

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Le Reve Rehabilitation & Memory Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3309 Dilido Road Dallas, TX 75228	

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 - Few</p>	<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** 44021</p> <p>Based on interview, and record review the facility failed to notify the physician when a resident experienced ant bites and pain for 1 (Resident #21) of 5 residents reviewed for a notification of a change of condition, in that:</p> <p>RN II did not notify the Physician of Resident #21's change of condition on 08/13/24 when CNA R reported that Resident #21 had indicated experiencing pain to the anterior area of her right elbow to RN II concerns that Resident #21 had suffered ant bites that had resulted in welts on Resident #21's right arm.</p> <p>An Immediate Jeopardy was (IJ) was identified on 08/14/24 at 5:53 PM while the IJ was removed on 08/16/24, the facility remained out of compliance at a severity of No actual harm with a potential for more than minimal harm that is not immediate and a scope of isolated due to the facility still monitoring the effectiveness of their Plan of Removal.</p> <p>This deficient practice could place residents at risks of not obtaining the care that was needed, which could lead to a worsening of their condition, hospitalization , or death.</p> <p>Findings Included:</p> <p>Record review of Resident #21's Face Sheet, dated 08/14/2024, revealed a [AGE] year-old female who initially admitted to the facility on [DATE]. Resident #21 had a diagnoses which included the following: Aphasia (cannot speak), Hemiplegia (paralyzed on one side) and Hemiparesis (weakness on one side of the body) following Cerebral Infarction (Stroke) affecting Right Dominant side, Type 2 Diabetes Mellitus (Too much sugar), and Cerebral Infarction due to Thrombosis (blood clots) of Unspecified Cerebral Artery. (Family member #1 was listed as the Responsible Party/POA.)</p> <p>Record review Resident #21's Quarterly MDS Assessment, dated 05/22/24, revealed the resident was rarely/never understood and was cognitively severely impaired. Resident #21 required total or extensive assistance for bed mobility, dressing, toilet use, and personal hygiene. Further review of Resident #21's MDS reflected that Resident #21 was always incontinent of urine and bowel.</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
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<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #21's Care Plan initiated on 02/22/2022 reflected Resident #21 had an Activities of Daily Living self-care deficit, and the interventions included that Resident #21 required limited-extensive assist to turn and reposition in bed and as necessary. Resident #21 required supervision to eat. Resident #21 required 2 staff for personal hygiene and oral care. The Care Plan reflected that Resident #21 had impaired cognitive function/dementia or impaired thought processes with interventions that included communicating with family family/caregivers regarding her capabilities and needs and to monitor/document/report PRN any changes in cognitive function, specifically changes in: decision making ability, memory, level of consciousness, mental status. The Care Plan reflected that Resident #21 had a communication problem related to Cerebral Vascular Accident. Resident #21 was Aphasic (inability to communicate). Resident #21 smiles when approached and could head/nod to yes and no questions and the interventions included encouraging Resident #21 to continue stating thoughts even if resident is having difficulty and to monitor/document/report as needed any changes in ability to communicate, potential contributing factors for communication problems. The Care Plan reflected that Resident #21 had Diabetes Mellitus and was taking medications per Medical Doctors orders, with interventions that included checking all of body for breaks in skin and treat promptly as ordered by doctor. The Care Plan reflected that Resident #21 had hemiplegia/hemiparesis (paralyzation of one side of the body), with interventions that included discuss with Resident #21's family/caregivers any concerns, fears, issues regarding diagnosis or treatments.</p> <p>Record review of Resident #21's electronic health record revealed that there were no progress notes, skin assessments, treatment for ant bites, follow up treatments, assessments, or record of notifying Resident #21's family or physician in relation to Resident #21 having to temporarily move rooms due to an ant infestation and ant bites. No Situation, Background, Assessment Recommendation Communication Report could be found in relation to Resident #21 being bit by ants, assessment, post treatment or room movement.</p> <p>An interview on 08/12/24 at 1:23 PM with Family Member #1 revealed on 07/14/24 Resident #21 was not in her regular room. CNA R explained on 07/14/24 Resident #21 had been moved to another room because ants and ant bites that were discovered on Resident #21. The family member stated were not notified of the ants or the room move before the family member had asked about it.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview on 08/12/24 at 1:56 PM CNA R stated that Resident #21 was non-verbal, and that CNA R had worked with Resident #21 for a long time and was familiar with how to communicate with Resident #21 with yes/no questions and pointing. CNA R stated that while delivering Resident #21's breakfast tray, Resident #21 indicated she had pain in her right arm. CNA R stated she reported to RN ii that Resident #21 had indicated pain in her arm around 7:40AM on 07/13/24 and then continued with her morning duties. CNA R stated that when she returned to Resident #21's room around 8:20 AM, she was unsure if RN II had assessed Resident #21 yet. CNA R stated she had discovered ants on Resident #21 on the morning of 7/13/24 around 8:20 AM, while getting Resident #21 ready for a bed bath. CNA R stated that there had been between 20 to 30 small black ants in the crook of Resident #21's arm that Resident #21 had indicated to before. CNA R stated that she immediately reacted and used the gathered bed bath equipment to immediately wipe off Resident #21's arm. CNA R stated that the area on Resident #21's arm where the ants had been present had been [NAME] and red. CNA R stated she then informed RN ii about the ants and then took Resident #21 to a shower where CNA R made sure there were no more ants on Resident #21. CNA R stated that Resident #21 was then temporarily moved to another room from the 100 hall to the 300 hall. CNA R stated that the welts on Resident #21's arm were much less noticeable after the shower and move. CNA R stated that housekeeping had cleaned out Resident #21's room and that Resident #21 had been moved back to Resident #21's original room on 07/16/24 on the 100 hall from the temporary room on the 300 hall.</p> <p>An interview on 08/13/24 at 1:54 PM RN II stated that she did not remember if she had written any progress notes about the ants on Resident #21 or if she had contacted the ADON face to face or had contacted the ADON via phone. RN II stated she had not contacted the MD or Resident #21's family member/Power of Attorney about the ants or the room move.</p> <p>An interview on 08/13/24 ADON stated that there were no messages about Resident #21 moving rooms or being bitten by ants. The ADON stated that the facility uses a phone messaging app to make sure that all nursing staff are informed of developments with residents and that information is passed. The ADON stated that if there was no evidence of any message being passed and that she had not been informed that it would have been up to RN II to contact the MD and the family of Resident #21. The ADON stated that she could find no evidence of an initial assessment, after treatment for ant bites notification of any room movements, notifications or new orders from the MD or skin assessments. The ADON stated that she was not on the schedule on 07/13/24 and that the facility did not have a DON from 07/07/24 to 07/22/24.</p> <p>In an interview on 08/14/24 at 10:03 AM the DON stated that she had started employment at the facility on 07/22/24 and that she had not known about Resident #21 had been bitten by ants, but that it should have been reported to head nursing staff so that Resident #21 could have been properly assessed and treated for ant bites, the MD should have been notified and the family should have been notified and they had not been informed. The DON stated that there could have been medical complications or undue pain caused to Resident #21 by not being properly treated for ant bites.