPS MDS assessment, dated 02/27/25, revealed the resident had a BIMS score of 15 which suggested she was cognitively intact. The MDS Assessment, under Section GG-Functional Abilities, reflected Resident #1 required partial assistance with mobility and needed moderate to total assistance with ADLs. Further review of this document, under Section H-Bladder and Bowel, reflected Resident #1 had occasional urinary incontinence and Section I-Active Diagnoses, reflected the resident had not had a UTI in the last 30 days from date of assessment.</p> <p>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.</p> <p>Record review of Resident #1's consolidated physician orders, dated 4/01/25, reflected in part the following:</p> <p>-Benazepril HCL oral tablet 20 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.</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-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.</p> <p>-Clonidine HCL oral tablet 0.1 MG (to treat high blood pressure) - give 1 tablet by mouth every 24 hours as needed for HTN. Administer if SBP is over 160.</p> <p>Record review of Resident #1's MAR, dated February 2025, reflected the following:</p> <p>- Benazepril HCL oral tablet 20 MG- held on 2/24/25 at 9 PM, 2/25/25 at 9 PM, 2/26/25 at 9 AM, and 2/26/25 at 9 PM.</p> <p>- Carvedilol 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 PM.</p> <p>Record review of Resident #1's physical therapy evaluation and plan of treatment note, dated 2/24/25 by the DOR, reflected in part the following:</p> <p>Medical Factors-Precautions: Fall risk, right clavicle and superior/inferior pubic rami fractures, right UE NWB x 8weeks and in immobilizer (2 wks from 2/20/25) and right LE WBAT, [Resident #1] can use platform walker per [doctor] if needed for gait, lethargic at eval, 2 person/dependent transfer</p> <p>** very involved [family]**</p> <p>Record review of Resident #1's vitals reflected the following:</p> <p>Blood Pressures:</p> <p>2/24/25 at 8:31 PM-96/51</p> <p>2/25/25 at 11:43 PM-100/59</p> <p>2/25/25 at 11:45 PM-100/59</p> <p>2/26/25 at 9:31 AM-103/50</p> <p>2/27/25 at 8:59 PM-103/50</p> <p>2/28/25 at 7:30 PM-77/40</p> <p>Heart Rate:</p> <p>2/24/25 at 8:31 PM-54 bpm</p> <p>2/26/25 at 9:31 AM-55 bpm</p> <p>2/28/25 at 7:30 PM-54 bpm</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #1's referral hospital records, dated 2/23/25, reflected in part the following:</p> <ul style="list-style-type: none"> -Resident #1's hospital problems did not reflect a UTI or infection -Resident #1 did not receive a UA at discharge <p>Record review of Resident #1's progress note, dated 2/25/25 at 11:28 PM by MD, reflected the following:</p> <p>.</p> <p>[Resident#1] was sleepy during my evaluation. No other complaints.</p> <p>Objective:</p> <p>BP 120/78, T 97.4, HR 60, RR 18, O2 97%</p> <p>CVS: S1-S2 heard. Regular rate and rhythm. No edema noted.</p> <p>RESPIRATORY: Chest expansion equal and symmetrical.</p> <p>ABDOMEN: Abdomen does not appear to be distended.</p> <p>SKIN: Stasis changes in the legs</p> <p>ENDOCRINE: No thyromegaly apparent.</p> <p>LYMPHATIC SYSTEM: No enlarged lymph nodes visible.</p> <p>MUSCULOSKELETAL: No acute bony abnormalities noted.</p> <p>PSYCH: Resident is alert and awake. Mood and affect appear to be within normal limits. NEURO: No focal deficits noted.</p> <p>Record review of Resident #1's progress note, dated 2/28/25 at 7:32 PM by RN A, reflected the following:</p> <p>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:</p> <ul style="list-style-type: none"> - Blood Pressure: BP 77/40 - 2/28/2025 19:30 (7:30 PM) Position: Lying l/arm - Pulse: P 54 - 2/28/2025 19:30 (7:30 PM) Pulse Type: Regular - RR: R 15.0 - 2/28/2025 19:30 (7:30 PM) - Temp: T 97.9 - 2/28/2025 19:30 (7:30 PM) Route: Forehead (non-contact) <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>- Weight:</p> <p>- Pulse Oximetry: O2 95.0 % - 2/28/2025 19:30 (7:30 PM) Method: Oxygen via Nasal Cannula</p> <p>- Blood Glucose:</p> <p>.</p> <p>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.</p> <p>.</p> <p>Record review of Resident #1's hospital records, dated 3/4/25, reflected in part the following:</p> <p>Diagnosis at discharge:</p> <p>Hospital Problems</p> <p>-Sepsis</p> <p>Hospital Course:</p> <p>[Resident #1] is a [AGE] year-old female with a past medical history significant for asthma, breast cancer (left, 1996), chronic pain, DVT (2021), hypertension, pulmonary embolism (2019), COPD, glaucoma, scoliosis, and vertigo, presents to the ED from rehab with hypotension and altered mental status. [Resident #1] with suspected UTI started on antibiotics with improvement in symptoms. Urine cultures grew E. coli.