

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2020
NAME OF PROVIDER OF SUPPLIER MONARCH PAVILION REHABILITATION SUITES		STREET ADDRESS, CITY, STATE, ZIP 6825 HARRY HINES BLVD DALLAS, TX 75235	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to provide pharmaceutical services, including procedures that assure the accurate administering of all drugs and biologicals, to meet the needs for four (Resident #1, #2, #3, and #4) of seven residents reviewed for pharmacy services. The facility failed to ensure the administration of morning medications to Resident #1, #2, #3, and #4. This failure could affect the residents, placing them at risk for not receiving their medications as ordered by the physician and result in discomfort and clinical complications. Findings included: Review of Resident #1's face sheet, undated, revealed the resident was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's MDS Assessment, dated 05/19/20, revealed the resident had a BIMS score of 15, indicating the resident was cognitively intact. The resident required limited assistance in bed mobility, toilet use, and personal hygiene. Review of Resident #1's MAR dated from 07/01/20 - 07/24/20 revealed there were no initials for the following medications in the morning on 07/19/20: Acidophilus, 1 CAP, twice a day [MEDICATION NAME], 200 mg, once a day [MEDICATION NAME], 24 mcg, twice a day Artificial Tears, 1 drop, twice a day Aspirin low dose delayed release, 81 mg, once a day Azo oral, 95 mcg, three times a day [MEDICATION NAME], 10mg, three times a day [MEDICATION NAME], (Vitamin D), 1,000 unit, once every other day Dexilant, 30 mg, once a day [MEDICATION NAME] Sodium, 100 mg, twice a day FeroSul, 325 mg, once a day [MEDICATION NAME], 1 spray, 50 mcg, once a day Folic Acid, 1 mg, once a day [MEDICATION NAME], 300 mg, three times a day [MEDICATION NAME], 20 mg, once a day [MEDICATION NAME], 40 mg, once a day [MEDICATION NAME], 20 mg, once a day [MEDICATION NAME], 500 mg, twice a day [MEDICATION NAME], 25 mg, once a day [MEDICATION NAME], 600 mg, twice a day [MEDICATION NAME], 10-325 mg, twice a day [MEDICATION NAME] chloride, 5 mg, once a day Potassium Chloride, 10 mEq, once a day [MEDICATION NAME], 5 mg, once a day Saline Nasal, 0.65%, twice a day [MEDICATION NAME], 0.25%, twice a day [MEDICATION NAME] powder, 100,000 unit, three times a day An interview on 07/24/20 at 10:11 AM with Resident #1 revealed the resident did not experience adverse effects with medications. She stated due to the facility being short-staffed, the residents received their medications late or did not get their medication that weekend.(07/19/20). Review of Resident #2's face sheet , undated, revealed the resident was a [AGE] year-old male admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #2's MDS Assessment, dated 05/28/20, revealed the resident had a BIMS score of 15, indicating the resident was cognitively intact. The resident required extensive assistance in bed mobility and eating and was totally dependent on staff in dressing, toilet use, and personal hygiene. Review of Resident #2's MAR, dated from 07/01/20 - 07/24/20 revealed there were no initials for the following medications in the morning on 07/19/20: [MEDICATION NAME], 24 mcg, twice a day [MEDICATION NAME], 4.5 g - 156 mg/9.2 g, twice a day Decubi Vite (Multivitamin-folic acid-zinc-vitamin C), 400-50-500 mcg-mg-mg, once a day [MEDICATION NAME], 20 mg, twice a day Dronabinol, 2.5 mg, twice a day Amotidine, 20 mg, once a day Folic acid, 1 mg, once a day Iron, 325 mg, twice a day [MEDICATION NAME] Tears, 0.5%, three times a day [MEDICATION NAME] solution, 10 g/15mL, once a day [MEDICATION NAME], 0.5 mg, every 8 hours [MEDICATION NAME], 5 mg, three times a day [MEDICATION NAME], 17 g, once a day [MEDICATION NAME], 10 mg, once a day Sennosides-[MEDICATION NAME] sodium, 8.6-50 mg, twice a day [MEDICATION NAME], 50 mg, once a day Tamsulosin, 0.4 mg, once a day Vitamin C, 250 mg, twice a day An interview on 07/21/20 at 12:25 PM with Resident #2 revealed the resident did not experience adverse effects with medications. Review of Resident #3's face sheet , undated, revealed the resident was a [AGE] year-old male admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's MDS Assessment, dated 06/30/20, revealed the resident was unable to complete the interview to determine his BIMS score. The resident required extensive assistance in bed mobility, transfers, locomotion, dressing, eating, toilet use, and personal hygiene. Review of Resident #3's MAR, dated from 07/01/20 - 07/24/20 revealed there were no initials for the following medications in the morning on 07/19/20: [MEDICATION NAME], 10 mg, once a day Aspirin, 81 mg, once a day [MEDICATION NAME], 10 mg, twice a day Daily Multiple (Multivitamin), 1 tab, once a day [MEDICATION NAME], 125 mg, once a day [MEDICATION NAME], 20 mg, once a day [MEDICATION NAME] , 4%, once a day Senna, 8.6 mg, once a day Vitamin D3, 1,000 unit, once a day Review of Resident #4's face sheet , undated, revealed the resident was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #4's MDS