

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	

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** 35314</p> <p>Based on interview, and record review, the facility failed to ensure 9 of 39 residents (Residents Resident #10, Resident #12, Resident 13, Resident #14, Resident #18, Resident #19, Resident #20, Resident #21 and Resident #22) reviewed for quality of care received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices, in that:</p> <p>The facility failed to ensure Resident #10, Resident #11, Resident #12, Resident 13, Resident #14, Resident #15, Resident #16, Resident #17, Resident #18, Resident #19, Resident #20, Resident #21 received their morning dose of insulin on 06/19/22</p> <p>The facility failed to ensure Resident #13, Resident #22 received pain medication as order by the physician on 06/19/22 resulting in the residents experiencing pain.</p> <p>This deficient practice could place residents at risk of not receiving the intended therapeutic benefit of the medication, worsening or exacerbation of chronic medical conditions, hospitalization , and/or death.</p> <p>This failure resulted in an identification of an Immediate Jeopardy (IJ) situation on 06/22/22. While the IJ was removed on 06/23/2022, the facility remained out of compliance at a severity of potential for more than minimal harm that is not immediate jeopardy with a scope identified as pattern due to the facility requiring more time to monitor the plan of removal for effectiveness.</p> <p>The findings were:</p> <p>Review of Resident #10's face sheet dated 06/23/22 revealed he was a [AGE] year-old male initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. His diagnoses included Dementia with behavioral disturbance, Type 2 diabetes, and difficulty walking.</p> <p>Review of the active physician orders for June 2022 revealed the order for Resident #10- Levemir Solution 100 unit, inject 20 unit subcutaneously every morning and at bedtime for diabetes.</p> <p>Review of Resident #10's care plan dated 04/20/21 revealed the resident had diabetes and the facility would provide diabetes medication as ordered by the doctor.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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>Review of the MAR for Resident #10 for June 2022 regarding Levemir Solution 100 unit revealed the resident did not receive the medications on June 19,th 2022 scheduled at 0800 . No reason for the missed medication was documented.</p> <p>Review of Resident #12's face sheet dated 06/23/22 reflected he was an [AGE] year old male admitted to the facility on [DATE]. His diagnoses included Type 2 diabetes, Chronic Obstructive Pulmonary Disease and Anxiety disorder.</p> <p>Review of Resident #12's June 2022 active physician orders reflected the following:</p> <p>Gabapentin 100 mg - give 2 capsules by mouth two times a day</p> <p>Metformin 500 mg- give 1 tablet by mouth 2 times a day for DMII, give meals/Snacks</p> <p>Review of Resident #12's care plan dated 03/08/21 revealed the resident had a diagnosis of Diabetes Mellitus and the facility would provide medication as ordered by the physician.</p> <p>Review of Resident #12 MAR for June 2022 revealed the resident did not receive Gabapentin for pain scheduled at 9am and he did not receive Metformin 500 mg at 9am on 06/19/22 . No reason for the missed medication was documented.</p> <p>Review of Resident #13's face sheet dated 06/23/22 revealed he was an [AGE] year old male admitted to the facility on [DATE]. His diagnoses included Type 2 diabetes and in need for assistance for personal care.</p> <p>Review of the June 2022 active physician orders for Resident #13 revealed an order for Humulin Solution 100 unit. Inject as per sliding scale subcutaneously before meals with a start date of 03/24/21.</p> <p>Review of Resident #13's care plan dated 04/20/21 revealed the resident had a diagnosis of diabetes, and the facility would provide medication as ordered by the physician.</p> <p>Review of the Medication Administration Record for Resident #13 dated June 2022 revealed the residents Blood sugar was not checked and he did not received diabetes medication on 06/19/21 at 1130 am. No reason for the missed medication was documented.</p> <p>Review of Resident #14 face sheet dated 06/23/22 reflected she was an [AGE] year old female originally admitted to the facility on [DATE] and readmitted to facility 12/27/20. Her diagnoses included Type 2 diabetes, Parkinson's Disease and Schizoaffective disorder .</p> <p>Review of Resident #14 current physician orders for June 2022 revealed orders:</p> <p>Benzotropine Mesylate 1mg- give 1 mg by mouth in the morning for Parkinson</p> <p>Humulin Solution 100 unit- inject as per sliding scale, subcutaneously before meals related to Type 2 diabetes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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>Levemir solution 100 unit, inject 18 unit subcutaneously every morning and at bedtime for blood sugar control.