

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675939	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2025
NAME OF PROVIDER OR SUPPLIER  Vintage Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  205 N Bonnie Brae Denton, TX 76201	

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 0583  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Keep residents' personal and medical records private and confidential.  (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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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure the resident's right to personal privacy and confidentiality of his or her personal and medical records for fifteen (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15) of twenty five resident reviewed for privacy and confidentiality. 1. The facility failed to ensure a list of residents who were using oxygen (Resident #1, #2, #3, #4, #5, and #6) was not left unattended on top of a nurse's cart on 11/04/2025. 2. The facility failed to ensure a list of residents who had a Foley (device used to help drain urine from bladder) (Resident #7) was not left unattended on top of a nurse's cart on 11/04/2025. 3. The facility failed to ensure a list of residents who were on dialysis (Residents #8, #9, and #10) was not left unattended on top of a nurse's cart on 11/04/2025. 4. The facility failed to ensure a list of resident (Resident #11) who had a g-tube (gastrostomy feeding tube: a tube that is surgically inserted through the skin of the belly and into the stomach), was not left unattended on top of a nurse's cart on 11/04/2025. 5. The facility failed to ensure a list of residents who had a pacemaker (a small device implanted in the chest that helps regulate the heart's rhythm by sending electrical impulses to the heart) (Residents #12, #13, and #14) was not left on top of a nurse's cart on 11/04/2025 unattended on 11/04/2025. 6. The facility failed to ensure MA B did not leave Resident #15's medication blister pack (a type of packaging in which a product is sealed in plastic, often with a cardboard backing) for amlodipine on top of the medication cart unattended on 11/04/2025. These failures could place the residents at risk of their medical information being exposed to unauthorized individuals. Findings included: 1. Resident #1 Record review of Resident #1's Face Sheet, dated 11/04/2025, reflected an [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with chronic obstructive pulmonary disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs). Record review of Resident #1's Physician Order, dated 10/02/2025, reflected Oxygen LPM: 2-5 Via: Nasal Cannula (flexible tube used to deliver oxygen to the nose through two prongs). Resident #2 Record review of Resident #2's Face Sheet, dated 11/04/2025, reflected an [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with chronic obstructive pulmonary disease. Record review of Resident #2's Physician Order, dated 10/02/2025, reflected Oxygen LPM: 2-5 Via: Nasal Cannula every shift related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE. Resident #3 Record review of Resident #3's Face Sheet, dated 11/04/2025, reflected a [AGE] year-old male admitted to the facility on [DATE]. The resident was diagnosed with emphysema (a lung disease that damages the air sacs in the lung causing shortness of breath). Record review of Resident #3's Physician Order, dated 10/07/2025, reflected Oxygen LPM: 2-5 Via: Nasal Cannula every shift. Resident #4 Record review of Resident #4's Face Sheet, dated 11/04/2025, reflected a [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with chronic obstructive pulmonary disease. Record review of Resident #4's Physician Order, dated 09/22/2025, reflected Oxygen LPM: 2 Via: Nasal Cannula every shift. Resident #5 Record review of Resident #5's Face Sheet, dated 11/04/2025, reflected a [AGE] year-old male admitted to the facility on [DATE]. The resident was diagnosed with shortness of breath. Record review of Resident #5's Physician Order, dated 08/15/2025, reflected Oxygen LPM: 2 - 4 Via: Nasal Cannula every shift. Resident #6 Record review of Resident #6's Face Sheet, dated 11/04/2025, reflected an [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with respiratory failure with hypoxia (insufficient amount of oxygen in the body). Record review of Resident #6's Physician Order, dated 11/21/2024, reflected O2 @ 2L via NC CONTINUOUS at night at bedtime. 2. Record review of Resident #7's Face Sheet, dated 11/04/2025, reflected a [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with obstructive and reflux uropathy (a blockage in the urinary tract). Record review of Resident #7's Physician Order, dated 09/24/2025, reflected Urinary Catheter 16F (French: unit used to indicate the size of the catheter)/10cc to gravity drainage every shift related to OBSTRUCTIVE AND REFLUX UROPATHY. 3. Resident 8 Record review of Resident #8's Face Sheet, dated 11/04/2025, reflected a [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with end stage renal disease (a condition where the kidneys can no longer function adequately). Record review of Resident #8's Physician Order, dated 06/16/2025, reflected . Hemodialysis on Monday, Wednesday, Friday @ 1430. Resident 9 Record review of Resident #9's Face Sheet, dated 11/04/2025, reflected a [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with chronic kidney disease (kidneys stop working). Record review of Resident #9's Physician</p>		