</p> <p>In an interview on 08/14/24 at 11:33 AM The MD stated that he was not informed that Resident #21 had suffered ant bites or had moved rooms. The MD stated that he could find no evidence that Resident #21 had been issued any new orders for topical ointments for ant bites or evidence of any assessment or post assessments of Resident #21 related to ant bites. The MD stated that it was important that he should have been informed about the ant bites on Resident #21 because of the risk of complications depending on Resident #21's morbidities and that Resident #21 may have missed care that Resident #21 might have needed.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of the facility's policy titled Change of Condition and Physician/Family Notification, dated January 2023, reflected Purpose: To ensure that resident's family and/or legal representative and physician are notified of resident changes that fall under the following categories: . A significant change in resident's physical, mental, or psychosocial status. (See below for examples). A need to significantly alter treatment. Transfer of the resident from the facility. Procedures: When any of the above situations exist, the licensed nurse will contact the resident's family and their physician . Each attempt will be charged as to time the call was made, who was spoken to, and what information was given to the physician .</p> <p>This failure resulted in an identification of an Immediate Jeopardy on 08/14/2024 at 5:53 PM. The Administrator was informed and provided the IJ template on 08/14/2024 at 5:55 PM and a Plan of Removal (POR) was requested.</p> <p>The Plan of Removal reflected:</p> <p>Per the information provided in the IJ template given on 8/14/24, the facility failed to take proper action in notification of resident change of condition. Facility failed to further notify executive administration, and/or resident family member. Per template, on 07/13/24, CNA discovered ants on resident with noticeable welts on resident right arm. CNA notified charge nurse, who advised to bathe and relocate resident to different room. Charge nurse failed to take further action in obtaining order for medical treatment, and notification of resident change to physician, administration, and family.</p> <p>The MD, was notified of IJ on 8/14/24 at 06:00p.m.</p> <p>DON and ADON initiated In-service with nursing staff (CNA, CMA, LVN, RN) 8/14/24 on identifying when to conduct assessment on residents and where to document assessments. This in-service will be completed by 8.15.24.</p> <p>DON and ADON initiated in-service with nursing staff (CNA, CMA, LVN, RN) on 8/14/24 regarding when to provide treatment and/or care to residents. This in-service will be completed by 8.15.24.</p> <p>DON and ADON initiated in-service with nursing staff on 8/14/24 (CNA, CMA, LVN, RN) regarding when to communicate with nursing supervisor, administrative team, physician, and family. This in-service will be completed by 8.15.24. This in-service will be completed by 8.15.24.</p> <p>ADON initiated in-service when nursing staff (CNA, CMA, LVN, RN) on 8/14/24 regarding when to report significant changes in resident's condition. This in-service will be completed by 8.15.24.</p> <p>In-service initiated with all staff (Facility Wide) on 8/14/24 regarding notification of observed pest(s) by ADON or ADM. This in-service will be completed by 8.15.24.</p> <p>Each department to provide in-service to every employee, prior to working next assigned shift. To be completed by 8.15.24.</p> <p>If staff member(s) are present for in-person training, training will be conducted by appropriate department head (Director of Culinary Services. Director of Environmental Services. ADON and DON. Director of Rehab. ADM for monitoring of Department Heads). To be completed by 8.15.24.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>If staff member(s) unavailable for in-person training, phone call will be performed as witnessed phone call with ADM and DON. Phone call dialogue will provide pre-test to employee, followed by in- service education, finishing with post-call test. To be completed by 8.15.24.</p> <p>If staff member(s) do not answer/return phone call, notification will be given to scheduling manager (ADON. Director of Culinary Services. Director of Environmental Services. Director of Rehab. ADM department head monitoring), to place hold on staff member shift availability until complete.</p> <p>Monitoring of understanding by clinical staff to be performed by DON. Monitoring to include daily review of 24-hr log with follow-up of employee to ensure notification appropriately made. Monitoring will also include educational pre/post-test to be administered by 8.15.24. Pre/Post Test with correlating policy will also be added to new-hire packet. ADM to monitor compliance of DON.</p> <p>Skin assessments, performed by ADON, and [NAME] President of Clinical Services, completed on every resident, to be completed by 8/15/24. Results to be submitted upon completion.</p> <p>Environmental sweep of hallways, resident rooms, and exterior perimeter performed by Director of Environmental Services, on 8/14/24 with no findings of pest(s). Director of Environmental Services will monitor pest control by daily review of pest binder. Pest Control scheduled twice per month with 3rd party source and PRN for sightings. ADM to monitor compliance of Director of Environmental Services.</p> <p>Summary of IJ and corrective action to be reviewed by QAPI committee weekly x4 weeks or until substantial compliance established and continue monthly for 90 days to ensure ongoing compliance.</p> <p>Monitoring of the Plan of Removal included:</p> <p>Interviews were conducted on 08/15/24 at 9:18 AM to 08/16/24 at 1:23 PM with 4 RN's, 10 LVN's, 4 MA's, 18 CNA's, 2 Dietary Cooks, 2 HSK's, the ADM, ADON, SW, Director of Environmental Services, Director of Rehab, and Director of Culinary Services, who worked multiple shifts, revealed that they had all been in-serviced on Conducting and Reporting Assessments, Providing Treatment and/or Care to Residents, Communicating with Nursing Supervisor, Administrative Team, Physician and Family, Reporting significant Changes in resident Condition, and Notification of Observed Pest(s). The staff were able to identify examples on who, when, and where to report Assessments, Changes in Condition and Pest(s) sightings. Interviewed staff were knowledgeable on protocols and who they needed to report too. The staff reported verifying their competencies via a pre and post quiz.</p> <p>An interview on 08/16/24 at 11:40 AM [NAME] President of Clinical Services stated that the ADM and DON were in-serviced on all in-service topics and [NAME] president of Clinical Services stated their competency was verified via quizzes. The [NAME] president of Clinical Services stated for the next 30 days [NAME] president of Clinical Services and DON would be monitoring, and stated if they identified any changes, they would contact the MD and family/POA immediately.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of in-services titled Conducting and Reporting Assessments, Providing Treatment and/or Care to Residents, Communicating with Nursing Supervisor, Administrative Team, Physician and Family, Reporting significant Changes in resident Condition, and Notification of Observed Pest(s), conducted by the ADM, DON, Director of Rehab, Director of Environmental services and the Director of Culinary services, reflected that all staff were educated on policy and procedures including assessments and notification to MD and Nurse Practitioners regarding change of condition. All Nursing staff were in-serviced and educated on policy and procedures regarding providing treatment and/or care to residents.</p> <p>The ADM and DON were informed the Immediate Jeopardy was removed on 08/16/24 at 1:35 PM. The facility remained out of compliance at a severity of No actual harm with a potential for more than minimal harm that is not immediate and a scope of isolated due to the facility still monitoring the effectiveness of their corrective systems.</p>

