STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676139	A. Building B. Wing	02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Oaks Nursing & Rehabilitation	3033 W Green Oaks Blvd Arlington, TX 76016

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** 45831 Based on interview and record review the facility failed to maintain privacy of medical records for 1 (Resident #2) of 5 residents reviewed for privacy of medical records. The facility (RN B) failed to ensure the privacy of Resident #2's personal information on 1/31/25. During Resident #1's discharge home, RN B included Resident #2's Methocarbamol Blister Pack (pain medication) which contained Resident #2's personal identifying information labeled (name and date of birth) to Resident #1 and Resident#1's FM. This failure could place the residents at risk of exposure of their personal and medical information to unauthorized individuals. Findings included: Record review of Resident #1's undated Face Sheet reflected she was a [AGE] year-old female admitted to the facility on [DATE] and was discharged home on 1/31/25. Resident #1 diagnoses included acute kidney failure (inability to remove waste products and maintain fluid and electrolyte balance), Paroxysmal Atrial Fibrillation (heart rhythm disorder), Chronic obstructive pulmonary disease (lung diseases that cause airflow obstruction and breathing difficulties), Dysphagia (difficulty swallowing), Transient Ischemic Attack (temporary interruption of blood flow to the brain) and Cerebral Infarction (blood flow to the brain is interrupted). Record review of Resident #1's MD discharge order dated 1/31/25 reflected: May discharge home with home health services of choice. Skilled nursing, meds and disease education, wound care per wound care orders, PT/OT to home evaluate and medical social worker if needed. Record review of Resident #2's undated Face Sheet reflected she was a [AGE] year-old female admitted to the facility on [DATE] and discharged home on 2/5/25. Resident #2 diagnoses included type 2 diabetes (body doesn't use insulin properly), hypo-osmolality (levels of electrolytes, proteins, and nutrients in the blood are lower than normal), hyponatremia (sodium level in the blood is lower than normal), major depressive disorder (persistent low mood, loss of interest, and other symptoms that significantly interfere with daily life). Record review of Resident #2's Care Plan reflected the following entry: (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: 676139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER Green Oaks Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3033 W Green Oaks Blvd Arlington, TX 76016	

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	Date initiated 1/7/25: [Resident #2] has acute/chronic pain. Interventions included Monitor/record pain characteristics . Observe and report changes in usual routine . [Resident #2] prefers to have pain controlled by medication, treatment). Record review of Resident #2's Administration Record dated January 2025 revealed an order for: Methocarbamol Oral Tablet 500 MG (Methocarbamol) Give 0.5 tablet by mouth three times a day for spasms give half tab = 250mg dose Record review of Resident #2's Discharge Summary reflected Resident #2 discharged home on 2/5/25 with all her medications documented accordingly. During a telephone interview on 2/20/25 at 3:50 PM with Resident #1's FM, she stated she received Resident #1's medications when Resident #1 discharged from the facility on 1/31/25. The FM also stated when she arrived home, she discovered another resident's (Resident #2) Methocarbamol medication (muscle relaxant). The FM read the Blister Pack and provided Resident #2's name, date of birth and her room number at the facility. During an interview on 2/21/25 at 1:50 pm with RN B, he stated he printed a Medication Summary and obtained the keys to both medication carts from RN A. RN B stated he collected all of Resident #1's medications, compared the Blister Packs to the printed Medication Summary and ensured everything was correct. RN B stated he went over everything with the FM and educated her on following up with Resident #1's primary care physician within 7-10 days, reminded her that she needed to pick up Resident #1's medication from the pharmacy, any treatments, and recommended diet for Resident #1. RN B stated he was unsure how Resident #2's medication was included. As it was confirmed that the FM was able to provide Resident #2's name, her date of birth and the name of the medication, RN B stated it was important to confirm all information to respect the privacy and confidentiality of all Residents. During an interview on 2/21/25 at 2:25 PM with the DON, she stated she called in Resident #1's prescriptions to [Pharmacy] for a 30-day Supply. The DON stated she believed RN B mistakenly pulled the other resident's medication due to Resident #2's medication being directly behind Resident #1's medication. The DON stated RN B informed her that he gathered the medications and went through each individual Blister Pack with the FM but he did not recall the other resident's medication being in there. The DON stated it was important to protect all residents' personal information and medication history. During an interview on 2/21/25 at 2:25 PM with the ADM, he stated the FM informed him when Resident #1 discharged home, there was one medication belonging to another resident (Resident #2). The ADM stated starting today (2/21/25), the nursing staff was re-educated on discharging medications including the importance of protecting residents' personal information and medication history by the DON. The ADM stated all staff were responsible to ensure residents' confidentiality. Record review of the facility's policy titled, Resident Rights, dated Revised December 2016 reflected the following: . 