</p> <p>AKI on admission resolved with fluids</p> <p>[Resident #1] experiencing urinary retention about 700 750 Q8 getting in and out cath</p> <p>Upon hospitalization AMS resolved [Resident #1] found to have right lower gland pubic MI [sic] fractures with 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 .</p> <p>In an attempted interview on 4/1/25 at 9:25 AM, Resident #1 was unable to be interviewed due to being discharged to a different nursing facility.</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview on 4/1/25 at 9:30 AM, Resident #1's family stated the resident had a fall and broke her pelvis and clavicle at home, and after a stay at the local hospital Resident #1 admitted to the nursing facility for rehabilitation on 2/23/25. The family stated she was not notified of any abnormal vitals. The family stated on 2/26/25 is when she first had concerns for Resident #1's health due to the resident being extremely drowsy. She stated Resident #1 was barely able to stay up long enough to eat or interact with visitors and that continued throughout the week. The family state this concern was reported to a nurse; however, it was blown off. The family stated she also reported to the DON concerns regarding Resident #1 sleeping all day as well as issues with ordering a medication, but the DON did not seem very concerned. The family stated on 2/27/25, Resident #1 was still drowsy and slept most of the day. The family stated she checked Resident #1's eyes and her pupils were so restricted they looked like pinpoints, like someone who was overmedicated. The family stated on 2/28/25, Resident #1 continued to be drowsy, so she took it upon herself to check the resident's blood pressure and it was 58/34 at about 7:20 PM. She stated the resident was also squirming and saying her groin was hurting. The family stated she alerted RN A, who went down to assess Resident #1. The family stated RN A also found that Resident #1's blood pressure was critically low, and she ran out of the room to call for help. The family stated Resident #1 was transferred to the ED, where she was diagnosed with sepsis from a UTI.</p> <p>In an interview on 4/1/25 at 1:01 PM, the DON stated on 2/28/25, RN A called to notify her that Resident #1's had a low blood pressure and was not responding as normal, and the MD had ordered for the resident to be sent out to the hospital. The DON stated Resident #1's blood pressure had been normal all week, except for one time when it dipped low but came back up with no interventions. The DON stated when a resident first admitted to the facility, it was protocol for them to complete blood work but not a UA unless the resident presented with s/sx that warranted it. The DON stated it was never reported that Resident #1 exhibited any s/sx of a UTI or infection. The DON stated the family mentioned Resident #1 sleeping all day but when going over the resident's medication there was nothing listed that would cause drowsiness or that would place the resident at risk of being over-medicated. The DON stated Resident #1 being fatigued was not unusual because the resident was adjusting to a new environment, and sometimes when residents admit from a hospital, they are coming off strong medications and have a refractory period that can cause fatigue. The DON stated Resident #1 was also receiving physical therapy and the work involved in rehabilitation could also cause fatigue. The DON stated Resident #1's fatigue and hypotension did not occur at the same time to her knowledge, and Resident #1 had periods of being alert and oriented and talkative.</p> <p>In an interview on 4/1/25 at 1:45 PM, CNA C stated she worked with Resident #1 the week she was at the facility. CNA C stated Resident #1 was alert and able to express her needs during the week. CNA C stated there were times when Resident #1 would sleep longer, and she would ask the resident if she could help her out of bed so that she would not be lying down all day. CNA C stated Resident #1 would also be very tired after physical therapy and dinner and would ask to be put back in bed. CNA C stated Resident #1 urinated a lot, and there would be times she would start urinating while being changed. CNA C stated the urine was a normal yellow color and did not have a foul smell. CNA C stated the CNAs took all residents' vitals during the morning and would provide them to the charge nurse to be documented in the records. CNA C stated any abnormal vitals would be reported to the nurse immediately and the nurse would do a re-check themselves. CNA C could not recall Resident #1 having any abnormal vitals when she checked them.