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</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** 44021</p> <p>Based on interview and record review, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice for 1 of 4 residents (Resident #1) reviewed for quality of care.</p> <p>1) The facility nurses failed to assess, treat, or monitor ant bites and pain for Resident #21 or seek treatment instructions from the physician.</p> <p>An Immediate Jeopardy was (IJ) was identified on 08/14/24 at 5:53 PM while the IJ was removed on 08/16/24, the facility remained out of compliance at a severity of No actual harm with a potential for more than minimal harm that is not immediate and a scope of isolated due to the facility still monitoring the effectiveness of their Plan of Removal.</p> <p>This deficient practice could place residents at risks of not obtaining the care that was needed, which could lead to a worsening of their condition, hospitalization , or death.</p> <p>Findings Included:</p> <p>Record review of Resident #21's Face Sheet, dated 08/14/2024, revealed a [AGE] year-old female who initially admitted to the facility on [DATE]. Resident #21 had a diagnoses which included the following: Aphasia (cannot speak), Hemiplegia (paralyzed on one side) and Hemiparesis (weakness on one side of the body) following Cerebral Infarction (stroke) affecting Right Dominant side, Type 2 Diabetes Mellitus (to much sugar), and Cerebral Infarction due to Thrombosis (blood clots) of Unspecified Cerebral Artery. (Family member #1 was listed as the responsible party/POA.)</p> <p>Record review Resident #21's Quarterly MDS Assessment, dated 05/22/24, revealed the resident was rarely/never understood and was cognitively severely impaired. Resident #21 required total or extensive assistance for bed mobility, dressing, toilet use, and personal hygiene. Further review of Resident #21's MDS reflected that Resident #21 was always incontinent of urine and bowel.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on 08/13/24 at 2:07 PM the ADON stated that there were no messages about Resident #21 moving rooms or being bitten by ants. The ADON stated that the facility used a phone messaging app to make sure that all nursing staff were informed of developments with residents and that information was passed. The ADON stated that if there was no evidence of any message being passed and that she had not been informed that it would have been up to RN II to contact the MD and the family of Resident #21. The ADON stated that she could find no evidence of an initial assessment, after treatment for ant bites notification of any room movements, notifications or new orders from the MD or skin assessments. The ADON stated she was not on the schedule on 07/13/24 and that the facility did not have a DON from 07/07/24 to 07/22/24.</p> <p>Record review of the facility pest sighting log of the last 6 months revealed that ants were sighted in Resident #21's room on 07/15/24 and treated by the pest control on 07/25/24.</p> <p>Record review of the facility's Incident Accident log dated 06/01/24 to 08/12/24 revealed that there were no incidents listed regarding any resident being bitten by ants or having to move rooms.</p> <p>Record review of Resident #21's progress notes from 06/01/24 to 08/12/24 revealed that there were no notes regarding Resident #21 having been bit by ants or having been discovered with ants on Resident #21's body. No notes were discovered that indicated that Resident #21's MD or Resident #21's family members had been notified that Resident #21 had been bitten by ants or that Resident #21 had received any post treatment for ant bites or pain resulting from ant bites.</p> <p>In an interview on 08/14/24 at 9:57 AM the ADM stated she had never been told that Resident #21 had been bitten by ants until the investigator informed her on 08/13/24. The ADM stated that Resident #21's family member had spoken to her on 07/14/24 about Resident #21 being moved to another room but that Resident #21's family member had not mentioned ants or ant bites.</p> <p>In an interview on 08/14/24 at 10:03 AM the DON stated she had started employment at the facility on 07/22/24 and she had not known about Resident #21 being bitten by ants, but that it should have been reported to head nursing staff so that Resident #21 could have been properly assessed and treated for ant bites; the MD should have been notified and the family should have been notified and they had not been informed. The DON stated that there could have been medical complications or undue pain caused to Resident #21 by not being properly treated for ant bites.</p> <p>In an interview on 08/14/24 at 11:33 AM the MD stated he had been unaware that Resident #21 had suffered ant bites or had moved rooms. The MD stated that he could find no evidence that Resident #21 had been issued any new orders for topical ointments for ant bites or evidence of any assessment or post assessments of Resident #21 related to ant bites. The MD stated that it was important he be informed about the ant bites on Resident #21 because of the risk of complications depending on Resident #21's morbidities and that Resident #21 may have missed care that Resident #21 might have needed.</p> <p>In an interview on 08/14/2024 at 2:32 PM Resident #21 was observed supine. Resident #21 indicated through hand gestures that she was fine. Resident #21 indicated through nodding her head that she had been bitten by ants on her right arm and indicated through nodding her head that the ant bites had caused her pain.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Le Reve Rehabilitation & Memory Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3309 Dildo Road Dallas, TX 75228	
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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on 08/14/24 at 4:25 PM the Director of Environmental Services stated that Pest control came to the facility twice a month and could be called in for extra visits. Director of Environmental services stated she did external rounds of the building to direct pest control services to active ant mounds near the building and that all staff were directed to note any insects in the facility in the pest sighting log. The Director of Environmental services stated that there had been no reports made that any residents had been bitten by ants and that staff cleaned rooms every day to make sure that pests like ants were not attracted to resident rooms.</p> <p>A record review of the facility's policy titled Change of Condition and Physician/Family Notification, dated January 2023, reflected Purpose: To ensure that resident's family and/or legal representative and physician are notified of resident changes that fall under the following categories: . A significant change in resident's physical, mental, or psychosocial status. (See below for examples). A need to significantly alter treatment. Transfer of the resident from the facility. Procedures: When any of the above situations exist, the licensed nurse will contact the resident's family and their physician . Each attempt will be charged as to time the call was made, who was spoken to, and what information was given to the physician . Prior to notifying the physician or health care provider, the nurse will make detailed observations and gather relevant and pertinent information to the provider, including (for example information prompted by the Situation, Background, Assessment Recommendation Communication Form .</p> <p>A record review of the facility's policy titled Requesting, Refusing and/or Discontinuing Care or Treatment, dated May 2017, reflected .Treatment is defined as services provided for purposes of maintaining/restoring health, improving functional level, or relieving symptoms .</p> <p>This failure resulted in an identification of an Immediate Jeopardy on 08/14/2024 at 5:53 PM. The Administrator was informed and provided the IJ template on 08/14/2024 at 5:55 PM and a Plan of Removal (POR) was requested.</p> <p>The Plan of Removal reflected:</p> <p>Per the information provided in the IJ template given on 8/14/24, the facility failed to take proper action in notification of resident change of condition. Facility failed to further notify executive administration, and/or resident family member. Per template, on 07/13/24, the CNA discovered ants on a resident with noticeable welts on the resident right arm. The CNA notified the charge nurse, who advised to bathe and relocate the resident to different room. The charge nurse failed to take further action in obtaining orders for medical treatment, and notification of a resident change to the physician, administration, and family.</p> <p>The MD, was notified of IJ on 8/14/24 at 06:00p.m.</p> <p>The DON and ADON initiated an in-service with nursing staff (CNA, CMA, LVN, RN) 8/14/24 on identifying when to conduct assessment on residents and where to document assessments. This in-service will be completed by 8.15.24.</p> <p>The DON and ADON initiated an in-service with nursing staff (CNA, CMA, LVN, RN) on 8/14/24 regarding when to provide treatment and/or care to residents. This in-service will be completed by 8.15.24.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The DON and ADON initiated in-service with nursing staff on 8/14/24 (CNA, CMA, LVN, RN) regarding when to communicate with nursing supervisor, administrative team, physician, and family. This in-service will be completed by 8.15.24. This in-service will be completed by 8.15.24.</p> <p>The ADON initiated in-service when nursing staff (CNA, CMA, LVN, RN) on 8/14/24 regarding when to report significant changes in resident's condition. This in-service will be completed by 8.15.24.</p> <p>In-service initiated with all staff (Facility Wide) on 8/14/24 regarding notification of observed pest(s) by the ADON or ADM. This in-service will be completed by 8.15.24.</p> <p>Each department to provide in-services to every employee, prior to working next assigned shift. To be completed by 8.15.24.</p> <p>If staff member(s) are present for in-person training, training will be conducted by appropriate department head (The Director of Culinary Services. The Director of Environmental Services. The ADON and DON. The Director of Rehab. The ADM for monitoring of Department Heads). To be completed by 8.15.24.