</p> <p>Review of Resident #14 care plan dated 03/13/20 revealed the resident had a diagnosis of diabetes and received insulin. The facility would provide diabetes medications as ordered by the physician.</p> <p>Review of the Medication Administration Record for Resident #14 for June 2022 revealed the following:</p> <p>Benzotropine Mesylate 1mg- give 1 mg by mouth in the morning for Parkinson was not provided on 06/19/22. No reason for the missed medication was documented.</p> <p>Humulin Solution 100 unit- inject as per sliding scale, subcutaneously before meals related to Type 2 diabetes was not provided at 1130 on 06/19/22. No reason for the missed medication was documented.</p> <p>Levemir solution 100 unit, inject 18 unit subcutaneously every morning and at bedtime for blood sugar control was not provided on the morning of 06/19/22 . No reason for the missed medication was documented.</p> <p>Review of Resident #18's face sheet dated 06/23/22 revealed she was an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included Cerebral Infarction, Type 2 diabetes and Vascular Dementia .</p> <p>Review of Resident #18's active current physician orders reflected the following:</p> <p>Apixaban tablet 5mg- give 1 tablet via Peg-tube in the morning for blood thinner.</p> <p>Metoprolol tartrate tablet 25 mg- give 0.5 tablet via Peg tube in the morning for Elevated blood pressure.</p> <p>Humalog Solution 100 unit- Inject as per sliding scale subcutaneously before meals and at bedtime for type 2 diabetes.</p> <p>Review of Resident #18's care plan dated 05/18/22 revealed the resident had a diagnosis of Diabetes, the facility would provide medication-insulin as ordered by the doctor.</p> <p>Review of Resident #18's Medication Administration Record for June 2022 reflected the following:</p> <p>Apixaban tablet 5mg- give 1 tablet via Peg-tube in the morning for blood thinner was not administered on 06/19/22. No reason for the missed medication was documented.</p> <p>Metoprolol tartrate tablet 25 mg- give 0.5 tablet via Peg tube in the morning for Elevated blood pressure. There was no evidence the blood pressure was checked, and the medication was not administered. No reason for the missed medication was documented.</p> <p>Humalog Solution 100 unit- Inject as per sliding scale subcutaneously before meals and at bedtime for type 2 diabetes. The medication was not administered on 06/19/22 at 0630 am.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	

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 #19's face sheet dated 06/23/22 revealed she was an [AGE] year old female originally admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Her diagnoses included Type 2 diabetes, cognitive communication deficit and Dementia without behavioral disturbances.</p> <p>Review of Resident #19's care plan dated 05/25/18 revealed the resident received medication for diabetes and the facility would provide medication as ordered by the physician.</p> <p>Review of the active physician orders dated June 2022 for Resident #19 revealed the following:</p> <p>Humalog Solution 100 unit- inject per sliding scale, subcutaneously before meals for Antidiabetics.</p> <p>Namenda tablet 5mg- give 10 mg by mouth every morning and at bedtime related to Dementia</p> <p>Review of the medication administration record for June 2022 for Resident #19 reflected the following:</p> <p>Namenda 5mg- give 10 mg by mouth every morning and bedtime for Dementia, the medication was not administered on 06/19/22 in the morning. No reason for the missed medication was documented.</p> <p>Humalog Solution 100 unit- inject per sliding scale, subcutaneously before meals was not provided on the morning of 06/19/22. No reason for the missed medication was documented.</p> <p>Review of Resident #20 face sheet dated 06/23/22 revealed she was an [AGE] year old female admitted to the facility on [DATE]. Her diagnoses included Diabetes mellitus, Cerebrovascular disease and muscle wasting.</p> <p>Review of the active physician orders for June 2022, Resident #20 reflected Metformin 1000 mg, give 1 tablet by mouth in the morning for Diabetes with meals or snack.</p> <p>Review of Resident #20 care plan dated 08/28/19 reflected the resident had a diagnosis of diabetes and the facility would provide diabetes medications as order by the physician.</p> <p>Review of the medication administration for June 2022 for Resident #20 reflected the following:</p> <p>Metformin 1000 mg, give 1 tablet by mouth in the morning for Diabetes with meals or snack. The medication was not administered on 06/19/22. No reason for the missed medication was documented.