</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview on 4/1/25 at 02:00 PM, the MD stated he saw Resident #1 on 2/25/25, and he noted that the resident was sleepy during his evaluation but with no other s/sx that were concerning at that time. The MD stated Resident #1 was on hypertensive medications and there were parameters in place for the nurses to hold medications if the blood pressure was outside of the parameters. The MD stated the nurses could use their clinical judgement and did not have to notify him every time they held hypertensive medications; however, he expected the nurses to notify him if a resident's systolic blood pressure was less than 90 and the diastolic was less than 60. The MD stated he did not recall being notified on 2/24/25 when Resident #1's blood pressure was 96/51 or abnormal on any other days prior to 2/28/25. He stated he would have expected the nurses to notify him so that he could get additional information about other s/sx before he could determine treatment. The MD stated any s/sx such as fever, AMS, change in urine, and c/o pain would have suggested signs of a UTI/infection. The MD stated fatigue and low blood pressure could also be a sign of a UTI. The MD stated on 2/28/25, the nurse notified him that Resident #1 was drowsy with a bp of 77/40 and the resident was sent to the hospital for further evaluation.</p> <p>In an interview on 4/1/25 at 03:05 PM, the DOR stated she completed Resident #1's therapy evaluation on 2/24/25 and the resident was lethargic during the evaluation, and it was reported to the charge nurse. The DOR could not recall who the charge nurse was that day, but she stated she remembered having to report it because it was protocol.</p> <p>In a further interview on 4/1/25 at 4:59 PM, the DON stated nurses are taught in school to care for a resident based on what you see and not based on numbers, so if a resident's vitals were abnormal her expectation would be for the nurses to use their clinical judgement to decide if the MD needed to be called. The DON stated a lot of people can function well with a low blood pressure and factors such as the time blood pressure was taken and the position the resident was in could affect the numbers. The DON stated the MD should be called if the blood pressure is low with accompanying symptoms, but not for a low blood pressure alone. The DON stated Resident #1 did exhibit fatigue; however, that was tricky because the fatigue could have been reasons mentioned earlier (adjusting to new environment, coming off medications from hospital, physical therapy). The DON stated she could not state any risks of not notifying the MD of a low blood pressure if there were no other s/sx because nurses did not treat numbers alone. The DON could not state the protocol to ensure that nurses were using appropriate clinical judgement on determining when to notify the MD of a change of condition. She continued to state that nurses learn in school to treat residents based on what they see and not based on numbers.</p> <p>In an interview on 4/8/25 at 9:29 AM, RN A stated she worked for the facility for about 2 years. She stated she worked with Resident #1 on 2/28/25 and there were no concerns for the resident reported to her. RN A stated one of the CNAs later informed her that Resident #1's [family] wanted her in the room and when she went there, she assessed the resident and found that her blood pressure was very low, and she was out of it. RN A stated she notified the MD and transferred Resident #1 to the hospital just downstairs from the facility. 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 during the week.</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>A policy on Quality of Care regarding blood pressure assessments was requested from the Administrator on 4/8/25 at 5:20 PM and she informed that the facility did not have one.</p> <p>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-when-blood-pressure-is-too-low>, reflected in part the following:</p> <p>.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.</p> <p>Symptoms of low blood pressure</p> <p>Constantly low blood pressure can be dangerous if it causes signs and symptoms such as:</p> <ul style="list-style-type: none"> -confusion -dizziness -nausea -fainting -fatigue . <p>Underlying causes of low blood pressure</p> <ul style="list-style-type: none"> . <p>Low blood pressure can happen with:</p> <ul style="list-style-type: none"> . <p>-Life-threatening scenarios:</p> <ul style="list-style-type: none"> -septic shock: this can occur when bacteria from an infection enter the bloodstream. . <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>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 Plan of Removal (POR) was accepted on 4/9/25 at 1:56 PM and included:</p> <p>Plan of Removal</p> <p>Name of Facility: [Nursing Facility]</p> <p>Date: April 8, 2025</p> <p>Immediate action:</p> <p>F-684 Quality of Care</p> <p>On 4/8/25, the Medical Director was informed of the Immediate Jeopardy.</p> <p>On 4/8/25 the [VP of Clinical Services/Interim DON], [ADON], [Medical Records Nurse], and [Wound Care 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.