

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  01/29/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to provide a safe environment for the secure unit residents, staff and the public in two (rooms [ROOM NUMBERS]) of four resident rooms on the secure unit observed for safety. The facility failed to ensure no portable heaters or space heaters were used in residents' rooms on the secure unit. This failure could place residents at risk for injury or accidents and hazards. Findings included: Observation and interview on 01/29/26 at approximately 10:00 AM with CNA A revealed resident room [ROOM NUMBER] with a portable space heater plugged into the wall on Resident #1's nightstand. The portable space heater was in the on position with a digital temperature on the display of 85 degrees Fahrenheit. Resident #1, nor the roommate, were in the room. Observation of the resident room [ROOM NUMBER] revealed a portable space heater plugged into the wall on Resident #2's nightstand. The portable space heater was not on. Resident #2 was in bed. Resident #2 did not have a roommate. Interview with CNA A revealed she did not know how long each space heater had been in the resident rooms. Interview with CNA A revealed the heat was working on the secure unit and both rooms were warm. Interview on 01/29/26 at 12:02 PM with the DON revealed they should not be using space heaters in the residents' rooms. The DON stated she would remove the space heaters in rooms [ROOM NUMBERS] immediately. The DON stated she would check all rooms on the secure unit to ensure no space heaters were being used. The DON stated the facility did not have a policy on space heaters or portable heaters. The DON stated the facility should not use portable heaters or space heaters in resident rooms because they were a safety hazard. The DON stated the risk of using portable heaters or space heaters in a resident's room could result in injury. Interview on 01/29/26 at 12:27 PM with the Maintenance Director revealed the facility had placed space heaters on the secured unit on 01/27/26. The Maintenance Director stated that they missed picking the space heaters back up on the secured unit on 01/27/26. The Maintenance Director stated that all space heaters had been picked up from the secure unit as of today 01/29/26. The Maintenance Director stated the heat had been working and was still working on the secure unit since 01/27/26 after a valve was repaired. The Maintenance Director stated the valve repair took less than a couple of hours to repair on 01/27/26. The Maintenance Director stated the facility did not have a policy on portable heaters or space heaters. The Maintenance Director stated the risk of using space heaters in resident rooms could result in injury. Interview on 01/29/26 at 1:28 PM with the ADM revealed the facility did not have a policy on portable heaters or space heaters in residents' rooms. The ADM stated that the risk of using space heaters in a resident's room could result in injury. Review of the Facility's Provider Investigation Self Report Incident Template dated 01/27/26 revealed the following on 01/27/26 the facility received reports that heaters were not functioning properly. HVAC company was contacted and in the facility within two hours to assess issue with system. portable heaters were available. core repairs have been made. Review of the facility's Loss of Central Services Policy and Procedures,</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>dated June 2025, revealed Heat Loss: 4) Staff will be responsible for assuring that residents are dressed appropriately for heat conservation. Several layers of loose clothing and two pairs of socks should be worn by the residents. Make sure to cover extremities. 5) Staff will provide hot beverages to the residents for consumption. 6) Extra blankets will be available and distributed to the residents. 7) Residents will be involved in as many activities as possible. 8) Close all windows and draw curtains.</p>		