STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676237	A. Building B. Wing	05/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Belmont at Twin Creeks	999 Raintree Circle Allen, TX 75013

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 observations, interviews, and record review, the facility failed to ensure the resident's right to personal privacy during medical treatment and personal care and confidentiality of personal and medical records for one of five residents (Residents #1) reviewed for privacy and confidentiality. The facility failed to ensure Resident #1's pharmacy slip, with his name and the name of his medication on it, was not left at the ledge of the nurse's station on 05/29/2026.This failure could place the residents at risk of having their personal and medical record exposed to unauthorized individuals.Findings included: Record review of Resident #1's Face Sheet, dated 05/30/2026, reflected an [AGE] year-old male admitted to the facility on [DATE]. The resident was diagnosed with peripheral vascular disease (a slow and progressive circulation disorder that could lead to non-healing wounds) and non-pressure ulcer (wound that was not caused by prolonged pressure on the skin) to the left calf. Record review of Resident #1's Comprehensive MDS (assessment used to determine functional capabilities and health needs) Assessment, dated 03/25/2026, reflected that the resident was cognitively intact (resident capable of normal cognition and needs little support) with a BIMS (screening tool used to assess cognitive status) score of 13. The Comprehensive MDS Assessment indicated the resident had a non-pressure ulcer. Record review of Resident #1's Comprehensive Care Plan, dated 04/13/2026, reflected that the resident had an actual impairment to the skin related to venous wound of the left calf and one of the interventions was to administer treatments as ordered. Record review of Resident #1's Physician Order, dated 05/28/2026, reflected Ammonium Lactate External Lotion 12 % (Lactic Acid (Ammonium Lactate) Apply to Left Leg topically (applied to the surface of the skin) every day shift every Tue, Thu, Sat for Wound care.During an observation on 05/29/2026 at 7:30 a.m., a piece of pink paper was on top of the ledge of the nurse's station. On the piece of paper was written Resident #1's name and his medication. It was observed that no staff were inside the nurse's station.During an observation on 05/29/2026 at 7:58 a.m., the piece of pink paper was still on top of the ledge of the nurse's station. The piece of paper still had Resident #1's name and his medication. It was observed that no staff were inside the nurse's station.During an interview on 05/29/2026 at 2:00 p.m., LVN C said she did not notice the pink piece of paper that was on top of the ledge of the nurse's station. She said the pink slip was the facility's copy for the medication delivered for Resident #1. She said they have a place inside the nurse's station where they put the delivery slips. She said she was not the one who received Resident #1's medication and left the pink slip on top of the ledge. She said whoever received the medication should have secured it because it contained the resident's name and the medication being administered to him.During an interview on 05/29/2026 at 4:11 p.m., ADON A said the delivery form should have been secured because it had Resident #1's name of medication. She said whoever received the medication should have placed it inside the nurse's station. She said the expectation was that the residents' personal and medical information were secured. She said she would coordinate with the DON about the issue.During an interview on 05/30/2026 at 1:41 p.m., the DON said leaving a piece of paper with a resident's medical information exposed could be a HIPAA (law protecting health information aimed to ensure confidentiality) violation. She said the medical information of a resident was confidential and (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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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	should be protected and not be shared without the permission of the resident or the resident's responsible party. She said she would continually remind them to secure the medical information of the residents.During an interview on 05/30/2026 at 2:11 p.m., the Administrator said the pink slip should be inside the nurse's station and not within view of other residents, staff that did not have anything to do with the resident's care, and visitors what was written on the pink slip was considered confidential medical information. She said the expectation was the health information of the residents remain confidential. She said they were currently correcting the same non-compliance from a visit dated 04/21/2026. Record review of the facility's policy, HIPAA Security Measures P & P Committee implemented December 01, 2025 reflected Policy: It is the facility's policy to implement reasonable and appropriate measures to protect and maintain the confidentiality, integrity, and availability of the resident's identifiable information and /or records that are in electronic format.