

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Shady Acres Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Shady Acres Lane Newton, TX 75966	

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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>(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.

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: 676055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Shady Acres Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Shady Acres Lane Newton, TX 75966	
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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents had the right to be free from sexual abuse for two of six residents (Residents #2 and #3) reviewed for abuse. 1. The facility failed to ensure Resident #2 was free from sexual abuse when Resident #1 came into Resident #2's room on 11/02/2025 and inappropriately touched her breast and genital area. 2. The facility failed to ensure Resident #3 was free from sexual abuse when Resident #3 reported to facility staff on 11/04/2025 on an unidentified date Resident #1 touched her breast without consent. The noncompliance was identified as a past non-compliance (PNC) Immediate Jeopardy. The Immediate Jeopardy (IJ) began on 11/02/2025 and ended on 11/05/2025. The facility had corrected the noncompliance before the survey began. This failure could place residents at risk for emotional distress, fear, decreased quality of life and further abuse. Findings included:Resident #1 Record review of Resident #1's admission record, dated 12/10/2025, indicated an [AGE] year-old male originally admitted on [DATE] and readmitted on [DATE]. His diagnoses included mood disorder (mental disorders that primarily affect a person's emotional state), dementia (loss of cognitive functioning), anxiety disorder (persistent and excessive worry that interferes with daily activities) and high risk of heterosexual behaviors added 11/04/2025. Record review of Resident #1's quarterly MDS dated [DATE] indicated he was intact cognitively with a BIMS score of 15 out of 15 and had no behaviors. He was able to make himself understood and understood others. Record review of Resident #1's care plan reviewed on 12/10/2025 indicated he had potential for inappropriate sexual behaviors on initiated on 11/03/2025. The goal was he will have no evidence of behavior problems such as inappropriate sexual behavior. Interventions included anticipate and meet resident's needs, if reasonable, discuss the resident's behaviors, explain/reinforce why behavior is inappropriate and/or unacceptable, intervene as necessary to protect the rights and safety of other residents and provide Every 15 minute tracking with documentation if resident is alone in his room due to no behavior symptoms since return from psych hospital and one-on-one monitoring while in general population such as hallways dining room or activities. Record review of Resident #1's incident report dated 11/03/2025 authored by BOM B indicated alleged abuse, incident location was in Resident #2's room. Resident #2 reported to BOM B she was touched on her right breast and her cat (peri area) by a male resident (Resident#1). Resident #1 stated that he didn't do anything wrong before he was told what we wanted to question him about. He also stated, that he thought they were asking him about the female resident across the hall because she tried to get his attention and she wasn't covered. Immediate action taken with administration, DON, ADON, and MD/NP notification. No injuries observed at the time of reported incident. No predisposing environmental, physiological, and/or situational factors indicated. Record review of Resident #1's Progress Notes indicated the following:-On 11/03/2025 at 11:45 a.m., LVN A wrote 1:1 monitoring with q15 minute documentation check started at 11:45 am due to incident with another resident. Resident #1 has been in his room he only left to go to the dining room to eat lunch and dinner then he went back to his room.-On 11/03/2025 at 12:00 p.m., LVN A wrote Late Entry I was made aware by the facility DON that there was an incident between Resident #1 and Resident #2 resident and Resident #2 stated to the front office business manager that Resident #1 touched her right breast and grabbed her cat (vagina). I was also informed that the abuse coordinator, ADON, and RPs had already been notified. The resident was placed on 1:1 monitoring with 15-minute documentation until further notice.-On 11/04/2025 at 5:23 a.m., LVN C wrote Late Entry 1:1 monitoring, 15-minute documentation resident location tracking done for this shift. Resident #1 stayed in room the entire shift, currently in his room watching TV, waiting to be taken to the shower room for shower day. 1:1 monitoring continues with q15 minute documentation.-On 11/04/2025 at 9:49 a.m., LVN A wrote 1:1 monitoring with every 15 minutes documentation started at 11:45 am on 11/03/2025.-On 11/04/2025 at 9:52 a.m., LVN A wrote Late Entry Resident #1 is on 1:1 with every 15 minutes documentation per administration until further notice, The resident was in his room until 7am until C hall came took him to the shower room for his shower he returned from the shower at approx.7:22 am, remained in his room until 8:26 am when he was taken to the dining room for breakfast and was assessed back to his room at approx.8:50 am where he has remained.- On 11/04/2025 at 12:00 p.m., LVN A wrote Late Entry I was made aware by a staff member during investigation process that there was an incident between Resident #1 and another female resident (Resident #3) and she alleged that Resident #1 made her uncomfortable and touched her breast without consent and that the abuse coordinator was notified along</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Shady Acres Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Shady Acres Lane Newton, TX 75966	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Shady Acres Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Shady Acres Lane Newton, TX 75966	