</p> <p>If staff member(s) are unavailable for in-person training, phone call will be performed as witnessed phone call with the ADM and DON. Phone call dialogue will provide a pre-test to employee, followed by in- service education, finishing with a post-call test. To be completed by 8.15.24.</p> <p>If staff member(s) do not answer/return phone call, notification will be given to scheduling manager (The ADON. The Director of Culinary Services. The Director of Environmental Services. The Director of Rehab. The ADM department head monitoring), to place hold on staff member shift availability until complete.</p> <p>Monitoring of understanding by clinical staff to be performed by the DON. Monitoring to include daily review of the 24-hr log with follow-up of the employee to ensure notification appropriately made. Monitoring will also include educational pre/post-test to be administered by 8.15.24. Pre/Post Tests with correlating policy will also be added to new-hire packet. The ADM to monitor compliance of DON.</p> <p>Skin assessments performed by the ADON, and [NAME] President of Clinical Services, completed on every resident, to be completed by 8/15/24. Results to be submitted upon completion.</p> <p>Environmental sweep of hallways, resident rooms, and exterior perimeter performed by the Director of Environmental Services, on 8/14/24 with no findings of pest(s). The Director of Environmental Services will monitor pest control by daily review of pest binder. Pest Control scheduled twice per month with 3rd party source and PRN for sightings. The ADM to monitor compliance of Director of Environmental Services.</p> <p>Summary of the IJ and corrective action to be reviewed by QAPI committee weekly x4 weeks or until substantial compliance established and continue monthly for 90 days to ensure ongoing compliance.</p> <p>Monitoring of the Plan of Removal included:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of in-services dated 8/14/2024, titled Conducting and Reporting Assessments, Providing Treatment and/or Care to Residents, Communicating with Nursing Supervisor, Administrative Team, Physician and Family, Reporting significant Changes in resident Condition, and Notification of Observed Pest(s), conducted by the ADM, DON, Director of Rehab, Director of Environmental services and the Director of Culinary services, reflected that all staff were educated on policy and procedures including assessments and notification to MD and Nurse Practitioners regarding change of condition. All Nursing staff were in-serviced and educated on policy and procedures regarding providing treatment and/or care to residents.</p> <p>Interviews were conducted on 08/15/24 at 9:18 AM to 08/16/24 at 1:23 PM with 4 RNs , 10 LVNs, 4 MAs, 18 CNAs, 2 Dietary Cooks, 2 HSKs, the ADM, ADON, SW, Director of Environmental Services, Director of Rehab, and Director of Culinary Services, who worked multiple shifts, revealed that they had all been in-serviced on Conducting and Reporting Assessments, Providing Treatment and/or Care to Residents, Communicating with Nursing Supervisor, Administrative Team, Physician and Family, Reporting significant Changes in resident Condition, and Notification of Observed Pest(s). The staff were able to identify examples on who, when, and where to report Assessments, Changes in Condition and Pest(s) sightings. Interviewed staff were knowledgeable on protocols and who they needed to report too. The staff reported verifying their competencies via a pre and post quiz.</p> <p>In an interview on 08/16/24 at 11:40 AM the [NAME] President of Clinical Services stated that the ADM and DON were in-serviced on all in-service topics and they stated their competency was verified via quizzes. The [NAME] president of Clinical Services stated for the next 30 days they and the DON would be monitoring, and stated if they identified any changes, they would contact the MD and family/POA immediately.</p> <p>The ADM and DON were informed the Immediate Jeopardy was removed on 08/16/24 at 1:35 PM. The facility remained out of compliance at a severity of No actual harm with a potential for more than minimal harm that is not immediate and a scope of isolated due to the facility still monitoring the effectiveness of their corrective systems.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27070</p> <p>Based on observation, interview and record review, the facility failed to ensure all assistive devices were maintained and free of hazards for six (Residents #1, #6, #23, #42, #38, and #53) of 6 residents reviewed for essential equipment.</p> <p>The facility failed to properly maintain wheelchairs for Residents #1, #6, #23 #42, #38, and #53.</p> <p>These failures could place residents at risk for equipment that is in unsafe operating condition, that could cause injury.</p> <p>Findings include :</p> <p>Review of Resident #1's quarterly MDS assessment, dated 07/03/24, reflected he was an [AGE] year-old male admitted to the facility on [DATE] with diagnoses of atrial fibrillation (irregular heart rate), hypertension (increased blood pressure), and neuromuscular dysfunction (loss of control of body movement). Further review of the MDS reflected the resident was cognitively moderately impaired and able to make decisions for themselves.</p> <p>Review of the Resident #1's plan of care dated 07/01/24 with updates reflected goals and approaches to include wheelchair mobility for locomotion.</p> <p>Observation on 08/12/24 at 12:10 p.m., revealed Resident #1 was sitting in his wheelchair, in the dining room and had no skin problems. The wheelchair's right armrest was cracked with foam exposed. There was dried food substances on the back of the wheelchair.</p> <p>Review of Resident #6's quarterly MDS assessment, dated 06/25/24, reflected she was a [AGE] year-old female admitted to the facility on [DATE], with diagnoses of Alzheimer's disease (forgetfulness & confusion), and muscle weakness (muscle deterioration). Further review of the MDS reflected the resident was cognitively severely impaired and unable to make decisions for themselves.</p> <p>Review of the Resident #6's plan of care dated 06/07/24 with updates reflected goals and approaches to include wheelchair mobility.</p> <p>Observation on 08/12/24 at 12:15 p.m., revealed Resident #6 was sitting in her wheelchair in the dining room and the wheelchair's right armrest was cracked, and rough with exposed foam. There were no skin tears on Resident #6's arms. The wheels of the wheelchair had dried food substance on both wheels and on wheel rims.</p> <p>Review of Resident #23's annual MDS assessment, dated 07/10/24, reflected he was an [AGE] year-old male admitted to the facility on [DATE], with diagnoses of cerebral infarction (stroke) muscle weakness (no strength), abnormalities of gait and mobility (unable to mobilize safety), and depression (mental illness). Further review of the MDS reflected the resident was moderately impaired for cognition and unable to make decisions for themselves.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Resident #23's updated plan of care dated 07/17/24 with updates reflected goals and approaches to include wheelchair mobility.</p> <p>Observation and interview on 08/12/24 at 12:22 p.m., revealed Resident #23 was in his wheelchair in the dining room, and the wheelchair's left armrest was missing. The wheelchair's left side had an open screw hole, where the armrest belonged, that was sharp. There were no skin tears on the resident's arms. Resident #23 stated the armrest missing did not bother him, but at times it was rough on his arm. He said he had never been wounded from the armrest missing.</p> <p>Review of Resident #42's significant change MDS assessment, dated 07/03/24, reflected she was a [AGE] year-old female admitted to the facility on [DATE], with diagnoses of dementia (forgetfulness and confusion) muscle weakness (no strength), abnormalities of gait and mobility (unable to mobilize safety). Further review of the MDS reflected the resident was severely impaired for cognition and unable to make decisions for themselves.</p> <p>Review of the Resident #42's updated plan of care dated 07/24/24 with updates reflected goals and approaches to include wheelchair mobility.</p> <p>Observation on 08/12/24 at 12:25 p.m., revealed Resident #42 was sitting in her wheelchair in the dining room and the wheelchair's right and left armrests were cracked, with exposed foam. There were no skin tears on the resident's arms. The wheels of the wheelchair had dried food substance on both wheels and on wheel rims.</p> <p>Review of Resident #53's quarterly MDS assessment, dated 06/03/24, reflected he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses of end stage renal disease (kidneys do not work) muscle weakness (no strength), and acquired absence of left leg (left leg missing below the knee). Further review of the MDS reflected the resident was alert and oriented for cognition and able to make decisions for themselves.