</p> <p>This training consisted specifically of notifying the physician of abnormal vital signs when accompanied by symptoms and standard disease related clinical interventions by the licensed nurse are not successful. This in-service also included assessing a resident for change of condition and notifying physician of change in conditions.</p> <p>On 4/8/25 [VP of Clinical Services/Interim DON] and [ADON] reviewed all patients for documented low blood pressure. No patients identified with having low blood pressures outside of specified order parameters. If a patient had been noted to have blood pressures outside of the specified order parameters, the MD or NP would 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).</p> <p>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.</p> <p>Notify of Changes</p> <p>2. A significant change of condition is a major decline or improvement in the resident's status that:</p> <p>e. will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (is not self-limiting);</p> <p>f. impacts more than one area of the resident's health status;</p> <p>g. requires interdisciplinary review and/or revision to the care plan; and</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>h. ultimately is based on the judgment of the clinical staff</p> <p>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.</p> <p>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.</p> <p>Abnormal vital signs:</p> <p>Systolic BP less than 90</p> <p>Diastolic less than 50</p> <p>Systolic greater than 180</p> <p>Diastolic greater than 100</p> <p>Heart rate less than 50</p> <p>Heart rate greater than 130</p> <p>Measures to be put in to practice to monitor and to prevent future occurrence will include</p> <p>a. ADON/DON/designee will review the exception report for low blood pressures with systolic blood pressures less than 90 and diastolic less than 50</p> <p>b. Review will occur daily for 2 weeks, and then 5 times weekly for 6 weeks, and then 3 times weekly for 4 weeks.</p> <p>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:</p> <p>Record review of a document provided by the Administrator titled Weights and Vitals Exceptions, dated 4/8/25, reflected [VP of Clinical Services/Interim DON] audited all residents' vitals to ensure they were within parameters and any changes in condition were reported to the [MD].</p> <p>Record review of an in-service titled Change of Condition, when to notify physician of a change in condition dated 4/8/25, reflected the [VP of Clinical Services/Interim DON] educated the [Administrator], [ADON], [Medical Records/LVN] and [Wound Care Nurse] on identifying change of condition and notifying the MD.</p> <p>(continued on next page)</p>		

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 contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of an in-service titled Abnormal Vital Signs/Change in Condition dated 4/9/25, reflected the [ADON] and [Medical Records Staff/LVN] educated licensed staff (including RNs, LVNs, CNAs, and Therapy staff) on identifying abnormal vital signs and change of condition, and when to notify the charge nurse and MD.</p> <p>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.</p> <p>Interview on 4/9/25 at 3:02 PM with the MD revealed he was notified of the Immediate Jeopardy. The MD confirmed that his expectation was for the nurses to notify him of any abnormal vitals. The MD stated if a resident had abnormal vitals, he would also expect there to be accompanying s/sx such as dizziness or pain that would need to be reported. The MD stated there were specific parameters for the nurses to follow when monitoring for abnormal blood pressure and heart rate.</p> <p>Interviews on 4/9/25, 3:06 PM-5:15 PM, conducted with the Administrator, ADON, Medical Records Nurse, Wound Care Nurse, DOR, nurses, and CNAs: CNA C (6a-2p, rotating), LVN D (6a-6p), CNA E (2p-10p), RN F (6a-6p), LVN G (6a-6p), CNA H (2P-10P, PRN), LVN I (6p-6a), CNA J (2p-10p, PRN), CNA K (2p-10p, PRN), LVN L (6p-6a), CNA M (10p-6a), LVN N (6P-6A), and CNA O (10p-6a) indicated they all participated in in-service trainings starting on 4/8/25-4/9/25. The CNAs were able to describe the s/sx of a UTI, sepsis, and change of condition, parameters for abnormal vital, and who to notify of any changes in the residents. The nurses were able to describe the s/sx of a UTI, sepsis, and change of condition, how to complete an assessment, who to notify, following up on orders, and what to document. The ADON understood her role to monitor the facility reports of any abnormal vitals to prevent future occurrences.</p> <p>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 severity level of no actual harm with potential for more than minimal harm that was not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems.</p>		