STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676036	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Ridge Nursing & Rehabilitation Center	700 E Vista Ridge Mall Dr Lewisville, TX 75067

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the resident had the right to be free from abuse for one of seven residents (Resident #1) reviewed for abuse.The facility failed to ensure Resident #1 was free from verbal abuse by CNA A. This failure could place residents at risk for abuse or neglect that could lead to serious harm. Findings included: Record review of Resident #1's face sheet, dated 06/09/26, reflected a [AGE] year-old male that was admitted to the facility on [DATE]. Resident #1 had diagnoses which included: dysarthria (a motor speech disorder caused by nervous system damage that weakens, paralyzes, or reduces coordination of the muscles used for speech) and anarthria (the complete loss of the ability to produce articulate speech due to severe neuromuscular damage), cognitive communication deficit (an underlying disruption in thinking like poor memory, attention, or executive functioning impairs a person's ability to effectively speak, listen, read, or write), muscle weakness, muscle wasting, lack of coordination, dementia (decline in mental ability), hyperlipidemia (high levels of lipids (fats), such as cholesterol and triglycerides, in the blood), depression (a serious mood disorder that causes persistent sadness, loss of interest, and physical fatigue), anxiety disorder (mental health conditions characterized by excessive, persistent, and overwhelming worry or fear that interferes with daily activities), dystonia (a neurological movement disorder that causes involuntary, sustained, or repetitive muscle contractions), insomnia (a common sleep disorder characterized by difficulty falling asleep, staying asleep, or waking up too early and being unable to get back to sleep), spastic hemiplegia (muscle stiffness and paralysis on one side of the body) affecting dominant side, fusion of spine (a surgical procedure that permanently connects two or more vertebrae in your spine using bone grafts and metal hardware), contracture of right upper arm and right lower leg, dysphagia (difficulty or discomfort in swallowing food, liquids, or even saliva), pain and anorexia (an eating disorder and serious mental health condition). Record review of Resident #1's Quarterly MDS assessment, dated 05/01/26, reflected a BIMS score of 12, which indicated moderate cognitive impairment. The MDS assessment under Section GG-Functional Abilities, reflected Resident #1 needed partial assistance with eating and oral hygiene, substantial assistance with toileting hygiene, showering/bathing, upper and lower body dressing, putting on/taking off footwear, rolling left and right, sitting to lying, chair/bed-to-chair transfer and tub/shower transfer. The MDS assessment under Section E-Behavior, reflected Resident #1 did not exhibit any physical, verbal or other behavior symptoms directed towards others. Record review of Resident #1's care plan, revised 01/05/26, reflected Resident #1 used psychotropic medications related to behavior management. Interventions included: administering psychotropic (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
	676036	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Ridge Nursing & Rehabilitation Center	700 E Vista Ridge Mall Dr Lewisville, TX 75067

