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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675783 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/24/2025 |
| NAME OF PROVIDER OR SUPPLIER The Villa at Mountain View | | STREET ADDRESS, CITY, STATE, ZIP CODE 2918 Duncanville Rd Dallas, TX 75211 | |

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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| (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences for five (Resident #1, #2, #3, #4, and #5) of fifteen residents reviewed for reasonable accommodation of needs. The facility failed to ensure the call light system in Resident #1, #2, #3, #4, and #5's rooms was in a position that was accessible to the residents on 08/12/2025. This failure could place the residents at risk of being unable to obtain assistance when needed and help in the event of an emergency. Findings included: Resident #1 Record review of Resident #1's Face Sheet, dated 10/09/2025, reflected a [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with muscle weakness, hemiplegia (paralysis of one side of the body), and hemiparesis (weakness on one side of the body). Record review of Resident #1's Quarterly MDS Assessment (assessment used to determine functional capabilities and health needs), dated 09/01/2025, reflected the resident had a severe impairment (the resident required significant assistance and support in daily life) in cognition with a BIMS (screening tool used to assess cognitive status) score of 05. The Quarterly MDS Assessment indicated that the resident required maximal assistance for dressing, bed mobility, and transfer. Record review of Resident #1's Comprehensive Care Plan, dated 09/23/2025, reflected the resident was at risk for falls and one of the interventions was to be sure the resident's call light was within reach. During an observation and interview on 10/09/2025 at 9:32 AM revealed Resident #1 was in her bed, awake. It was observed that the resident's call light was on the resident's side table and was not within reach. When asked where her call light was, the resident looked at her side and said she could not find her call light. Resident #2 Review of Resident #2's Face Sheet, dated 10/09/2025, reflected a [AGE] year-old male admitted to the facility on [DATE]. The resident was diagnosed with muscle weakness and muscle wasting. Review of Resident #2's Quarterly MDS Assessment, dated 07/14/2025, reflected the resident was cognitively intact (resident capable of normal cognition and needs little support) with a BIMS score of 13. The Quarterly MDS Assessment indicated that the resident required moderate assistance for dressing, bed mobility, and transfer. Review of Resident #9's Comprehensive Care Plan, dated 09/10/2025, reflected the resident was at risk for falls and one of the interventions was to be sure the resident's call light was within reach. During an observation and interview on 10/09/2025 at 9:36 AM revealed Resident #2 was in his wheelchair, awake. It was observed that the resident's call light was on the floor behind his side table. He said the call light was behind his side table for some time. Resident #3 Review of Resident #3's Face Sheet, dated 10/09/2025, reflected an [AGE] year-old male admitted to the facility on [DATE]. The resident was diagnosed with muscle weakness and muscle wasting. Review of Resident #3's Quarterly MDS Assessment, dated 08/14/2025, reflected the resident had severe impairment in cognition with a BIMS score of 03. The Quarterly MDS Assessment indicated that the resident required moderate assistance for dressing, bed mobility, and transfer. Review of Resident #3's Comprehensive Care Plan, dated 09/30/2025, reflected the resident was at risk for falls and one of the interventions was to be sure the resident's call light was within reach. An observation on 10/09/2025 at 9:39 AM revealed Resident #23 was in his bed with eyes closed. It was observed that the resident's call light was on the floor under his bed. Resident #4 Review of Resident #4's Face Sheet, dated 10/09/2025, reflected a [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with muscle weakness and muscle wasting. Review of Resident #4's Quarterly MDS Assessment, dated 09/26/2025, reflected the resident was unable to complete the interview to determine the BIMS score. The Quarterly MDS Assessment indicated that the resident required maximal assistance for dressing, bed mobility, and transfer. Review of Resident #4's Comprehensive Care Plan, dated 09/23/2025, reflected the resident was at risk for falls and one of the interventions was to be sure the resident's call light was within reach. During an observation and an attempted interview on 10/09/2025 at 9:43 AM revealed Resident #4 was in her bed, awake. It was observed that the resident's call light was on the floor. When asked where her call light was, the resident did not answer. Resident #5 Review of Resident #5's Face Sheet, dated 10/09/2025, reflected a [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with muscle weakness and abnormalities of gait. Review of Resident #5's Quarterly MDS Assessment, dated 09/01/2025, reflected the resident was unable to complete the interview to determine the BIMS score. The Quarterly MDS Assessment indicated that the resident required supervision for dressing, bed mobility, and transfer. Review of Resident #5's Comprehensive Care Plan, dated 09/24/2025, reflected</p> | | |