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure that residents who needed respiratory care, were provided such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for three of six residents (Residents #2, #3, and #4) reviewed for respiratory care. 1.The facility failed to ensure Resident #2's BiPAP (bilevel positive airway pressure: normalizes breathing by delivering pressurized air into the upper airway leading into the lungs) mask was properly stored when not in use on 05/29/2026.2.The facility failed to ensure Resident #3's CPAP (continuous positive airway pressure: machine used to deliver pressurized air through a mask to keep airways open) mask was properly stored when not in use on 05/29/2026.3.The facility failed to ensure Resident #4's CPAP mask was properly stored when not in use on 05/29/2026.These failures could place residents at risk of respiratory infection and not having their respiratory needs met.Findings included: 1.Record review of Resident #2's Face Sheet, dated 05/30/2026, reflected the resident was a [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with respiratory failure (respiratory system cannot adequately supply oxygen to the body) with hypercapnia (too much carbon dioxide in the blood). Record review of Resident #2's Comprehensive MDS Assessment, dated 05/20/2026, reflected that the resident was cognitively intact with a BIMS score of 15. The Comprehensive MDS Assessment indicated that the resident was using a non-invasive mechanical ventilator (provides respiratory support without the need for invasive procedures).Record review of Resident #2's Comprehensive Care Plan, dated 04/27/2026, reflected that the resident required the use of BiPAP and one of the interventions was nursing to apply device as ordered.Record review of Resident #2's Physician Order, dated 05/27/2026, reflected BIPAP @ [(14/6) with 3-4 LPM of oxygen bled into adaptor]. in the morning related to ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA . Remove BIPAP.During an observation and interview on 05/29/2026 at 7:25 a.m., Resident #2 was in her bed, awake. A BiPAP machine was on top of the resident's side table with a mask connected to it. The mask was unbagged and was sitting on top of the machine. The resident said she used the BiPAP every night. She said the nurses would put it on and the nurses would take it off in the morning. During an interview on 05/29/2026 at 1:42 p.m., LVN D said Resident #2's BiPAP mask should be bagged to prevent respiratory infections. She said she did not know who took it off, but whoever did should have placed it inside a bag to keep it clean. She said she had already placed it inside a bag.2.Record review of Resident #3's Face Sheet, dated 05/30/2026, reflected the resident was an [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with sleep apnea (a sleep disorder where breathing is interrupted repeatedly during sleep). Record review of Resident #3's Comprehensive MDS Assessment, dated 04/24/2026, reflected that the resident had a severe impairment (resident required significant assistance and support in daily life) in cognition with a BIMS score of 00. The Comprehensive MDS Assessment indicated that the resident was using a non-invasive mechanical ventilator. Record review of Resident #3's Comprehensive Care Plan, dated 03/20/2026, reflected that the resident required the use of CPAP and one of the interventions was nursing to apply device as ordered.Record review of Resident #3's Physician Order, dated 09/16/2025, reflected CPAP QHS in the morning Remove CPAP.During an observation on 05/29/2026 at 7:47 a.m. revealed Resident #3 was in her bed with eyes closed. A CPAP machine was on top of the resident's side table with a mask connected to it. The mask was not bagged, and a piece of cloth was on top of the mask.During an observation and interview on 05/29/2026 at 7:50 a.m., LVN B Resident #3 used her CPAP every night. She went inside the resident's room and saw that CPAP mask was not bagged. She said she was not the one who took off the resident's CPAP mask. She said, maybe, it was the hospice aide who took off the CPAP mask. She said she did not notice that the mask was not bagged when she checked on the resident. She said the mask should be bagged to prevent any (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	respiratory issues. She took the piece of cloth covering the CPAP mask and said the piece of cloth could be dirty and should not be in contact with the CPAP mask. She said she would clean the mask and would put it inside a bag.3.Record review of Resident #4's Face Sheet, dated 05/30/2026, reflected the resident was an [AGE] year-old male admitted to the facility on [DATE]. The resident was diagnosed with sleep apnea. Record review of Resident #4's Comprehensive MDS Assessment, dated 03/04/2026, reflected that the resident had a severe impairment in cognition with a BIMS score of 06. The Comprehensive MDS Assessment indicated that the resident was using a non-invasive mechanical ventilator.Record review of Resident #4's Comprehensive Care Plan, dated 03/04/2026, reflected that the resident required the use of CPAP and one of the interventions was nursing to apply device as ordered.Record review of Resident #4's Physician Order, dated 09/05/2025, reflected APPLY CPAP at night with O2 at 2l via an Adapter to the CPAP at bedtime for SLEEP APNEA and remove per schedule.During an interview on 05/29/2026 at 7:55 a.m., the Financial Manager said she was just doing her rounds. She said the CPAP mask should be bagged so it would not be dirty. She said she would tell the nurse about Resident #4's CPAP mask.During an interview on 05/29/2026 at 4:11 p.m., ADON A said the BiPAP and CPAP masks should be in plastic bags when not in use to prevent cross contamination and respiratory infection. She said the staff were responsible for bagging the masks. She said she would coordinate with the DON about respiratory care.During an interview on 05/30/2026 at 1:41 p.m., the DON said the BiPAP and CPAP masks should be inside plastic bags when the residents were not using them to maintain cleanliness as well as patency (unobstructed). She said bagging the BiPAP mask was important to