

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2025
NAME OF PROVIDER OR SUPPLIER  The Meadows Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8383 Meadow Rd Dallas, TX 75231	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure that assessments accurately reflected the resident's status for 2 (Resident #1 and Resident #8) of 3 residents reviewed for accuracy of assessments. The MDS did not address Resident #1 and Resident #8's oxygen use. This failure could place residents at risk of missed services, treatments, and overall decline in health. Resident #1 Record review of Resident #1's face sheet, dated 11/04/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. The resident was diagnosed with other specified cough and obstructive pulmonary disease (a chronic inflammatory disease that causes obstructed airflow from the lungs). Record review of Resident #1's Comprehensive MDS Assessment, dated 10/29/2025, reflected the resident was cognitively intact with a BIMS score of 12, indicating the resident had moderately impaired cognition Section O Special treatments, procedures, and programs did not address resident oxygen treatment. Record review of Resident #1's Comprehensive Care Plan, dated 06/30/2025, reflected the resident The resident has Oxygen Therapy r/t COPD. She is at risk for shortness of breath. Resident's oxygen tubing often has discoloration r/t heavy smoking. Edited: 06/30/2025 interventions Monitor for s/sx of respiratory distress and report to MD PRN: Respirations, Pulse oximetry (a non-invasive medical procedure that measures the oxygen saturation of the blood), Increased heart rate (Tachycardia), Restlessness, Diaphoresis (excessive sweating), Headaches, Lethargy (lack of energy), Confusion, Atelectasis (partial or complete collapse of the lung), Hemoptysis (the coughing up of blood or bloody mucus from the lungs or airways.), Cough, Pleuritic pain (sharp stabbing pain). Accessory muscle usage, Skin color. OXYGEN SETTINGS: The resident has O2 via nasal prongs (two small tubes that are placed into a patient's nostrils to deliver supplemental oxygen.) @ 2LPM PRN. Resident is a smoker and is at risk for injury. Interventions monitor PRN when smoking to ensure residents safety perform smoking assessment according to facility policy. staff to supervise during smoke breaks. Resident #8 Record review of Resident #8's face sheet dated 11/04/2025 reflected he was a [AGE] year-old male that was admitted on [DATE] with diagnosis of COPD Lung Record review of Resident #8's Comprehensive MDS Assessment, dated 10/16/2025, reflected the resident was cognitively intact with a BIMS score of 13, indicating the resident had moderately impaired cognition. Section O Special Treatments, Procedures, and programs did not address his oxygen treatments. The section was left blank. Record review of Resident #8's Comprehensive Care Plan, dated 09/07/2025 reflected [Resident #8] has Oxygen Therapy r/t SOB associated with COPD.interventions administer medications as ordered, Monitor for s/sx of respiratory distress and report to MD PRN. OXYGEN SETTINGS: The resident has, O2 via nasal @ 3 LPM. Position resident to facilitate ventilation/perfusion matching: Use upright, high-Fowlers position (a medical posture where the patient is sitting upright with the head of the bed elevated at a 60-90 degree angle. ) whenever possible to allow for optimal diaphragm , When on side, the good side should be down (damaged lung should be up). Record review of Resident #8's Physician's Order dated 08/26/2025 reflected Nurse to verify O2 humidification bottle/chamber has adequate amount of distilled water, at least every shift. every shift. Oxygen continuously via Nasal Cannula. May titrate between 2-5 LPM for shortness of breath or pulse oximetry &lt; 90% . every shift for SOB and to maintain pulse ox &gt; 90% . Nurse to verify O2 humidification bottle/chamber has adequate amount of distilled water, at least every shift.order dated 09/28/2025 reflected an order Check Oxygen Concentrator filter for placement and clean filter every week and PRN every night shift every Sun. Record review of Resident #8's October TAR reflected that the oxygen concentrator was checked, tubing and water was changed on 10/05/2025, 10/12/2025, 10/19/2025, and 10/26/2025. Record review of Resident #8's November TAR reflected that the Oxygen Concentrator filter was checked, tubing and water was changed on 11/02/2025 during the night shift. The water was checked for adequate distilled water on the Day, Evening, and night shift 11/01/2025, 11/02/2025, 11/03/2025, and 11/04/2025. Observation and interview on 11/04/25 at 10:50 AM revealed Resident #8 was awake, sitting in his wheelchair with nasal