</p> <p>Review of the Resident #53's updated plan of care dated 06/23/24 with updates reflected goals and approaches to include wheelchair mobility.</p> <p>Observation on 08/12/24 at 12:26 p.m., revealed Resident #53 was sitting in his wheelchair in the dining room and the wheelchair's right armrest was cracked, with exposed foam. There were no skin tears on the resident's arms.</p> <p>In an interview on 08/12/24 at 12:30 p.m. with Resident #53 revealed he was happy with his wheelchair, the facility had given it to him, but his arm rest was uncomfortable at times. The resident stated he had not told anyone about the wheelchair, he was just enjoying the chair.</p> <p>Review of Resident #38's quarterly MDS assessment, dated 06/06/24, reflected he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses of end stage renal disease (kidneys do not work) muscle weakness (no strength), lack of coordination (not able to stand alone or walk safely), and hemiplegia right side (right side weakness unable to use). Further review of the MDS reflected the resident was severely impaired for cognition and unable to make decisions for themselves.</p> <p>Review of the Resident #38's updated plan of care dated 06/26/24 with updates reflected goals and approaches to include wheelchair mobility.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 08/12/24 at 12:37 p.m., revealed Resident #38 was sitting in his wheelchair in the dining room and the wheelchair's right armrest was cracked, with exposed foam and the left armrest was missing. There were no skin tears on the resident's arms.</p> <p>In an interview and observation on 08/12/24 at 4:05 p.m., LVN B stated when a resident's wheelchair needed repair the staff were to report it to the maintenance supervisor. LVN B stated there was a maintenance book at the nurse's station, but he would report it in person. There was no maintenance logbook at the nurses station that could be located.</p> <p>In an interview and observation on 08/14/24 at 4:40 p.m. with CNA D revealed if there was a wheelchair that needed repair, she would tell the nurse. The CNA stated there was not a book that she knew of concerning maintenance logs.</p> <p>In an interview on 08/14/24 at 9:00 a.m., ith the Director of Environmental Services revealed the staff had not told her about any wheelchairs that needed repair. The Director of Environmental Services stated there was no process for repairing wheelchairs at this time and no random checks were done, and she knew if the wheelchair needed repair, it could injure the resident. The Director of Environmental Services stated she was unaware of any maintenance logs, the staff just usually told her.</p> <p>In an in interview on 08/13/24 at 1:30 p.m., with the Administrator revealed she was not aware of any wheelchairs that required repair in the facility. The Administrator stated she was not aware of any maintenance books at the nurse's station . The Administrator stated the facility would do a sweep of wheelchairs and order parts and repair the wheelchairs. The Administrator stated system would be put in place to monitor the wheelchairs and allow the staff to have a reporting system.</p> <p>Review of the Facility's Policy titled Assistive Devices and Equipment revised January 2020 reflected . 6. c. Device condition- devices and equipment are maintained on schedule . 8. Equipment maintained for the general use of all residents</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47855</p> <p>Based on interview and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week for 4 of 90 days reviewed for RN coverage.</p> <p>The facility failed to ensure they had an RN on duty on for 4 days: 10/21/23; 11/14/23; 11/20/23 and 11/26/23.</p> <p>This failure placed residents at risk of missed nursing assessments, interventions, care, and treatment.</p> <p>Findings included:</p> <p>Review of the RN staffing hours for October 2023 reflected zero hours worked by an RN on 10/21/23. Review of the RN Staffing hours for November 2023 reflected zero hours worked by an RN on 11/18/23; 11/20/23; and 11/26/23.</p> <p>During an interview on 08/13/24 at 11:05 AM, the DON stated that she had only been employed at the facility a few weeks. She felt the facility met the RN requirement as the shift for the night nurse starts at 10:00pm and ends at 6 am. The DON stated that she felt like it is only counting 2 hours for one day and 6 hours for the next day and it may not be considered 8 consecutive hours. She stated she was not working for the facility during October and November last year when the days were not covered by RN staff, on the following dates: 10/21/23, 11/14/23/11/20/23 and 11/26/23. She stated that she had worked at the facility a few weeks and all scheduled shifts met the RN coverage requirement. She stated that a lack of RN coverage could result in a decline in the resident's care, missed assessments and lack of treatment that could ultimately result in death.</p> <p>During an interview on 08/13/24 at 11:10 AM, the ADM stated stated that he would pull the sign in sheet for the dates to confirm whether the facility met the hours.</p> <p>During an interview on 08/13/24 at 12:45 PM with the Owner, he stated the facility had an issue with nursing last year. He stated they were cited during the last inspection and had not missed any hours since last year. He was able to review the PBJ and point out some of the dates that did not meet the staffing requirements: 10/21/23, 11/14/23, 11/20/23, and 11/26/23. He stated there were a few days when they had staff call in at the last minute and were not able to have someone at the facility for the full 8 hour shifts.</p> <p>Record review of facility policy dated August 2006 reflected the following:</p> <p>. Policy Statement:</p> <p>The nursing services department shall be under the direct supervision of a registered or licensed practical/vocational nurse at all times.</p> <p>Policy Interpretation and Implementation:</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. A registered or licensed practical/vocational nurse (RN/LPN/LVN) is on duty 24 hours per day, seven days per week, to supervise the nursing services activities in accordance with physician orders and facility policy.</p> <p>2. A registered nurse (RN) is employed as the Director of Nursing Services. The DNS is on duty during the day shift Monday through Friday. During the absence of the DNS, a nurse supervisor/charge nurse is responsible for the supervision of all nursing department activities, including the supervision of direct care staff.</p> <p>3. The nurse supervisor/charge nurses are registered nurses (RN) or licensed practical vocational nurses (LPN/LVN) and are duly licensed by the state.</p> <p>4. The Director of Nursing Services and/or the nurse supervisor/charge nurse, as a minimum, is responsible for:</p> <ul style="list-style-type: none"> a. making daily resident visits to observe and evaluate the residence, physical and emotional status; b. reviewing medication, cards for completeness of information, accuracy in the transcription of physician orders, and adherence to stop order policies; c. reviewing individual, resident care, plans for appropriate goals, problems, approaches, and revisions, based on nursing needs; d. Assuring that the residence plan of care is being followed; e. arranging schedule to allow time for supervision and evaluation of performance of nursing personnel, and paid feeding assistants; f. informing attending physicians and resident families of changes in the residence, medical condition; g. charting and documenting medical records as necessary; h. keeping Nursing Service Personnel, informed of status of residence, and other related matters through written reports and verbal communication; i. Assigning work schedules and staffing to meet the needs of residence; providing direct resident care as necessary or appropriate; j. and other tasks and functions, that may become necessary