</p> <p>Record review of Resident #21's face sheet dated 06/23/22 revealed he was an [AGE] year old male originally admitted to the facility on [DATE] and readmitted on [DATE]. His diagnoses included Cognitive communication deficit, Type 2 diabetes and Congestive heart failure.</p> <p>Review of Resident #21 active physician orders for June 2022 revealed Metformin tablet 500 mg- give 500 mg by mouth two times a day for Diabetes take with meal or snack.</p> <p>Review of Resident #21's care plan dated 03/04/22 revealed the resident had a diagnosis of Diabetes and the facility would provide medication as ordered by the physician.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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>Review of the MAR for June 2022 for Resident #21 revealed the following:</p> <p>Metformin tablet 500 mg- give 500 mg by mouth two times a day for Diabetes take with meal or snack. The medication was not provided on 06/19/22, at 0900. The medication was only provided once. No reason for the missed medication was documented.</p> <p>Review of Resident #22's face sheet dated 06/23/22 revealed she was an [AGE] year old female admitted to the facility on [DATE]. Her diagnoses included Type 2 diabetes, Crohn's Disease and Chronic Kidney Disease .</p> <p>Review of Resident #22 active physician order for June 2022 reflected Tramadol tablet 50 mg- give 1 tablet by mouth three times a day for pain management.</p> <p>Review of Resident #22 care plan dated 07/19/21 revealed the resident was at risk for pain. The facility will administer pain medication as ordered.</p> <p>Review of the Resident #22 MAR revealed on 06/19/22 the resident did not received medications at 0900 and 1300. No reason for the missed medication was documented.</p> <p>An interview with CNA W on 06/21/22 at 10:05 am revealed she worked upstairs on 06/19/22 . She stated the facility did not have a nurse assigned to cover hallways 600 and 800 for the entire first shift (7am-3pm) on 06/19/22. She stated several residents were requesting medications. The residents were beating on the nursing station demanding their medication. The staffing coordinator was contacted regarding the facility not having a nurse assigned. The residents stated they did not feel well and were in pain because no nurse had provided medication. She stated the facility had been without a nurse several weeks prior to when she started. She stated the nurse that worked on the other halls refused to provide care and services to residents on 600 and 800 hallway. She stated one resident was in severe pain because he had recently had a tooth pulled. She informed the nurse but nothing was done. At 3pm a nurse arrived and provided residents with medications.</p> <p>An interview with the Staffing Coordinator on 06/21/22 at 10:42 am revealed there was no nurse to work the 600 and 800 hallway on 06/19/22 from 7am to 3pm. She was informed by CNA W, that 39 residents had not received their medications. The nurse that was upstairs working other hallways, was asked to provide with insulin their medication however the nurse stated he would not give any residents on the 600 and 800 hallway medications. The Administrator was informed. The residents did not receive medications until the following shift.</p> <p>An interview with the ADM on 06/21/22 at 11:17 am revealed he was not aware of the facility not having a nurse working the 600 and 800 hallway. However, he stated he did receive a text from the staffing coordinator on 06/19/22 . The nurse that was upstairs working additional hallways was asked to provide residents on the 600 and 800 hallways their medication, but the nurse refused. The residents that missed their medication had not been spoken to regarding their medications on 06/19/22. He would have the SW speak with the residents. He had not spoken with the nurse that refused to give medications. He had not reported the residents not receiving their medications to the state agency. He was busy investigating a resident that had eloped on 06/19/22 or 06/20/22. He also was really sick and did not contact an additional nurse to work the 600 and 800 hallways. He stated the residents did not get their morning or afternoon medications on 06/19/22.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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>An interview with LVN Z on 06/21/22 at 1:34 pm revealed he worked the facility on 06/19/22. He stated the facility did not have a nurse to work hallways 600 and 800. He was asked to provide medications to residents on those hallways by the Staffing Coordinator and Administrator and he refused. He stated he did not provide the residents their medications because he did not want to take responsibility for more residents. He would have to provide care and service to nearly 85 residents. He stated 06/19/22 was not the only time the facility did not have enough staff to provide medications.