

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

Printed: 08/27/2026  
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>675611                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>06/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Villages of Dallas                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>550 E Ann Arbor Ave<br>Dallas, TX 75216 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                 |
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| F 0925<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</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 ensure an effective pest control program so the facility was free of pest and rodents two (Residents #1 and #2) of five residents reviewed for pest control. The facility failed to keep an effective pest control program to ensure the resident's rooms were free of rodents. This failure could place residents at risk for reduced quality of life and poor sanitary environment. Findings included: Record review of Resident #1's face sheet dated 06/10/26 revealed that she was a [AGE] year-old female with an initial admission date of 02/04/2026. Her diagnoses included: Pressure Ulcer Stage 2, Need for Assistance with Personal Care, and Cellulitis of Right Lower Limb. Record review of Resident #1's Quarterly MDS dated [DATE] revealed that Resident #1 had a BIMS score of 15 (Cognitively Intact) and required the help of at least one helper for toileting, showers, dressing, and personal hygiene. Record review of Resident #1's Comprehensive Care Plan dated 02/09/2026 revealed Resident #1 had a Focus: ADL Self Care Deficit related to chronic lower extremity weakness, swelling chronic back pain, lymphedema chronic with elephantiasis, generalized osteoarthritis. Goal: Will safely perform Bed mobility, transfers, eating, dressing, grooming, toilet use and personal hygiene through the review date. Interventions: Transfer (chair/bed to bed to chair transfer, toilet transfer): Requires one to two staff participation with transfers. Record Review of Resident #2's face sheet, dated 06/10/26 revealed that she was a [AGE] year-old female with an initial admission date of 04/29/2022. Her diagnoses included: Mild Cognitive Impairment of uncertain or Unknown Etiology, Type 2 Diabetes Mellitus with Unspecified Complications and Respiratory Disorders. Record Review of Resident #2's Nursing Home Comprehensive MDS dated [DATE] revealed Resident #2 had a BIMS score of 15 (Cognitively Intact) and required partial/moderate assistance for sit to lying, lying to sitting on side of bed, and toilet transfer. Record review of Resident #2's Comprehensive Care Plan dated 03/21/26 revealed that Resident #2 had a Focus: Has altered respiratory status/Difficulty Breathing related to Chronic Respiratory Failure with Hypoxia. Goal: Will have no signs or symptoms of poor oxygen through the review date. Interventions: Administer medications/puffers as ordered. Monitor for effectiveness and side effects. Record Review of the facility Grievance Logs from 03/01/2026 to 05/30/2026 found a grievance from Resident #4, Date Reported: 4/1/26 (Room Number Redacted), Summary of Concern Resident stated that she saw a rodent in her room Resolution: Pest Control Services sprayed her room and building. Date Resolved: 4/2/26. Record Review of the Pest Control Sighting Log/Log Book Check-In Dated from 04/22/26 to 06/05/2026 revealed Rats or Rodents sighted on the following dates: 4/22/26, 4/27/2026, 4/30/2026, 5/7/2026, 5/12/2026, and 6/2/2026. A service inspection Report dated 05/29/2026, Order # 102236 noted that Inspected Traps in kitchen for mice activity and Inspected Traps in [NAME] [Building Residents # 1 and #3 reside in] for mice activity. In an observation and interview on 6/10/2026 at 11:05 AM Resident #1 revealed that she had lived in her room for around 5 months. She stated that she had seen mice in her room several times and that two of her friends from church were visiting and they all saw the mice in her room. She stated that one of the rehabilitation therapists had been giving her a treatment in her room when they both saw a mouse run across the room and into her closet. She stated she had reported it to the facility staff and they (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>675611               |
|                                                                          |           | If continuation sheet<br>Page 1 of 3 |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>had offered to move her to another room but she had refused to move because another unnamed facility staff had told her that the whole building was infested with mice. She stated that having mice in her room made her very uncomfortable. Observation on the floor of Resident #1's closet revealed around 20 small oblong, tapered at both ends black objects around 1/8th of an inch long, scattered on the floor. A visiting Administrator (ADM #2) from a sister building was in the room at the time of the observation and he stated that it could be mouse droppings. In an observation and interview on 6/10/2026 at 11:25 AM with Resident #2 and Maintenance Director. Resident #2 stated that she had seen mice several times coming in from under her room door and into her closet. She stated that she had mentioned it to some of the staff but could not recount who. She