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50948</p> <p>Based on observation, interview, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the facility's only kitchen, reviewed for food safety.</p> <ol style="list-style-type: none"> The facility failed to ensure the ice machine vent was free from dirt and dust. The facility failed to ensure food items in the refrigerators, freezer and dry storage room were labeled with the item description (handwritten or manufacturer's label), the opened date and or the consume by or expiration by dates (if opened, 72 hours per the facility's policy or the manufacturer's expiration date); and stored in accordance with the professional standards for food service. The facility failed to discard opened items stored in refrigerator, freezers and dry storage that were not properly labeled with the opened or prepped by date and or past the best buy, consume by or manufacturer's expiration dates. The facility failed to store dented cans in the designated area for dented cans. <p>These failures could place residents at risk for food-borne illness and cross contamination.</p> <p>Findings included:</p> <p>Observation of the Kitchen on 08/12/24 at 08:30 AM revealed the following:</p> <ul style="list-style-type: none"> - The ice machine's front vent filter had dust particles. - On the prep table next to the ice machine there was a 32 oz bag of potato flakes, 13oz bag of brown gravy, no consume by, or an expiration dates. - On the prep table next to the ice machine, a personal item, medium size backpack was underneath food prep table. - 3 large clear square storage bins of cereal. Bin #1 labeled Cheerios and dated 08/09/2024, Bin #2 labeled Raisin Bran dated 08/09/2024, Bin #3 labeled Corn Flakes dated 07/11/2024. The dates did not indicate if it was opened, or consume by, or an expiration date. <p>Observations of the three Reach-in refrigerators upon entrance to kitchen on 08/12/24 at 08:33 AM revealed the following:</p> <p>Refrigerator # 1</p> <ul style="list-style-type: none"> -On the top left shelf there were 12 -16oz blocks of butter. One of the blocks of butter was opened, exposed to air. <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Le Reve Rehabilitation & Memory Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3309 Dilido Road Dallas, TX 75228	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Top left shelf-had a large: zip top bag with a block of cheese dated 08/12/2024. The date listed on block cheese did not indicate if it was the opened or consume by or expiration date.</p> <p>-Top left shelf had a large zip top bag with an unidentified lunchmeat dated 08/09/2024. The date listed on zip top bag did not indicate if it was the opened or consume by or expiration date. There was no label of the item descriptions on the zip top bag.</p> <p>An interview on 08/12/2024 at 8:45am with the Director of Culinary Services, revealed when asked about the dated labels, she stated the white sticker labels were the received by date. She stated the handwritten dates were the use by or consumed by date.</p> <p>-Top right shelf: Had seven 46 FL oz cartons of apple juice dated 08/06/2024. The date listed on the cartons did not indicate if it was the opened or consume by or expiration date. One of the cartons of apple juice was opened and there was no a consume by or expiration date on the item.</p> <p>-Top right shelf had a large 36oz bottle of ranch manufactured date of 07/30/2024. The bottle of ranch there was no a consume by or expiration date on the item.</p> <p>-Middle shelf: had a large zip top bag with lettuce dated 08/09/2024. The date listed did not indicate an opened, consume by or expiration date.</p> <p>-Bottom right shelf had cooked eggs in a disposable plate dated 08/12/2024 that was placed on top of parchment paper that covered 4 trays of uncooked bacon that was dated 08/12/2024.</p> <p>Reach in refrigerator # 3</p> <p>-Top left shelf: there was an opened 24oz bag of dinner rolls dated 08/07/2024. The date listed did not indicate an opened, or consumed by, or expiration date.</p> <p>-Middle shelf: there was a large zip top bag with smoked sausage links dated 07/31/2024. The date listed did not indicate an opened, consumed by, or expiration date.</p> <p>-Top right shelf: there was a 66oz hazel nut coffee creamer that was opened. The date listed did not indicate an opened, consumed by, or expiration date.</p> <p>-Top right shelf: there was a 28 oz white chocolate mocha creamer that was opened with manufactured date 11/27/2024. The date listed did not indicate an opened, consumed by, or expiration date.</p> <p>-Top right shelf - There was a 24 oz mild salsa was opened with manufactured date 10/12/2025. The date listed did not indicate an opened, consumed by, or expiration date.</p> <p>-Top right shelf: There were three 25.4oz white grape sparkling wine bottles with manufactured date 10/12/2025. There was not a consumed by, or expiration date.</p> <p>-Middle right shelf: There was a plastic container with 8 boiled eggs, dated 08/11/2024. The date listed did not indicate if the date was a consume by, or expiration date.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Middle right shelf: There were 3 plates with pancakes on them. One plate of pancakes was not covered, exposed to air. No dates or label was listed on the plates.</p> <p>-Bottom right shelf: There were 6 bowls of unidentified puree food. No dates were listed to indicate how long the puree food was on the shelf nor a labeled description/name of the food item.</p> <p>-Right side bottom shelf there were 4 plates of unidentified meat patties dated 08/12/2024. The date listed did not indicate a consume by date. There was no label that identified or described the food item.</p> <p>-Bottom right shelf: Observed 2 small clear plastic containers with lids with unidentified puree food, both dated 08/12/2024. The date listed did not indicate if it was the consume by date. There was no label that identified or described the food item.</p> <p>An interview on 08/12/2024 at 9:07am with the Director of Culinary Services revealed the white stickers on items was the receive by date and the written date on items was the use by or expiration date. She stated once food items were opened; per policy the food items must be discarded after 3 days. She stated once liquids were opened, they were discarded after 7 days.</p> <p>Observations of the reach in freezer on 08/12/24 at 9:11 AM, revealed the following:</p> <p>Freezer #2</p> <p>-Top right shelf: had a 3lb box of frozen yellow squash was opened and exposed to air. The box was dated received 07/24/2024 and opened 08/07/2024.</p> <p>-Middle right shelf: there was 5 large zip top bags of pancakes exposed to air. Pancakes dated 8/11/2024. The date listed did not indicate an opened or consume by date.</p> <p>- Middle right shelf: there was a large zip top bag of frozen meatballs exposed to air. The meatballs were dated 08/07/2024. The date listed did not indicate an opened or consume by date.</p> <p>-Middle right shelf there was a large bag of breaded okra pieces dated 07/25/24. The date listed did not indicate a received date, a consume by or expiration date.</p> <p>-Right bottom shelf: there was large zip top bag with large flat ham exposed to air. The meat was darkened and had medium ice crystals in the bag. The bag was dated 08/05/2024. The date listed did not indicate an opened date or consume by date.</p> <p>-Right top shelf: there was a 15lb box of catfish filets that was opened and exposed to air. The catfish was darkened and had medium ice crystals in the bag. The box of catfish was dated 07/24/2024. The date listed did not indicate an opened or consume by date.</p> <p>-Right top shelf: there was a 4oz box of porkchops that was opened and exposed to air. The porkchops had white ice crystals on them. The box was dated 08/07/2024. The date listed did not indicate an opened or consume by date.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Right top shelf: there was an opened large zip top bag with approximately 10 plus hash browns were exposed to air. The zip top bag was dated 07/31/2024. The date listed did not indicate an opened date or consume by date.</p> <p>Observations of the Dry Storage Room on 08/12/24 at 9:40 AM revealed the following:</p> <p>-Shelving rack behind the door to the storage room: top shelf had a 6lb 10oz canned mandarin oranges that was dented at bottom right. The canned oranges were dated 07/03/2024 with no manufactured date. The date listed did not indicate an expiration date.</p> <p>-Shelving rack behind door entrance to storage room: On the bottom shelf there were 2 6lb 4oz diced pears. One can was dented at the bottom backside of the can and the second can was dented on front left side of the can.</p> <p>-Shelf #1 Top shelf: had a large zip top bag labeled tea and dated 08/07/2024. Two packs of unidentified tea with no label description dated 08/07/2024. The date listed did not indicate an opened date or expiration date.</p> <p>-Shelf # 1 Top shelf: had one 2lb 6oz canned chili no beans dented on right front and left side of can. The canned chili no beans dated 07/17/2024 with a manufactured date 10/15/2025. The date listed (07/17/2024) did not indicate an expiration date.</p> <p>-Shelf # 1 middle shelf: Had 1 box 16.9 oz of oatmeal pies was opened and dated 07/24/2024. The date listed did not indicated an opened date or consume by date or expiration date. A manufactured dated was not listed.</p> <p>-Shelf # 2 top shelf: large zip top bag with 5lb bag of cornbread opened and dated 07/18/2024. The dated listed did not indicate an opened or consume by date or expiration date.</p> <p>-Shelf #2 bottom shelf: Had approximately 10 bags of white bread dated 8/7/2024. The date listed did not indicate a consume by date or expiration date.