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medications as ordered by physician, discussing with MD, family ongoing need for use of medication, reviewing behaviors/interventions and alternate therapies attempted and their effectiveness as per facility policy and monitoring/documenting/reporting PRN any adverse reactions of psychotropic medications. Record review of CNA A's statement taken on 05/18/26 by the SW, reflected the following: [CNA A] stated that [Resident #1] came to smoke at the end of the smoke break, when other smokers were going in the building. The CNA from [Resident #1's] hall did not stay so [CNA A] stated he took [Resident #1] out but asked him to hurry so he could get back on the hall. [Resident #1] stated that he would and [CNA A] pushed him to the designated smoking area. [CNA A] stated that he asked [Resident #1] if he could get off his phone so he could smoke faster. [CNA A] stated that [Resident #1] got angry and began to yell at him. [CNA A] stated he tried explaining that he was the only CNA working the 400 hall but [Resident #1] continued to cuss at him and then called him a son of a bitch. [CNA A] asked resident, did you call me a son of a bitch? [CNA A] stated [Resident #1] said, yes, you are mother fucking son of a bitch. [CNA A] stated he responded, I am not a son of a bitch, maybe you are a son of a bitch. Record review of Resident #1's statement taken on 05/18/26 by the SW, reflected the following: [Resident #1] stated that when he went to smoke the other smokers were coming in but [CNA A] said he could take him out real quick. [Resident #1] stated that he told [CNA A] he would be fast. [Resident #1] stated he was smoking [when] [CNA A] asked him to get off his phone so that he could smoke faster in which [Resident #1] stated No and I smoke slow. [Resident #1] stated that [CNA A] started talking louder to him and called him a son of a bitch. [Resident #1] stated that pissed him off so he began yelling and cussing back at [CNA A]. On 06/09/26 at 11:18 AM attempted to contact CNA A but no answer. A message was left with call back details. During an interview on 06/09/26 at 12:16 PM, the Social Worker stated she was told by both Resident #1 and CNA A that Resident #1 had gone out late for a smoke break. The SW stated she received somewhat of the same story from Resident #1 and CNA A. The SW stated CNA A told her he asked Resident #1 to hurry because he was taking long to smoke due to playing on his phone. The SW stated CNA A told her that he asked Resident #1 to get off his phone. The SW also stated CNA A told her he did not ask Resident #1 in a rude manner. The SW stated CNA A stated Resident #1 did not like asking him to hurry, so Resident #1 called him a son of a bitch. The SW stated CNA A told her he asked Resident #1 for clarification on what he said. The SW stated CNA A stated Resident #1 repeated it and CNA A said, I am not a son of a bitch, maybe you are a son of a bitch. The SW stated Resident #1 reported to her that CNA A told him to hurry, and Resident #1 told CNA A not to tell him what to do. She stated Resident #1 stated CNA A yelled at him and called him a son of a bitch. The SW stated Resident #1 told her he responded to CNA A by telling him he was a son of a bitch. During an interview on 06/09/26 at 12:46 PM, Resident #1 stated he had gone to the smoking area late. Resident #1 stated the other residents were returning from the smoke break, but CNA A stayed to allow him to smoke. Resident #1 stated he was not smoking fast enough, and CNA A yelled at him and told him to hurry. Resident #1 stated CNA A also threatened to hit him. Resident #1 stated CNA A (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676036	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Ridge Nursing & Rehabilitation Center	700 E Vista Ridge Mall Dr Lewisville, TX 75067

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	called him a son of a bitch bastard. Resident #1 stated he replied to CNA A saying, fuck you. Resident #1 stated there were no other residents or staff around them at the time of the incident. Resident #1 also stated that was the first time CNA A had disrespected him. During an interview on 06/09/26 at 1:15 PM, the Administrator stated the facility's Social Worker informed of the incident with Resident #1 and CNA A. The Administrator stated the Social Woker informed her that the incident occurred on the weekend of 05/16/26 and reported to the Social Worker days later. The Administrator stated it was the protocol for staff to report it to management then complete any investigation of any alleged verbal abuse. She stated CNA A was terminated because he admitted to responding to Resident #1. On 06/09/26 at 2:46 PM, a second attempt to contact CNA A was made but no answer. A message was left with call back details. Record review if the facility's policy titled, Abuse and Neglect-Clinical Protocol, revised 10/15/22, reflected in part the following: Policy Statement: The facility will ensure that each resident has the right to be free from, among other things, physical or mental abuse and corporal punishment. The facility will provide a safe resident environment and protect residents from abuse. Policy Interpretation and Implementation Staff to Resident Abuse of any Types: The facility assumes responsibility upon admission of ensuring safety and well-being of the resident. Staff are expected to be in control of their behavior and behave professionally. The facility will not accept for an employee to claim his/her action was reflexive or a knee-jerk reaction and was not intended to cause harm. Record review if the facility's policy titled, Abuse Prevention Program, revised October 2022, reflected in part the following: Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual and physical abuse, and physical or chemical restraint not required to treat the resident's symptoms. Policy Interpretation and Implementation As part of the resident abuse program, the administration will: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676036	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Ridge Nursing & Rehabilitation Center	700 E Vista Ridge Mall Dr Lewisville, TX 75067

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual.