STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675967	A. Building B. Wing	02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northgate Plaza	2101 Northgate Dr Irving, TX 75062

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 - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to respect the residents right to personal privacy, for 1 of 4 residents (Resident #1) reviewed for privacy for medical treatment.LVN P conducted Resident #1's blood sugar test in the hall and not in a private setting.This deficient practice could place residents at risk of not feeling as if they were being treated with dignity, privacy, and respect. Findings include:Record review of Resident #1's Face Sheet, dated 01/13/26, reflected she was a [AGE] year-old female admitted to the facility on [DATE]. t Diagnosis included Type 1 Diabetes Mellitus (high blood sugar).Record review of Resident #1's Quarterly MDS assessment, dated 12/30/25, reflected a severe cognitive impairment. Record review of Resident #1's Comprehensive Care Plan, dated 09/25/25, reflected the resident had Diabetes Mellitus and interventions included blood sugar checks per physician orders.Record review of Resident #1's Physician orders, dated 02/13/25, reflected Insulin Giargine Solution 100 unit/ml. Inject 47 unit subcutaneously two time a day.During an Interview and observation on 02/13/26 at 12:15p.m., LVN P was observed conducting a blood sugar test by pricking Resident 1's finger to draw blood, outside the resident's room. LVN P stated she should have conducted the test in the resident's room, with the door closed for the resident's privacy. During an interview on 02/13/26 at 12:20 p.m., the DON was informed of LVN P being observed conducting a blood sugar test with Resident #1 in the hallway and not in the resident's room with the door closed. The DON stated the test should have been completed in the resident's room with the door closed for privacy and HIPAA. She stated the nurse was new to nursing, but it was not an excuse. During an Interview on 02/13/26 at 12:23 p.m., the Clinical Resource Nurse and Administrator were informed of LVN P observed conducting a blood sugar test with Resident #1 in the hallway and not in a private setting. They stated they were informed by the DON of the observation. They stated the LVN should have conducted the test with the resident in her room and with the door closed for the resident's privacy. Record review of the facility's policy on Resident Rights, Dignity and Respect, 10/2015, revealed It is the policy of this facility that all residents be treated with kindness, dignity and respect. Residents shall be examined and treated in a manner that maintains the privacy of their bodies. A closed door or drawn curtain shields the Resident from passers-by. People not involved in the care of the Resident shall not be present without the resident's consent while they are being examined or treated.

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