</p> <p>Record review of a list of residents that did not get medications on 06/19/22 provided by the ADM revealed a total of 39 residents did not receive medications.</p> <p>An interview with Resident #9 on 06/21/22 at 2:04 pm revealed he did not receive medications on 06/19/22. He stated no one from the facility had spoken to him regarding his medications. The resident stated he was in pain because he didn't get his medication.</p> <p>An interview with Resident #14 on 06/21/22 at 2:22pm revealed she had not received her medications. The facility staff members had not spoken with her regarding her missed medications on 06/19/22. She stated because she didn't get her medications her head was hurting.</p> <p>Review of the 9 residents progress notes revealed the MD was notified of missing medication dated 06/21/22. Notifications began at 1:30 pm after surveyor inquiry.</p> <p>An interview with the ADM on 06/22/22 at 10:57 am revealed the facility had completed a Quality assurance meeting on 06/20/22 regarding the residents missing medications. The MD was notified on 06/19/22 and a verbal order was given to monitor the residents.</p> <p>An interview with the MD on 06/22/22 at 3:37 pm revealed he was informed on 06/19/22 that several residents at the facility had not received their medications. He gave a verbal order to monitor the residents.</p> <p>Review of the 9 residents health record on 06/22/22 revealed no order to monitor the residents after not receiving their medications .</p> <p>An interview with the SW on 06/22/22 at 3:58 pm revealed she did rounds with residents regarding their medication on 06/21/22 and 10 of 39 residents had complaints.</p> <p>Review of the facility's General guidelines for Medication Administration policy dated 09/18 read: Medications are administered as prescribed in accordance with good nursing principles and practices and only by person legally authorized to administer. Medications are administered in accordance with written orders of the prescriber. Medications are administered without unnecessary interruptions.</p> <p>The Administrator was notified on 6/22/2022 at 3:15 PM that an Immediate Jeopardy situation had been identified due to above failure.</p> <p>The IJ template was provided and a plan of removal was requested.</p> <p>The following Plan of Removal was submitted by the Administrator on 6/23/22 and was accepted at 11:30 am.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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>Identify responsible staff/ what action taken</p> <ol style="list-style-type: none"> 1. Administrator received re-education by the Regional Director of Operations on the facility policy and procedure in the event of medication error 6/20/22 2. DON received education by the Director of Clinical Education on the facility policy and procedure in the event of medication error on 6/20/22 3. Staffing Coordinator was re-educated by the Director of Clinical Education to notify DON and Administrator whenever there is a call out immediately while she is looking for a replacement on 6/20/22 4. Conducted resident interviews by the Social Worker to determine any adverse findings on 6/21/22 5. Notified the Medical Director of medication error on 6/19/22 6. Licensed Nurse re-educated on procedure to cover additional units if staff call-outs arise on 6/21/22 <p>In-Service conducted</p> <p>The Director of Clinical Education in-serviced the interim Director of Nursing (until 6/23/22) and New DON</p> <p>New Director Of Nursing was not part of the alleged failure due to her start date being 6/20/22</p> <p>New Director of Nursing conducted in-service on 6/20/22.</p> <p>The in-service is on Medication administration and Immediate notification. The details of the in-service include:</p> <ul style="list-style-type: none"> o Immediate Notification of staffing changes to Administrator and DON o Immediate Notification to Medical Director o Emergency staffing responsibilities <p>The in-service was attended by Administrator, Interim DON, New DON, ADON, Charge nurses, staffing Coordinator. For licensed staff who are unavailable for training on this date, they will not be allowed to return to work until training is complete. This in-service was initiated on 6/20/22 and all staff must be in-serviced before they are allowed to work. New staff will be educated about resident supervision before their floor orientation.</p> <p>Facility is currently not using agency staff.</p> <p>Implementation of Changes</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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 changes were started by the Director of Nursing. The changes were implemented effective on 6/20/2022 and will be ongoing until all staff are re-educated. The Director of Nursing will ensure competency through verbalization of understanding by staff.