STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455494	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenview Wellness & Rehabilitation	7625 Glenview Dr North Richland Hills, TX 76180

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure the resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident. for 4 (Resident #1, Resident #2, Resident #3 and Anonymous Person) of 5 residents reviewed.The facility failed to protect and promote the rights of Resident #1, Resident #2, Resident #3 and Anonymous Person who wanted to continue to be able to sit in the front patio.This failure could place residents at risk of a diminished quality of life.Findings included:Record review of Resident #1's face sheet, dated 12/03/25 reflected he was an [AGE] year-old male who was admitted on [DATE] and diagnosed with but, not limited to Alzheimer's disease with late onset (characterized by progressive memory loss, confusion, and changes in mood, stemming from a mix of genetic)- onset 04/24/24, other viral Pneumonia(inflammation of the lungs caused by a virus)- onset 09/27/25, unspecified abnormalities with mixed disturbance of emotions and conduct (where a person has intense emotional reactions (anxiety, sadness) and behavioral problems (rule-breaking, aggression, withdrawal) following a stressful life event)- onset 05/23/24, unspecified Dementia, moderate, with other behavioral disturbance (describes a stage of dementia where memory/cognitive issues are significant -moderate)-onset 05/13/24, cognitive communication deficit (a difficulty in expressing or understanding messages due to impaired thinking skills like attention, memory, problem-solving, or organization)-onset 04/24/24, unspecified lack of coordination (difficulty controlling body movements (ataxia), causing clumsiness, unsteady gait,)-onset 04/24/24 and acute respiratory failure with hypoxia (a life-threatening condition where the lungs can't get enough oxygen into the blood (severe low oxygen, or hypoxemia) due to sudden lung injury from things like pneumonia, ARDS, or heart failure)-onset 04/24/24. Record review of Resident #1's MDS, dated [DATE] reflected his BIMS score was 06 which indicated severe cognitive impairment. Record review of Resident #2's face sheet, dated 12/03/25 reflected he was a [AGE] year-old male who was admitted on [DATE] and diagnosed with but not limited to cerebral infraction unspecified (happens when a blood clot blocks an artery in the brain, cutting off oxygen and nutrients, leading to brain tissue death) onset 12/04/24, chronic respiratory failure unspecified whether with hypoxia or hypercapnia (when the lungs gradually fail to get enough oxygen (hypoxia) or remove enough carbon dioxide (hypercapnia))- onset 11/11/25, and unspecified lack of coordination (difficulty controlling body movements (ataxia), causing clumsiness, unsteady gait, or jerky motions)-onset 12/06/24. Record review of Resident #2's MDS, dated [DATE] reflected his BIMS score was 11 which indicated moderate cognitive impairment. Record review of Resident #3's face sheet, dated 12/03/25 reflected she was a [AGE] year-old female who was admitted on [DATE]. She was diagnosed with but not limited to schizoaffective disorder, bipolar type (a complex mental illness blending symptoms of schizophrenia (psychosis like hallucinations/delusions) with those of a mood disorder (major depression or bipolar disorder))- onset 06/07/23, mild neurocognitive disorder due to known physiological condition without behavioral disturbance, and cognitive communication deficit (a slight decline in thinking/memory (Mild Neurocognitive Disorder) from a known medical cause (like TBI, alcoholism, sleep apnea) without major behavioral issues, specifically showing difficulty with communication (language/expression) but still managing daily life independently) - onset 06/09/23. Record review of Resident #3's MDS, dated [DATE] reflected her BIMS score was 11 which indicated moderate cognitive impairment. During an interview on 12/04/25 at 5:50 am, RN A stated it was the residents' right to be able to go outside and sit on the front patio. RN A stated a staff member would have to let them out the front door. During an interview on 12/04/25 at 6:30 am Resident #1 stated he used to be able to go outside in the front for as long as he wanted to and as many times as he wanted to. Resident #1 stated now he can only go outside for 30 minutes when [MA B] goes outside. Resident #1 stated he felt upset, and he was suffering because another resident wheeled herself away from the facility, went to the hospital and got lost. Resident #1 stated it was not fair and since then the residents cannot go outside in front by themselves. During a confidential interview at an undisclosed date and time, Anonymous person stated another resident left the facility and since then the residents cannot go outside by themselves. Anonymous Person did not recall how long ago the incident happen. Anonymous Person would like to go back outside more because Anonymous Person felt trapped. During an interview on 12/04/25 at 6:40 am Resident #3 stated Resident #4 left the facility, got lost and Resident #3 believed the police brought her back. Resident #3 stated after that