cannula on receiving oxygen via concentrator. During an interview on 11/04/2025 at 2:00 PM, the DON stated that she reviewed and signed the completed MDSs upon completion of all the sections as the RN. She stated that if the oxygen treatment was not coded, it meant the resident did not use it during the look back period. She would have to check the resident files. She did not address the negative outcome to the resident. During an interview on 11/04/2025 at 2:20 PM, the Administrator stated it was his expectation for the comprehensive MDS assessments to be completed accurately. During an interview on</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review the facility failed to ensure that residents, who needed respiratory care, were provided such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 (Resident #1) of 3 residents reviewed for respiratory care. Resident #1's NC was not replaced when dirty. Resident #8's O2 concentrator humidification bottle was not dated. These failures could place residents at risk for respiratory infection and not having their respiratory needs met. Findings: Resident #1 Record review of Resident #1's face sheet, dated 11/04/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. The resident was diagnosed with other specified cough and obstructive pulmonary disease (a chronic inflammatory disease that causes obstructed airflow from the lungs). Record review of Resident #1's Comprehensive MDS Assessment, dated 10/29/2025, reflected the resident was cognitively intact with a BIMS score of 12, indicating the resident had moderately impaired cognition. Section O Special Treatments, Procedures, and programs did not address his oxygen treatments. The section was left blank. Record review of Resident #1's Comprehensive Care Plan, dated 06/30/2025, reflected the resident The resident has Oxygen Therapy r/t COPD. She is at risk for shortness of breath. Resident's oxygen tubing often has discoloration r/t heavy smoking. Edited: 06/30/2025 interventions Monitor for s/sx of respiratory distress and report to MD PRN: Respirations, Pulse oximetry (a non-invasive medical procedure that measures the oxygen saturation of the blood), Increased heart rate (Tachycardia), Restlessness, Diaphoresis (excessive sweating), Headaches, Lethargy (lack of energy), Confusion, Atelectasis (partial or complete collapse of the lung), Hemoptysis (the coughing up of blood or bloody mucus from the lungs or airways.), Cough, Pleuritic pain (sharp stabbing pain). Accessory muscle usage, Skin color. OXYGEN SETTINGS: The resident has O2 via nasal prongs (two small tubes that are placed into a patient's nostrils to deliver supplemental oxygen.) @ 2LPM PRN. Resident is a smoker and is at risk for injury. Interventions monitor PRN when smoking to ensure resident safety perform smoking assessment according to facility policy. staff to supervise during smoke breaks. Record review of Resident #1's Physician's Order dated 09/28/2025 reflected change O2 tubing/water every week as needed every night shift every Sun. Change Oxygen administration device (nasal cannula, mask or collar) and humidifier bottle weekly on Sunday night. every night shifts every Sun. An order dated 09/01/2025 reflected Oxygen at 1-3 LPM via nasal cannula as needed for SOB and to maintain pulse ox &gt; 90% Every shift. Observation and interview on 11/04/25 at 10:45 AM revealed Resident #1 was awake, walking from the restroom. Observation revealed NC lying on her pillow with various stages of brown (dark brown, golden brown, and light brown) on the NC prongs. An oxygen concentrator machine had saltine cracker crumbs and dried liquid from food. The resident said the nurse never changed her NC tubing nor cleaned the concentrator. Resident #8 Record review of Resident #8's face sheet, dated 11/04/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. The resident was diagnosed with Cough And Obstructive Pulmonary Disease (a chronic inflammatory disease that causes obstructed airflow from the lungs). Record review of Resident #8's Comprehensive MDS Assessment, dated 10/16/2025, reflected the resident was cognitively intact with a BIMS score of 13, indicating the resident had moderately impaired cognition. Section O Special Treatments, Procedures, and programs did not address his oxygen treatments. The section was left blank. Record review of Resident #8's Comprehensive Care Plan, dated 09/07/2025 reflected [Resident #8] has Oxygen Therapy r/t SOB associated with COPD. interventions administer medications as ordered, Monitor for s/sx of respiratory distress and report to MD PRN. OXYGEN SETTINGS: The resident has, O2 via nasal @ 3 LPM. 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