</p> <p>The Administrator/Director of Nursing/Assistant Director of Nursing will be responsible for monitoring the implementation and effectiveness of in-service on 6/20/2022.</p> <ul style="list-style-type: none"> o Director of Nursing/Assistant Director of Nursing/Designee will monitor/review residents MARS signature validation daily x4 weeks, then weekly x2 weeks, then monthly and report any adverse finding during QAPI o Administrator will review/discuss residents MARS during morning IDT meeting daily x4 weeks, then weekly x 2 weeks, then monthly and report any adverse findings during QAPI. <p>Monitoring</p> <p>Review of the in-service education revealed staff had attended training regarding medication administration, Emergency staffing responsibilities.</p> <p>Interview with LVN U, LVN P, CNA E, CNA H, CNA R, RN Y, CNA D, LVN R, LVN P, LVN U, CNA O, CNA T on 06/23/22 revealed the staff had been educated regarding medication administration, Emergency staffing responsibilities.</p> <p>An interview with the DON on 06/23/22 at 2:05 pm revealed following the Immediate Jeopardy the facility had completed re-education with staff members regarding ensuring the facility had nursing staff to provide medications to residents.</p> <p>An interview the Administrator on 06/23/22 at 3:01 pm revealed he was in serviced by the regional staff regrading ensuring the facility had nurses to cover each shift. The staff members were educated regarding ensuring each of the residents received medications as ordered, ensuring the facility had staff members to cover for each shift.</p> <p>The Administrator was informed the Immediate Jeopardy was removed on 06/23/22, at 4:10 p.m. the facility remained out of compliance at a severity of potential for more than minimal harm that is not immediate jeopardy with a scope of pattern due to the facility's need to evaluate the effectiveness of the corrective systems which were put into place.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44973</p> <p>Based on observation, interview, and record review the facility failed to ensure residents with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing, for 2 of 4 residents (Resident #54 and #67) reviewed for pressure ulcers in that:</p> <p>Resident #54 did not receive scheduled daily wound care treatment on 06/04/2022, 06/06/2022, 06/12/2022, 06/14/2022, 06/15/2022, 06/17/2022, 06/19/2022 and 06/20/2022 per physician's order.</p> <p>Resident #67 did not receive scheduled daily wound care treatment on 06/03/2022, 06/07/2022, 06/09/2022, 06/14/2022, 06/15/2022 and 06/19/2022 per physician's orders.</p> <p>This deficient practice could affect all residents who receive wound care treatments and place them at risk for worsening of existing pressure ulcers and skin sores or development of new pressure ulcers or skin sores.</p> <p>The findings included:</p> <p>Record review of Resident #54 face sheet, dated 04/29/2022, revealed Resident 54 was admitted to the facility 04/29/2022.</p> <p>His diagnosis included Pressure Ulcer of left hip, unstageable, Pressure ulcer of sacral region (the area between the base of the spine and tailbone) unspecified stage. Review of admission MDS revealed the presence of pressure ulcers on the left hip and sacrum a BIMS score of 15, indicating the resident was cognitively intact.</p> <p>Record review of Resident #54 physician orders, dated 5/9/2022, revealed the following order: Cleanse area to left buttocks with wound cleanser or normal saline, pat dry, apply medi-honey impregnated gauze to wound bed and cover with dry dressing daily.</p> <p>Record review of Resident #54 TAR dated June 2022 revealed Resident #54 missed 8 out of 21 possible treatments (06/04/2022, 06/06/2022, 06/12/2022, 06/14/2022, 06/15/2022, 06/17/2022, 06/19/2022 and 06/20/2022) for the order of Cleanse area to left buttocks with wound cleanser or normal saline, pat dry, apply Medi-honey impregnated gauze to wound bed and cover with dry dressing daily.</p> <p>Observation on 06/22/2022 at 1:30 PM Resident #54 was wearing a brief, when removed no dressing noted on the lt. buttock or adhered to the brief. The lt. buttock had 2 open wounds on the lower lateral region, that measure approximately 1 inch in length. The appearance of the wound bed was beefy red, with a small amount of serous drainage.</p> <p>Interview on 06/22/2022 at 1:40 PM Resident #54, stated he was supposed to have wound care every day and had gone as many as 2 consecutive days without it. Resident #54 expressed concerns about his wounds getting worse because the staff was not doing what the doctors had told them to do.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #67's MDS dated [DATE] revealed Resident #67 entered the facility on 10/12/2021 with a diagnosis of morbid obesity with a BIMS score of 15, indicating the resident was cognitively intact. Section G indicated he required the assistance of one person for dressing, personal hygiene and a two person assist for toileting.