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)		
<p>F 0609</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 interview and record review, the facility failed to report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident for 3 of the 4 incidents reviewed for reporting. 1. The Administrator or designated representative failed to report the results of an investigation within 5 days to the State Survey Agency for Resident #1's allegation of inappropriately touching Resident #2 reported on 11/3/2025 and Resident #1 allegation of inappropriately touching Resident #3 reported on 11/04/2025. 2. The Administrator or designated representative failed to report the results of an investigation within 5 days to the State Survey Agency for Resident #18's allegation of injury of unknown origin on 11/30/2025. This failure could affect residents if alleged violations are verified, and appropriate corrective actions are not taken. Findings include:Resident #1Record review of Resident #1's admission record, dated 12/10/2025, indicated an [AGE] year-old male originally admitted on [DATE] and readmitted on [DATE]. His diagnoses included mood disorder (mental disorders that primarily affect a person's emotional state), dementia (loss of cognitive functioning), anxiety disorder (persistent and excessive worry that interferes with daily activities) and high risk of heterosexual behaviors added 11/04/2025.Record review of Resident #1's quarterly MDS dated [DATE] indicated he was intact cognitively with a BIMS score of 15 out of 15 and had no behaviors. He was able to make himself understood and understood others.Resident #2Record review of Resident #2's admission record, dated 12/10/2025, indicated a [AGE] year-old female originally admitted on [DATE]. Her diagnoses included spina bifida (a condition that occurs when the spine and spinal cord don't form properly), anxiety disorder (persistent and excessive worry that interferes with daily activities), depressive episodes, and diabetes mellitus type 2 (a chronic condition that affects the way the body processes blood sugar). Resident #2 discharged on 11/16/2025.Record review Resident #2's admission MDS dated [DATE] indicated she was moderately impaired cognitively with a BIMS score of 09 out of 15 and had inattention and disorganized thinking. She was usually able to make herself understood and usually understood others. Resident #3Record review of Resident #3's admission record, dated 12/10/2025, indicated a [AGE] year-old female originally admitted on [DATE]. Her diagnoses included stroke affecting her right dominant side, aphasia following her stroke (communication disorder that affects her ability to speak, understand, read and write), anxiety disorder (persistent and excessive worry that interferes with daily activities), depressive episodes, and diabetes mellitus type 2 (a chronic condition that affects the way the body processes blood sugar).Record review of Resident #3's annual MDS dated [DATE] indicated she was rarely or never understood and moderately impaired (decisions poor; curs/supervision required) cognitively for daily decision making. She rarely makes herself understood and usually understands others.1.Record review of Resident #1's incident report dated 11/03/2025 authored by BOM B indicated alleged abuse, incident location was in Resident #2's room. Resident #2 reported to BOM B she was touched on her right breast and her cat (peri area) by a male resident (Resident#1). Resident #1 stated that he didn't do anything wrong before he was told what we wanted to question him about. He also stated, that he thought they were asking him about the female resident across the hall because she tried to get his attention and she wasn't covered. Immediate action taken with administration, DON, ADON, and MD/NP notification. No injuries observed at the time of reported incident. No predisposing environmental, physiological, and/or situational factors indicated. Record review of Resident #1's incident report dated 11/04/2025 authored by LVN A indicated alleged abuse, incident location was in Resident #3's room. Resident #3 reported to facility staff member Resident #1 makes her uncomfortable and he had touched her breast without consent. Immediate action taken with administration, DON, ADON, and MD/NP notification. No injuries observed at the time of reported incident. No predisposing environmental, physiological, and/or situational factors indicated. Record review completed on 12/10/2025 at 08:32 AM of the TULIP (Texas Unified Licensure Information Portal) reporting system indicated no Provider Investigation Report (Form 3613-A) had been received or uploaded in the system for incidents with allegation of abuse on 11/3/2025 and 11/04/2025. Record review of the Provider Investigation Report (form 3613-A) for the incident with Resident #1's allegation of inappropriately touching Resident #2 on 11/3/2025 was reported on 11/03/2025 indicated it was completed on 11/06/2025. The Provider Investigation Report indicated a thorough investigation of the incident was completed. Record review of the Provider Investigation Report (form 3613-A) for the incident with Resident #1 allegation of inappropriately</p>		