STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675431	A. Building B. Wing	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Red Oak Health and Rehabilitation Center	101 Reese Dr. Red Oak, TX 75154

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to complete a significant change MDS assessment within 14 days after a significant change of condition for 1 of 6 (Resident #1) residents reviewed for comprehensive assessments.The facility did not complete a significant change MDS for Resident #1 after he was transferred to another hospice services on 06/04/2026.This failure could place residents at risk of not having their individual needs met when a significant change in condition occurs.Findings included:Review of Resident #1's face sheet, dated 06/26/2026, reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses included malignant (likely to worsen or spread) neoplasm (abnormal and uncontrolled growth of tissue) of lower lobe (bottom sections of lung) left bronchus (airway passage) or lung, hypertension (high blood pressure), and chronic obstructive pulmonary disease (lung disease that restricts airflow and makes breathing difficult).Review of Resident #1's care plan dated 06/15/2026 revealed he was admitted to hospice services for diagnoses of senile degeneration of the brain (progressive deterioration of brain tissue and function that occurs beyond what is considered normal aging).Review of Resident #1's quarterly MDS dated [DATE] revealed he had a BIMS score of 09, indicated moderate cognitive impairment with hospice care while at the facility.Review of Resident #1's clinical physician's order dated 06/04/2026 revealed he was admitted to another hospice company due to a malignant (likely to worsen or spread) neoplasm (abnormal and uncontrolled growth of tissue) of lower lobe (bottom sections of lung) left bronchus (airway passage) or lung.Review of Resident #1's MDS assessments in the EHR revealed no significant change assessment was conducted after Resident #1 had switched to another hospice service company on 06/04/2026. There was no significant change assessment completed by the MDS Coordinator by 06/17/2026.In an interview on 06/26/2026 at 2:42 PM with the MDS Coordinator, she stated she was responsible for completing the significant change assessment by 06/17/2026 when Resident #1 switched to another hospice services company on 06/04/2026. The MDS Coordinator stated she did not know how she missed the significant change assessment when Resident #1 switched hospices services. The MDS Coordinator stated it was expected for her to complete the significant change with fourteen days of Resident #1 changing hospice services. The MDS Coordinator stated it was very important to make sure the MDS reflected Resident #1's significant change. The MDS Coordinator stated when changes are not updated in the MDS it could cause the facility not to receive payments and the residents would not receive their services.In an interview on 06/26/2026 at 3:55 PM with the DON, she stated it was expected for the MDS Coordinator to have updated the MDS with significant change within 14 days of Resident #1 switching hospice services. The DON stated when the MDS was not updated funds would be taken back from the State and residents would not get the proper care that was provided to them.In an interview on 06/26/2026 at 5:00 PM with the ADM, he stated it was expected for the MDS Coordinator to have completed the significant change MDS within 14 days of hospice company change. The ADM stated the MDS assessments were expected to be completed timely for Resident #1. The ADM stated it was important for the significant change assessment to be completed to make sure that the residents' needs were provided for.Review of the facility's policy named Minimum Data Set (MDS) Submission Timeframes (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dated 2001 revised December 2006 reflected, Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes.The Assessment Coordinator or designee shall be responsible for ensuring that resident assessments are submitted to the state MDS database in accordance with current federal and state guidelines.Review of the facility's policy named Resident Assessment Instrument dated 2001 revised December 2009 reflected, A comprehensive assessment of a resident's needs shall be made within fourteen (14) days of the resident's admission.The Assessment Coordinator is responsible for ensuring that the Interdisciplinary Assessment Team conduct timely resident assessments and reviews according to the following schedule:Within fourteen (14) days of the resident's admission to the facility;When there has been a significant change in the residents' condition;At least quarterly: andOnce every twelve (12) months.