</p> <p>Record review of Resident #67 physician orders, dated 04/14/2022 revealed Cleanse area to left buttock with normal saline or wound cleanser, pat dry and apply Calcium alginate with sliver and cover with dry dressing daily and prn until healed.</p> <p>Record review of Resident #67 TAR, dated June 2022 revealed Resident #67 missed 6 out of 21 possible treatments (06/03/2022, 06/07/2022, 06/09/2022, 06/14/2022, 06/15/2022 and 06/19/2022) for the order of Cleanse area to left buttock with normal saline or wound cleanser, pat dry and apply calcium alginate with sliver and cover with dry dressing daily and prn until healed.</p> <p>Resident #67 was hospitalized and not available for interview.</p> <p>Interview on 6/22/2022 at 2:15 PM, LVN R stated that dressing changes and treatments were documented on the residents TAR's. LVN R stated when not done on my shift, it verbally gets passed to the next shift. Blank spaces on the TAR, I guess means it was not done. When dressings are not changed their wounds can get worse.</p> <p>Interview on 6/22/2022 at 3:00 PM, the DON stated, I just started here on Monday 06/20/2022, the nurses are responsible for their own dressing changes. Dressing changes are documented on the TAR's. The blanks spaces could mean the dressing changes were not done.</p> <p>Review of wound management policy dated 6/2020 did not address providing wound care as prescribed by the physician.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</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** 35314</p> <p>Based on Interview, and Record Review, the facility failed to ensure residents received adequate supervision and assistance devices to prevent accidents for one of five (Resident #7) residents reviewed for accidents hazards.</p> <p>The facility failed to prevent Resident #7 's elopement through a window in the residents room which resulted in the resident traveling over 10 miles from the facility in extreme weather and facility staff being unaware that he had eloped. The resident was missing for an unknown amount of time prior to the facility being aware of the elopement.</p> <p>The facility failed to monitor and document Resident #7's location due to his wandering behavior at the specified increments.</p> <p>These failures resulted in an Immediate Jeopardy situation on 06/21/22. While the IJ was removed on 6/23/22, the facility remained out of compliance at a severity level of actual harm that was not immediate jeopardy with a scope of isolated due to the facility's need for monitoring the implementation of their corrective actions.</p> <p>This failure negatively affected the residents and placed them at residents at risk of injury or harm.</p> <p>Findings include:</p> <p>Review of Resident #7 face sheet dated 06/23/22 reflect the resident was a [AGE] year old male admitted to the facility on [DATE]. His diagnoses included Alcohol abuse, cognitive communication deficit and Parkinson's disease . The resident was his own responsible party.</p> <p>Review of Resident#7's MDS dated [DATE] revealed the resident had a BIMS of 12, which indicated it was mildly impaired. The resident required the assistance of staff for mobility.</p> <p>Review of Resident #7's care plan dated 12/03/21 revealed the resident was at risk for elopement and was a wanderer. The resident had exit seeking behaviors and was confused at times. The facility would monitor the location of the resident and document the location every 15/30/60 minutes. Document wandering behavior and document diversional interventions in behavior log.</p> <p>Review of Resident #7's electronic health records and progress notes from admission to present revealed no behavior log. There was no documentation of the resident wandering or exit seeking behaviors. There was no evidence of documentation the residents location was monitored every 15/30/60 minutes as indicated on the care plan. The progress note dated 06/20/22 revealed the resident was missing from his room . The nurse found the resident window was messed and net of the window is fallen outside his room. Documented by RN L.</p> <p>Review of Resident#7 elopement risk assessment completed 12/03/21 the resident was at moderate risk for elopement.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview with Resident #7 on 06/21/22 at 9:32 am revealed he left the facility during the day on 06/19/22. He stated he left out of the facility window because it had been broken . He left the facility walking after he received his medications . He stated he had traveled through downtown Dallas to [NAME] St. and [NAME] St. He got into it with some guys outside of a convenience store . The resident stated he was drinking soda. He was arrested and taken into police custody.