stated that she had been seeing the mice for a few months, she stated she was not interested in changing rooms. While observing the floor of Resident #2's closet and closet shelves the Maintenance Director entered the room and he also observed around 50 small oblong, tapered at both ends black objects around 1/8th of an inch long, scattered on the floor, similar fresher looking 1/8th inch long were found on a pillow in Resident #2's closet and also on the top shelf of her closet. The Maintenance director stated that the objects appeared to be mouse droppings. In an interview on 6/10/2026 at 11:48 AM the Maintenance Manager stated that he had received some complaints about mice in the building and that he had set out some glue traps in a few rooms and that he had caught a few mice. He stated that he had seen a live rodent in a resident's room around 10 days ago. He stated that he receives reports for maintenance through texts and through an electronic computer based system. He stated that Pest Control comes out to the facility twice a week lately but the campus was 27 acres and they treat different areas at different times. In an observation on 6/10/2026 at 12:00 PM of the outside perimeter of the building it was noted that a few of the screen coverings for the individual room air conditioners were not affixed securely to the wall. In an interview on 6/10/2026 at 1:23 PM Resident #5 stated that she had not seen a mouse in her room but that she had heard from several other residents that they had mice in their rooms and that she would be scared to death to see one. In an interview on 6/10/2026 at 1:52 PM Pesticide Operator (owner of the third party pesticide company hired by the facility) stated that he had been the provider of pesticide services for the entire 26 acre campus for over 5 years. He stated he was familiar with rodent droppings and after viewing pictures of the rodent droppings in Resident #1's and Resident #2's room he agreed that the black oblong objects were definitely mouse droppings. He stated that he had been aware of rodent sightings in the facility for the last 6 months or so, and he had caught a few mice a couple of weeks ago and he had placed traps inside of the facility. He stated the snap traps were in non-residential areas of the facility, and glue traps in resident accessible areas. He stated that when it rains it drives rats and mice into the facility from the creek on the property. He stated it was possible for mice to nest inside of buildings but he did not think mice were nesting in the facility building. He stated that he had heard mice could spread diseases but he did not know which diseases and that residents could be disturbed by having mice in their rooms. In an interview on 6/10/2026 at 2:14 PM the ST stated that she had been in Resident #1's room performing some therapy with Resident #1 when she and Resident #1 both saw a mouse in Resident #1's room. She stated that she had reported it to her Director of Rehabilitation. She stated that residents could be embarrassed or scared to have mice in their rooms. In an interview on 6/10/2026 at 2:22 PM LVN A stated that she had not seen any mice herself but she had heard from Resident #1 that she had mice in her room. She stated she had reported it to maintenance and that mice could spread disease and upset residents if there were mice in their rooms or anywhere in the facility. In an interview on 6/10/2026 at 2:32 PM CNA B revealed that Residents #1 and #3 had complained to her that they had mice in their room. She stated that she had not reported it and she was unable to describe how to report it. She stated that she had not seen any mice herself but that she could definitely understand that residents would be upset by having mice in their rooms. In an interview on 6/10/2026 at 2:36 PM Resident #4 stated that she had seen mice in the last two months. She stated that she had seen mice run from her closet and into the bathroom and under her chair. She stated she had filed a grievance (continued on next page)</p> |                                                                                      |                                                 |

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| F 0925<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>about it and the exterminator had come up into her room. She stated that mice scared her, and she was glad she had not seen any recently. In an interview on 6/10/2026 at 3:06 PM the DON revealed that she had not had any staff alert her about mice in the building. She stated that residents could be emotionally upset about having mice in their rooms. She stated that mice could spread disease and possibly could injure residents through bites. She stated that the facility would be looking into possibly hiring another exterminator company to assist with getting rid of all the mice. She stated that she was sure that there were no injuries or diseases that could be attributed to rodents in the facility. Record review of the facility's policy revised July 2018 and titled Pest Control reflected Our facility shall maintain an effective pest control program . 1. This facility maintains an on-going pest control program for insects and rodents</p> |                                                                                      |                                                 |