

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675253                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>07/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Azalea Trail Nursing and Rehabilitation Center                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>411 Spring Creek Rd<br>Grand Saline, TX 75140 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                 |
| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <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 an environment free of accident hazards for one (Resident #1) of three residents reviewed for oxygen use. The facility failed to securely store oxygen cylinder when in resident room on 7/27/26. This failure could place residents at risk of living in an unsafe environment. Findings included: 1. A record review of Resident #1's face sheet, dated 07/28/2026, indicated a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses of thrombocytopenia (a condition of low blood platelet count), pneumonia (infection that inflames the air sacs in one or both lungs), acute and chronic respiratory failure with hypoxia (low levels of oxygen in your body tissues), encephalopathy (altered brain function), sepsis (serious condition in which the body responds improperly to an infection), acute upper respiratory infection, Pain in left hip, chronic kidney disease, Dysphagia (trouble swallowing), and hypertension (high blood pressure). Review of Resident #1's MDS assessment, dated 6/25/2026, revealed the resident had a BIMS score of 4 which indicated severe cognitive impairment. The resident was coded as using oxygen therapy and required wheelchair for mobility assistance. Review of Resident #1 physician orders, dated 6/28/2026 to 7/28/2026 contained an order for oxygen at three liters via nasal cannula routinely at night from 10:00 p.m. to 6:00 a.m. Observation on 7/27/2026 at 10:26 a.m., Resident #1's room revealed Oxygen E-cylinder (middle sized metal portable container holding 680 liters of compressed medical gas at a full pressure of 2000 to 2200 psi) laying across on an extra bed in the room unsecured. Observation on 7/27/2026 at 11:23 a.m., Resident #1's room revealed Oxygen E-cylinder laying across on the extra bed in the room unsecured. Interview and observation on 7/27/2026 at 11:23 a.m., CNA A stated that Resident #1 used oxygen from concentrator while in bed, while oxygen cylinder were normally attached to the back wheelchairs in bags for use while up in wheelchairs. She stated that cylinder were not supposed to be stored in rooms or left on beds. She stated that when cylinder became empty, staff notified the nurse, who then came to replace the oxygen cylinder. During the interview, CNA A was observed to remove the empty oxygen cylinder from the extra bed in Resident #1 room. Interview conducted on 7/27/2026 at 11:00 a.m., RN B stated that residents utilized oxygen concentrators while in bed. She explained that residents used an oxygen cylinder secured in a black bag on the back of their wheelchairs when they were out in the facility. When an oxygen cylinder ran empty, the CNA notified the charge nurse, who replaced it with a fresh one from the Hall 3 closet rack. RN B stated that oxygen cylinders were never to be left on beds in resident rooms, and empty cylinders were always supposed to be removed from the rooms immediately and remain secured. Interview conducted on 7/28/2026 at 11:56 a.m., the DON stated that oxygen cylinder were to be changed by the nursing staff. The DON explained that oxygen cylinder in resident rooms were required to be secured either in a wheelchair bag or a rolling cart, and (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.

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|--------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                                                          |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID: | Facility ID:<br>675253<br><br>If continuation sheet<br>Page 1 of 2 |

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| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | they were never supposed to be left loose in a room. The DON stated that any empty or extra oxygen cylinder had to be kept secured in a rack inside the oxygen closet, emphasizing that an oxygen cylinder should never be left unsecured in a resident room. Interview conducted on 7/28/2026 at 11:59 a.m., the Administrator stated that oxygen cylinder was stored securely in a rack inside the oxygen closet. The Administrator stated that when oxygen cylinder was in resident rooms, it was required to be kept in a oxygen bag on a wheelchair or secured in an oxygen rolling cart. The Administrator noted that no empty cylinders were ever to be left in a resident's rooms unsecured. A record review of the facility's policy dated 2002 titled LTC Compressed Gases, Safe Handling read: when tanks are stored, all tanks and cylinders should be stored in a cylinder cart or securely chained in a secure storage area. Never leave cylinders free-standing. All cylinders must be individually secured by separate chains. |                                                                                            |                                                 |