</p> <p>-Shelf #4 top shelf: There was a 16oz bag granulated calorie free sweetener opened. The manufactured date 07/25/2025. There was no open date or expiration date.</p> <p>-Shelf #4 top left there was a 1.2oz box of food coloring opened. The manufactured date 11/18/2023. There was no open date or expiration date.</p> <p>An interview on 08/12/2024 at 11:44 a.m. with Directory of Culinary Services, regarding the dented canned goods, she stated canned goods received without a manufactured date or produce date, they are used within a week of received date. She stated dented canned goods are stored with a label on the bottom row of shelf number. Regarding personal belongings, she stated staff's personal belongings are stored in her office or in lockers in the breakroom. (The Directory of Culinary Services did not state what the potential risk to residents was due to the failures.)</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's Food Receiving and Storage Policy, Date Revised July 2014, reflected Policy Statement: Foods shall be received and stored in a manner that complies with safe food handling practices. Policy Interpretation and Implementation: 1. Food services, or other designated staff, will maintain clean food storage areas at all times. 3.The food and nutrition services manager shall verify the latest approved inspection and also monitor the food quality of the supplier. 7. Dry foods that are stored in bins will be removed from original packaging, labeled, and dated (use by date). Such foods will be rotated using a first in - first out system. 8.All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date). 11. Wrappers of frozen foods must stay intact until thawing.</p> <p>Review of the U.S. FDA Food Code 2022 reflected: Chapter 3 . section 3-201.11 Compliance and Food Law: . C. Packaged Food shall be labeled as specified in LAW, including 21 CFR 101 Food Labeling [* .(b) A food which is subject to the requirements of section 403(k) of the act shall bear labeling, even though such food is not in package form. (c) A statement of artificial flavoring, artificial coloring, or chemical preservative shall be placed on the food or on its container or wrapper, or on any two or all three of these, as may be necessary to render such statement likely to be read by the ordinary person under customary conditions of purchase and use of such food. The specific artificial color used in a food shall be identified on the labeling when so required by regulation in part 74 of this chapter to assure safe conditions of use for the color additive.], 9 CFR 317 Labeling, [* (a) When, in an official establishment, any inspected and passed product is placed in any receptacle or covering constituting an immediate container, there shall be affixed to such container a label .Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S 3-202.18. Section 3-302.12 Food Storage Containers, Identified with Common Name of Food: Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food. Section 3-501.17 . Commercial processed food: Open and hold cold . B. 1. The day the original container is opened in the food establishment shall be counted as Day 1. 2. The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety. C. 2. Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section. 3. Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section .Section 6-305.11 . Designation: Street clothing and personal belongings can contaminate food, food equipment, and food-contact surfaces. Proper storage facilities are required for articles such as purses, coats, shoes, and personal medications.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27070</p> <p>Based on observations, interviews, and record review, the facility failed to maintain an infection prevention and control program designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infection for three (Residents #4, #41 and one unidentified resident) of four residents reviewed for infection control.</p> <p>LVN A failed to disinfect the blood pressure cuff (machine used for checking blood pressure) in between blood pressure checks for Residents #4, #34, and an unknown resident.</p> <p>This failure could place residents at-risk of cross contamination which could result in infections or illness.</p> <p>Findings included:</p> <p>Review on 08/06/24 of Resident #4's EHR revealed the resident was an [AGE] year-old female that was admitted to the facility on [DATE], with diagnoses including Hypertension (elevated blood pressure) and diabetes (increased sugar).</p> <p>Review of Resident #4's annual MDS, dated [DATE], revealed a BIMS score of 11, indicating she was moderately cognitively impaired for decision making, and his functional status indicated she needed one person assist only with her ADLs.</p> <p>Record review of Resident #4's physician orders dated 07/25/24 reflected, Lisinopril (High blood pressure medication) tablet; 40 mg, give 1 tablet by mouth one time a day for elevated blood pressure. Hold for systolic blood pressure less than 110.</p> <p>Record Review on 08/06/24 of Resident #41's EHR revealed the resident was a [AGE] year-old male that was admitted to the facility on [DATE], with diagnoses including Hypertension (increase in blood pressure) and non-traumatic intracranial bleed (brain bleed).</p> <p>Review of Resident #41's annual assessment MDS, dated [DATE] revealed a BIMS score of 99, indicating he was moderately cognitively impaired for decision making, and his functional status indicated he needed assist of one staff with his activities of daily living.</p> <p>Record review of Resident #41's physician orders dated 07/26/24 reflected, Metoprolol (High blood pressure medication) tablet; 25mg, give one tablet every day. Hold for systolic blood pressure less than 110.</p> <p>Observation on 08/12/24 at 8:30 a.m. revealed LVN A entering and coming out of an unknown resident's room. LVN A had completed taking the resident's blood pressure and placing the blood pressure cuff back on the top of the medication cart. LVN A failed to sanitize the blood pressure cuff before or after using it on the resident.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 08/12/24 at 8:47 a.m. revealed LVN A performing morning medication pass, during which time she checked the blood pressure on Resident #41. LVN A failed to sanitize the blood pressure cuff before or after using it on Resident #41.</p> <p>Observation on 08/12/24 at 8:48 a.m. revealed LVN A performing morning medication pass, during which time she checked the blood pressure on Resident #4. LVN A failed to sanitize the blood pressure cuff before or after using it on Resident #4.</p> <p>In an interview on 08/12/24 at 9:45 a.m., LVN A stated she was aware she was supposed to use the purple top sanitizing wipes to sanitize the blood pressure cuff between usage. LVN A stated there had been in-services on infection control and cleaning equipment, but she did not recall talking about blood pressure cuffs. LVN A stated that if blood pressure cuffs were not cleaned appropriately it could spread germs.</p> <p>In an interview on 08/14/24 at 1:36 p.m. with the DON, she stated that her expectation was that staff would sanitize all reusable equipment between each resident use. She stated that not doing so placed residents at risk of cross contamination of infections from one resident to another. She stated there was plenty of supplies for the nursing staff to have the sanitization wipes that are EPA-registered disinfectant, on all the medication carts. The DON stated there had recently been an in-service conducted for the staff on infection control and cleaning equipment.</p> <p>Review of the in-service records dated 04/24 reflected in-service training topic Infection control and cleaning equipment, handwashing, hand sanitizer, and disinfection, and essential equipment (blood pressure cuff). LVN A's name was on the list. There were no presented follow-up competencies reports, that the present DON could locate.</p> <p>Review of facility's Policies and Procedure titled: Cleaning and disinfection of Resident-Care items and Equipment revised October 2018. c. non-critical items are those that come in contact with intact skin but not mucus membranes. (1) Non-critical resident-care items include bedpans, blood pressure cuffs, crutches and computers. (2) Most non-critical reusable items can be decontaminated where they are used</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44021</p> <p>Based on interviews, and record review the facility failed to maintain an effective pest control program so that the facility was free of pests for 1 (Resident #21) of 5 Residents reviewed for pest infestations.</p> <p>The facility failed to ensure the facility was free from ants.</p> <p>These failures could place residents at risk for insect borne illness, not having a home free of pests and a comfortable environment in which to live.