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676139	A. Building B. Wing	02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Oaks Nursing & Rehabilitation	3033 W Green Oaks Blvd Arlington, TX 76016

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	t. privacy and confidentiality; Record review of an undated Confidentiality and Non-Disclosure Agreement signed on 2/21/23 by RN B reflected the following: . Our facility information systems contain confidential records pertaining to our business operations, our residents, business associates, health care professionals, and employees. This information is vital to the operation of our facility in providing quality care and services to our residents, therefore it must be protected. As such, in accordance with current HIPAA regulations and facility policies governing the access, use, and disclosure of protected health or facility information, you have the responsibility to protect such data. As an employee of this facility, .Your signature on this document indicates that the information contained herein has been explained to you, you received a copy of this document and that you understand the rules set forth. YOU AGREE: . 3. To disclose confidential resident, business, financial or employee information ONLY to those authorized to receive it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER Green Oaks Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3033 W Green Oaks Blvd Arlington, TX 76016	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45831 Based on interviews and record review, the facility failed to provide pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 1 (Resident #1) of 5 residents reviewed for pharmacy services. The facility (LVN B) failed to follow the facility's policy for reconciling unused medications when Resident #1 discharged home on 1/31/25, which resulted in an inaccurate reconciliation of Resident #1's medications. LVN B sent Resident #2's Methocarbamol Blister Pack (pain medication) home with Resident #1 and Resident#1's FM. This failure could place residents at risk for loss of prescribed medications, resident's safety, and drug diversions. Findings included: Record review of Resident #1's undated Face Sheet reflected she was a [AGE] year-old female admitted to the facility on [DATE] and was discharged home on 1/31/25. Resident #1 diagnoses included acute kidney failure (inability to remove waste products and maintain fluid and electrolyte balance), Paroxysmal Atrial Fibrillation (heart rhythm disorder), Chronic obstructive pulmonary disease (lung diseases that cause airflow obstruction and breathing difficulties), Dysphagia (difficulty swallowing), Transient Ischemic Attack (temporary interruption of blood flow to the brain) and Cerebral Infarction (blood flow to the brain is interrupted). Record review of Resident #1's Physician's Discharge Order dated 1/31/25 reflected: May discharge home with home health services of choice. Skilled nursing, meds and disease education, wound care per wound care orders, PT/OT to home evaluate and medical social worker if needed. Record review of Resident #1's Discharge Summary reflected Resident #1 discharged home on 1/31/25 with her FM. Resident #1's Discharge Summary revealed all sections were completed and signed, except Section 4 Nursing - A. Medications. Record review of Resident #2's undated Face Sheet reflected she was a [AGE] year-old female admitted to the facility on [DATE] and discharged home on 2/5/25. Resident #2 diagnoses included type 2 diabetes (body doesn't use insulin properly), hypo-osmolality (levels of electrolytes, proteins, and nutrients in the blood are lower than normal), hyponatremia (sodium level in the blood is lower than normal), major depressive disorder (persistent low mood, loss of interest, and other symptoms that significantly interfere with daily life). Record review of Resident #2's Care Plan reflected the following entry: Date initiated 1/7/25: [Resident #2] has acute/chronic pain. Interventions included Monitor/record pain characteristics . Observe and report changes in usual routine . [Resident #2] prefers to have pain controlled by medication, treatment). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER: Green Oaks Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 3033 W Green Oaks Blvd Arlington, TX 76016	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #2's Administration Record dated January 2025 revealed an order for: Methocarbamol Oral Tablet 500 MG (Methocarbamol) Give 0.5 tablet by mouth three times a day for spasms give half tab = 250mg dose Record review of Resident #2's Discharge Summary reflected Resident #2 discharged home on 2/5/25 with all her medications documented accordingly. During a telephone interview on 2/20/25 at 3:50 PM with Resident #1's FM, she stated she received Resident #1's medications when Resident #1 discharged from the facility on 1/31/25. The FM also stated when she arrived home, she discovered another resident's (Resident #2) Methocarbamol medication (muscle relaxant). The FM read the Blister Pack and provided Resident #2's name, date of birth and her room number at the facility. During an interview on 2/21/25 at 1:50 pm with RN B, he stated he printed a Medication Summary and obtained the keys to both medication carts from RN A. RN B stated he collected all of Resident #1's medications, compared the Blister Packs to the printed Medication Summary and ensured everything was correct. RN B stated he went over everything with the FM and educated her on following up with Resident #1's primary care physician within 7-10 days, reminded her that she needed to pick up Resident #1's medication from the pharmacy, any treatments, and recommended diet for Resident #1. RN B stated he was unsure how Resident #2's medication was included. As it was confirmed that the FM was able to provide Resident #2's name, her date of birth and the name of the medication, RN B stated it was important to confirm all information to respect the privacy and confidentiality of all Residents. During an interview on 2/21/25 at 2:25 PM with the DON, she stated she called in Resident #1's prescriptions to [Pharmacy] for a 30-day Supply. The DON stated when time permitted, they requested all medications from their pharmacy to be delivered to the facility. The DON stated RN B must had pulled Resident #2's medication out by mistake due to it being directly behind Resident #1's medication. The DON stated RN B informed her that he gathered Resident #1's medications and went through each one with the FM but he did not recall the other resident's Blister Pack. The DON stated she was unsure how the medication was overlooked. The DON stated it was not against their policy to discharge with medications, they just preferred the orders were called in to ensure residents had enough medication once they arrived home. During an interview on 2/21/25 at 2:25 PM with the ADM, he stated he had not received a call from the FM until 2/17/25, almost three weeks after Resident #1 discharged home. The ADM stated the FM informed him that Resident #1 received all her medications, but there was one medication included that did not belong to Resident #1. The ADM stated starting today (2/21/25), the DON re-educated the nursing staff on discharges and sending medications home. The ADM stated the normal process was the nurse assigned to the hall would pull the medications and send the medications home with the resident. The ADM stated in this situation, RN A asked for assistance and RN B stepped in to assist. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER: Green Oaks Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 3033 W Green Oaks Blvd Arlington, TX 76016	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a follow-up interview on 2/24/25 at 11:55 AM with the DON, she stated she completed in-services on Discharges and completing the Discharge Summary in its entirety. The DON stated her expectations moving forward was for the nursing staff to follow procedures. The DON stated if a resident was discharging, the social worker would setup the discharge. The DON stated the facility would request the pharmacy to send over a 30-day supply of medications to the facility. The DON stated if there were not enough time, they would call the Orders into the family's pharmacy of choice. The DON stated they would only discharge with in-house medications if the pharmacy was unable to get the medication delivered to the facility in a timely manner. The DON stated the worse that could had happened was the resident having access to someone else's medication and personal information. The DON stated the resident could had been administered the incorrect medication by her family. During a follow-up interview on 2/24/25 at 1:45 PM with the ADM, he stated his expectations moving forward was that the facility would call all medications into the pharmacy. The ADM stated if the facility must send medications home with the residents, all requests must be approved by an ADON or the DON. The ADM stated the worse that could had happened was Resident #1 could had taken a medication not prescribed to her and had a potential reaction. Record review of the facility's policy titled, Discharge Medications, dated Revised December 2016 reflected the following: . 2. The Charge Nurse shall verify that the medications are labeled consistent with current physician orders including instructions for use. 4. The nurse will reconcile pre-discharge medications with the resident's post-discharge medications. The medication reconciliation will be documented. 6. The nurse shall complete the medication disposition record .