Assessment, dated 06/22/20, revealed the resident was unable to complete the interview to determine her BIMS score. The resident required extensive assistance in bed mobility, transfers, locomotion, dressing, toilet use, and personal hygiene. Review of Resident #4's MAR, dated from 07/01/20 - 07/24/20 revealed there were no initials for the following medications in the morning on 07/19/20: Multiple Vitamins (Multivitamin), 1 tab, once a day [MEDICATION NAME], 10 mg, once a day [MEDICATION NAME], 20 mg, three times a day An interview on 07/24/20 at 10:10 AM with CNA B revealed the facility had been short-staffed, on 07/19/20, which caused residents to receive their medications late but was not aware if residents did not receive their medications at all. An interview on 07/24/20 at 10:35 AM with LVN C revealed she was not aware of any issues of residents not receiving their medications or receiving them late. An interview on 07/24/20 at 11:45 AM with ADON D and ADON E, while viewing the MARs for Residents #1, #2, #3, and #4 revealed if a CMA was having issues that would prevent medications from being administered for any reason to let the nurse know and then the nurse would let the ADON know. Both ADONs confirmed the medications were not administered based on the initials not being on the MARs for Resident #1, #2, #3, and #4. ADON E revealed the facility would start in-services immediately on administering medications. An interview on 07/24/20 at 12:40 PM with ADON C revealed CMA A working on the morning shift of 07/19/20, was a staffing agency employee who only worked that one time and had not been back to the building. CMA A could not be reached. Review of the staffing schedule for July 17, 18, and 19th, 2020 revealed CMA A worked the morning shift on 07/19/20. Review of the facility's Medication Management Program, dated 07/01/2016, revealed, the authorized licensed or certified/permitted medication aide or by state regulatory guidelines staff member identifies that the following information, but not limited to, is documented on the MAR: A. Correct physician's orders [REDACTED]. Label and physician's orders [REDACTED].</p> <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public in five halls of five halls reviewed for environment. 1. The facility failed to ensure the wall beneath the sink behind the nurse's station on second floor was free from water damage.</p>		
F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>2. The facility failed to ensure hand rails in all hallways were free from damage. This failure could affect residents by placing them at risk for diminished quality of life due to the lack of a well-kept environment. Findings included: 1. In an observation on 07/21/20 at 9:40 AM of the handwashing sink behind the nurse's station on the second floor, which was in view of nursing staff coming out of the storage room behind the nurse's station, revealed there was heavy water damage beneath the sink. Paint and parts of the wall were torn, revealing sheet rock underneath. The tear in the wall measured about a foot long and six inches wide. There were yellowish liquid color stains on the floor. In an interview on 07/21/20 at 9:40 AM with the Administrator revealed the wall was scheduled to be repaired by the Maintenance Director but it had not yet been repaired because the former Maintenance Director quit. In an interview on 07/21/20 at 9:40 AM with the Maintenance Director revealed he was new and started working today, 07/21/20. He stated he would work to repair the wall damage underneath the sink. 2. In an observation on 07/21/20 at 9:48 AM of three of three hallways on the second floor revealed all of the wooden handrails were damaged. The handrails had rough/ sharp edges and were uneven to the touch. Polish and wood from the handrails were chipped. In an interview on 07/21/20 at 9:48 AM with the Maintenance Director revealed he would sand down the handrails so they could be even. In an observation on 07/21/20 at 10:15 AM of the two of two hallways on the first floor revealed the handrails had rough/sharp edges and uneven to the touch. Like the handrails in the second floor, the polish and wood from the handrails were chipped. In an interview on 07/21/20 at 2:31 PM with the Administrator revealed the previous Maintenance Director had a work order for the handrails before he quit. She stated the new Maintenance Director would be able to fix the issue. Review of the facility's Maintenance Log from November 2019 through July 2020 revealed no work order for the wall damage beneath the sink behind the nurse's station on the second floor or work orders for handrails. Review of the facility's Maintenance/Housekeeping Policies and Procedures, dated March 2006 revealed, The center performs routine maintenance on floors, walls, fixtures, and equipment. 2. A work order log is maintained by the Maintenance Department. 3. The Director and/or Executive Director/Administrator is responsible for initiating work order requests for all special project work and work that may result from preventative maintenance inspections.</p>		