</p> <p>Findings included :</p> <p>Record review of Resident #21's Face Sheet, dated 08/14/2024, revealed a [AGE] year-old female who initially admitted to the facility on [DATE]. Resident #21 had a diagnoses which included the following: Aphasia (cannot speak), Hemiplegia (paralyzed on one side) and Hemiparesis (weakness on one side of the body) following Cerebral Infarction (Stroke) affecting Right Dominant side, Type 2 Diabetes Mellitus (Too much sugar), and Cerebral Infarction due to Thrombosis (blood clots) of Unspecified Cerebral Artery. (Family member was listed as the Resident Representative and Durable power of Attorney)</p> <p>Record review Resident #21's Quarterly MDS, dated [DATE], revealed the resident was rarely/never understood and was cognitively severely impaired. Resident #21 required total or extensive assistance for bed mobility, dressing, toilet use, and personal hygiene. Further review of Resident #21's MDS reflected that Resident #21 was always incontinent of urine and bowel.</p> <p>Record review of Resident #21's Care Plan initiated on 02/22/2022 reflected Resident #21 had an Activities of Daily Living self-care deficit, and the interventions included that Resident #21 required limited-extensive assist to turn and reposition in bed and as necessary. Resident #21 required supervision to eat. Resident #21 required 2 staff for personal hygiene and oral care. The Care Plan reflected Resident #21 had impaired cognitive function/dementia or impaired thought processes with interventions that included communicating with family family/caregivers regarding her capabilities and needs and to monitor/document/report PRN any changes in cognitive function, specifically changes in: decision making ability, memory, level of consciousness, mental status. The Care Plan reflected that Resident #21 had a communication problem related to Cerebral Vascular Accident. Resident #21 was Aphasic (inability to communicate). Resident #21 smiles when approached and could head/nod to yes and no questions and the interventions included encouraging Resident #21 to continue stating thoughts even if resident is having difficulty and to monitor/document/report as needed any changes in ability to communicate, potential contributing factors for communication problems. The Care Plan reflected that Resident #21 had Diabetes Mellitus and was taking medications per Medical Doctors orders, with interventions that included checking all of body for breaks in skin and treat promptly as ordered by doctor. The Care Plan reflected that Resident #21 had hemiplegia/hemiparesis (paralyzation of one side of the body), with interventions that included discuss with Resident #21's family/caregivers any concerns, fears, issues regarding diagnosis or treatments.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 08/12/24 at 1:23 PM a family member (the Resident Representative and Durable power of Attorney) of Resident #21 stated that the family member had visited Resident #21 on 07/14/24 only to discover that Resident #21 was not in their regular room. The family member was told by CNA R that Resident #21 had been moved to another room because ants and ant bites that had been discovered on Resident #21. The family member stated that they had never been notified of the ants or the room move until the family member had asked about it. Resident #21's family member stated that this was the fourth time that Resident #21 has had a problem with ants. She stated that Resident #21 did eat snacks and meals in bed and that her bed was closest to the window in the room.</p> <p>In an interview on 08/12/24 at 1:56 PM CNA R stated that Resident #21 was non-verbal, and that she had worked with Resident #21 for a long time and was familiar with how to communicate with Resident #21 with yes/no questions and pointing, and that while delivering Resident #21's breakfast tray, Resident #21 indicated that she had pain in her right arm. CNA R stated that she reported to RN ii that Resident #21 had indicated pain in Resident #21's right arm in the anterior area of the elbow around 7:40AM on 07/13/24 and continued with her morning duties. CNA R stated that when she returned to Resident #21's room around 8:20 AM, she was unsure if RN ii had assessed Resident #21 yet. CNA R stated that she had discovered ants on Resident #21 on the morning of 7/13/24 around 8:20 AM, while getting Resident #21 ready for a bed bath. CNA R stated that there had been between 20 to 30 small black ants in the crook of Resident #21's arm. CNA R stated that she immediately reacted and used the gathered bed bath supplies to immediately wipe off Resident #21's arm. CNA R stated that the area on Resident #21's arm where the ants had been present had been [NAME] and red. CNA R stated that she then informed RN ii about the ants and then took Resident #21 to a shower where she made sure there were no more ants on Resident #21. CNA R stated that Resident #21 was then temporarily moved to another room from the 100 hall to the 300 hall. CNA R stated that the welts on Resident #21's arm were much less noticeable after the shower and move. CNA R stated that housekeeping had cleaned out Resident #21's room and that Resident #21 had been moved back to Resident #21's original room on 07/16/24 on the 100 hall from the temporary room on the 300 hall.</p> <p>Record review of the facility's pest sighting log over the last six months revealed that ants had been sighted and reported in the facility on 06/25/24 on the 100 hall and the 200 hall, and both instances were treated on 06/26/24. Ants were sighted and reported on 06/28/24 on the 100 hall and again on 07/15/24 in Resident #21's room on the 100 hall, both areas were treated by pest control services on 07/25/24.</p> <p>In an interview on 08/13/24 at 2:07 PM the ADON stated that the shehad heard about ants being in the facility sometime in the past and the procedure for ants was to assess the body for bites, or if anything was going on, staff clean then off and then send off resident's clothes for cleaning , clean the room and notify the exterminator.</p> <p>In an interview on 08/14/24 at 4:25 PM the Director of Environmental Services stated that pest control came to the facility twice a month and pest control could be called in for extra visits. The Director of Environmental services stated she did external rounds of the building to direct pest control services to active ant mounds near the building and that all staff are directed to note any insects in the facility in the pest sighting log. The Director of Environmental Services stated that there had been no reports made that any residents had been bitten by ants and that staff clean rooms every day to make sure that pests like ants are not attracted to resident rooms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Le Reve Rehabilitation & Memory Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3309 Dilido Road Dallas, TX 75228	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 08/15/24 at 12:16 CNA ff stated she had been at the facility for 2 years. CNA ff stated staff should report ants on a resident to the nurse any time they see them, and the DON. CNA ff stated the pest sighting log was behind the receptionist desk, it was important to report sightings because residents could have been allergic to pest bites . She stated that she had not seen any ants in the facility for many months.</p> <p>In an interview on 08/15/24 at 12:20 PM CNA G stated that staff should get the ants off of a resident immediately and possibly move the resident away from where the ants were and immediately tell the nurse. CNA G stated the resident should then be showered. CNA G stated that the pest control log was near the receptionist desk and that pests need to be logged to alert the pest control where to spray. CNA G stated that it was important to keep residents from getting bit because bites could be painful and possibly have resulted in harm to the residents. CNA G stated staff should notify the nurse if staff see any type of insects inside of the facility. She stated that she had not seen any ants or any other pests inside of he facility in the last few months.</p> <p>In an interview on 08/15/24 at 12:53 PM the Director of Environmental Services stated that she should walk around the entire facility 1-2 times per week and look for ant mounds. The Director of Environmental services stated she will be checking every day for ant mounds and report sightings in the pest sighting log.</p> <p>Record review of an undated facility policy and procedure titled Pest Control reflected Purpose: to provide an environment free of pests. Policy: 1. The facility will have pest control that provides frequent treatment of the environment for pests. It will allow for periodic treatment when a problem is detected. There will be emphasis on the pest control in the kitchens, cafeterias, laundries, loading docks, construction activities and other areas prone to infestation. Monitoring of the environment will be done by the facility's staff. Pest control problems will be reported promptly. Screens will be maintained in all windows that open to the outside.</p>		