</p> <p>Review of Google Maps reflects that Resident #7's shortest walking path to [NAME] St. and [NAME] St. would take over 3 hours from the facility. The resident would have to pass through train tracks, pass cars and cross busy intersections.</p> <p>Review of the AccuWeather website on 06/21/22 reflected the weather for 06/19/22 had a high of 98 degrees and 06/20/22 had a high temperature of 101 degrees .</p> <p>An interview with the ADM on 06/21/22 at 9:48 am revealed he was informed on 06/20/22 at around 7am that Resident #7 was located in the facility. The facility completed observations throughout the facility and the exterior of the facility. Once the resident was not located the facility called a code Pink, indicated a missing resident. The shelters and local authorities were contacted. He received a call from the local police at 11:40 pm on 06/20/22 stating they found Resident #7 and the resident was intoxicated and would need to remain at the police station to detox and he was returned to the facility on [DATE] at approximately 4am. The resident was reported missing on 06/20/22 at 8pm to the state agency. He stated the careplan stating 15/30/60 minutes documented monitoring, reflects the resident should be monitored for either of those times. He stated the care plan had not been updated, the facility was not monitoring Resident #7's location and was not documented the residents location.</p> <p>An interview with RN L on 06/20/22 at 10:44 am revealed she worked at the facility on 06/19/22. She stated the facility was really understaffed, she did not have an aide assigned until 9:45 pm, while she worked at the 3pm to 11pm shift. She stated she provided Resident #7 his medication at between 8pm-9pm on 06/19/22. She returned to the facility on [DATE] at 7am when the aide informed her the resident was not in his room and was not in the shower area. The nurse that worked the overnight shift did not mention anything about seeing the resident when she called her following the resident eloping.</p> <p>An interview with CNA A on 06/21/22 at 1:04 pm revealed he worked the overnight shift on 06/19/22. He stated he was not familiar with the assigned hallway and resident and did not know the needs of the residents. He stated when he arrived to begin his shift at 10:30pm he did rounds by himself, the aide that had was there was busy doing incontinent care for many residents. He went into Resident #7's room to assist his roommate. He stated upon entering the room at 10:37 on 06/19/22, Resident #7's bed was made, and it looked as though the resident had been discharged , although the list of residents he was provided by the previous aide still had Resident #7 listed. He stated he worked the entire shift from 10:30 am to 7 am and Resident #7 had not been at the facility the entire shift he stated. He was not aware the residents location should be monitored or documented either 15/30/60 minutes.</p> <p>An interview with the DON on 06/21/22 at 2:28 pm revealed her first day working at the facility was on 06/20/22. She was not the facility DON when the resident went missing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the resident sign out log reflected Resident #7 had not signed out of the facility for the last 3 months.</p> <p>Review of the facility's Wandering and Elopement policy dated 08/20 revealed the facility will identify residents at risk for elopement and minimize any possible injury as a result of elopement. The resident's risk for elopement and preventative interventions will be documented in the resident's medical record.</p> <p>The Administrator was notified on 6/21/2022 at 3:20 PM that an Immediate Jeopardy situation had been identified due to above failure.</p> <p>The IJ template was provided and a plan of removal was requested.</p> <p>The following Plan of Removal was submitted by the Administrator on 6/22/22 and was accepted at 4:30 pm.:</p> <p>All residents have the potential to be affected.</p> <p>Identify responsible staff/ what action taken</p> <ol style="list-style-type: none"> 1. Licensed Nurse received a 1:1 re-education by the DON on the facility policy and procedure in the event of a missing/wandering resident. 2. Certified Nursing Assistant received a 1:1 re-education by the DON on the facility policy and procedure in the event of a missing/wandering resident. 3. The CNA' s and Licensed nurse's will complete a missing resident questionnaire 4. Initiated staff interviews and established a timeline of the sequence of events 5. Completed multiple searches using google maps within 10-mile radius of campus dividing the area into four quads beginning at 7:45am. With different staff in different quads. 6. Facility called all emergency room s and group homes in the area 7. Police notified on 6/20/22 and actively searched and found resident at 11:40pm 8. Audit of all resident's elopement assessment completed, and care planned by licensed staff on 6/20/22 <p>In-Service conducted</p> <p>In-service was conducted by Director of Nursing 6/20/22. The in-service is on Resident Supervision. The details of the in-service include:</p> <ul style="list-style-type: none"> o Walking Rounds o Visualizing each resident during rounds <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> o Rounding every 2 hours o Conduct a midnight headcount census by charge nurse o 24hrs report sign off by outgoing nurse and incoming nurse o Report Missing resident's immediately to the supervisor and/or charge nurse o Immediately search the facility; rooms, common areas, perimeter of the building, 10mile radius of the facility <p>The in-service was attended by licensed caregivers which include Registered Nurse, Licensed Vocational Nurse, Certified Nursing Assistants, Certified Medication Aide, and Licensed Therapists which include Physical Therapist, Occupational Therapist and Speech therapist. For licensed staff who are unavailable for training on this date, they will not be allowed to return to work until training is complete. This in-service was initiated on 6/20/22</p> <p>Implementation of Changes</p> <p>The changes were started by the Director of Nursing. The changes were implemented effective on 6/20/2022 and will be ongoing until all staff are re-educated. The Director of Nursing will ensure competency through verbalization of understanding by staff and completion of returned questionnaire.</p> <p>Monitoring</p> <p>The Administrator/Director of Nursing/Assistant Director of Nursing will be responsible for monitoring the implementation and effectiveness of in-service on 6/20/2022.</p> <ul style="list-style-type: none"> o The Administrator/Director of Nursing/Assistant Director of Nursing will monitor/review each shift change report for signature validation daily x4 weeks, then weekly x2 weeks, then monthly and report any adverse finding during QAPI o Director of Nursing/Assistant Director of Nursing will conduct a daily audit of Elopement assessment x4 weeks, then weekly x 2 weeks, then monthly and report any adverse findings during QAPI o Residents will be monitored by staff every shift for any exit seeking behaviors. Any changes will be reported to the Administrator Director of Nursing and Assistant Director of Nursing immediately for appropriate action. <p>Monitoring</p> <p>Review of the competency questionnaire revealed staff had completed the education. The staff members had scored well on the questionnaire</p> <p>Review of the in-service education revealed staff had attended training regarding walking rounds, missing residents, elopement risk evaluation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER Skyline Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3326 Burgoyne Dallas, TX 75233	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Interview with LVN U, LVN P, CNA E, CNA H, CNA R, RN Y, CNA D, LVN R, LVN P, LVN U, CNA O, CNA T on 06/23/22 revealed the staff had been educated regarding making sure before they start their shift they complete a head count of each resident. Each aide must notify the oncoming aide the whereabouts of residents that are not in their rooms. The nurses must completed and sign a form that reflects they have completed a head count before leaving the shift.</p> <p>An interview with the DON on 06/23/22 at 2:05 pm revealed following the Immediate Jeopardy the facility had a staff complete a competency questionnaire. She created a sheet for staff when they come on shift to ensure they have the location of each of the residents. She will monitor the sheets each morning. The staff that work the overnight must take a screen shot and send before leaving the shift. The staff were educated regarding when they notice a resident is missing. Residents with exit seeking behaviors, staff must document and notify her as well. The staff must complet an elopement assessment by the nurses. Residents that are high risk for elopement would be evaluated to determine appropriateness for the secure unit.</p> <p>An interview with the Administrator on 06/23/22 at 3:01 pm revealed he was in-serviced by the regional staff regarding missing residents on 06/21/2. The facility staff were educated about doing resident rounds. If staff notice anything out of place they must report to the nurse supervisors. The staff were educated not to assume the residents had discharged . The staff were educated regarding the elopement policy . Staff will ensure to complete midnight census to ensure all residents are accounted for that day.</p> <p>The Administrator was informed the Immediate Jeopardy was removed on 06/23/22, at 4:10 p.m. The facility remained out of compliance at a severity level of actual harm that is not immediate jeopardy and a scope of isolated due to the facility's need to evaluate the effectiveness of the corrective systems which were put into place.</p>		