prevent cross contamination and development of infections. She said the staff were responsible for bagging the mask or at least provided a bag and educated the residents of the reason why the masks should be bagged. She said she would remind the staff to bag the masks after taking them off. During an interview on 05/30/2026 at 2:11 p.m., the Administrator said she called the hospice agency to ask the hospice aide if she was the one who took off Resident #3's CPAP mask. She said the hospice aide admitted that she was the one who took off the mask. She said the agency would in-service the hospice aide. She said the BiPAP and CPAP masks should be bagged to prevent any probable infections. She said they were currently correcting the same non-compliance from a visit dated 04/21/2026.Record review of the facility's policy Oxygen Concentrator P & P Committee implemented November 11, 2025 reflected Policy: The purpose of this policy is to establish responsibilities for the care and use of oxygen concentrators . Policy Explanation and Compliance Guidelines . 4. Use of the Concentrator . l. Keep delivery devices covered in plastic bag when not in use.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles, and included the appropriate accessory and cautionary instructions, and the expiration date when applicable and failed to ensure, in accordance with State and Federal laws, all drugs and biologicals were stored in locked compartments under proper temperature controls, and permitted only authorized personnel to have access to the keys for three of ten residents (Residents #2, #5, and #6) reviewed for labelling of drugs and biologicals.1.The facility failed to ensure Resident #2's zinc oxide (a form of barrier cream used to treat skin irritations, diaper rash, and other skin conditions) was not left on top of the resident's overbed table on 05/29/2026.2.The facility failed to ensure Resident #5 did not have medications for shortness of breath inside his room on 05/29/2026.3.The facility failed to ensure Resident #6 did not have a nasal spray inside her room on 05/29/2026. These failures could place residents at risk of wrong medication administration, not getting the getting the full benefit of the medication, accidental overdose, misuse of medications, and possible adverse reactions.Findings include: 1.Record review of Resident #2's Face Sheet, dated 05/30/2026, reflected the resident was a [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with muscle weakness. Record review of Resident #2's Comprehensive MDS Assessment, dated 05/20/2026, reflected that the resident was cognitively intact with a BIMS score of 15. The Comprehensive MDS Assessment indicated that the resident was incontinent (unable to control) for bowel and bladder.Record review of Resident #2's Comprehensive Care Plan, dated 04/27/2026, reflected that the resident had ADL self-care performance deficit and one of the interventions was provide assistance for toileting. During an observation and interview on 05/29/2026 at 7:25 a.m. revealed Resident #2 was in her bed, awake. It was observed that a tube of zinc oxide was on top of the resident's side table. She said the staff would use it everytime they clean and change her. She said the tube of zinc oxide had always been on her side table.During an interview on 05/29/2026 at 1:42 p.m., LVN D said barrier creams should not be left accessible to the resident or other residents because they might use it inappropriately like consume the cream or put them in their eyes resulting in irritation. She said she would go to the resident's room and check if the zinc oxide was already secured.2.Record review of Resident #5's Face Sheet, dated 05/30/2026, reflected a [AGE] year-old male who was 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 #5's Quarterly MDS Assessment, dated 05/15/2026, reflected the resident was cognitively intact with a BIMS score of 15. The Quarterly MDS Assessment indicated the resident had chronic obstructive pulmonary disease.Record review of Resident #5's Comprehensive Care Plan, dated 05/13/2026, reflected the resident was receiving respiratory therapy and one of the interventions was to monitor oxygen saturation at beginning and end of treatment.Record review of Resident #5's Physician Order, dated 05/09/2026, reflected Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT (Fluticasone-Umeclidinium-Vilanterol) 1 puff inhale orally one time a day for sob.Record review of Resident #5's Physician Order, dated 05/08/2026, reflected Symbicort Inhalation Aerosol 80-4.5 MCG/ACT (Budesonide-Formoterol Fumarate Dihydrate)1 puff inhale orally two times a day for sob.Record review on 05/29/2026 of Resident #5's Assessment Notes reflected the resident did not have an assessment for self-administration of medications.During an observation and interview on 05/29/026 at 7:17 a.m. revealed Resident #5 was in his bed, awake. It was observed that two medications for shortness of breath were on top of the resident's overbed table. The medications were on plain view. He said he would seldom use the medications depending on his need. He said the (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	nurse knew he had medications for shortness of breath inside his room.During an interview on 05/29/2026 at 1:11 p.m., LVN C said she did not know that Resident #5 had medications inside his room. She said the nurses were the ones administering the medications routinely but if he had the same medications, he might administer them on top of the ones being administered. She said it could result in overdosing. She said she would go to the resident's room and check if the medications were still inside the room.3.Record review of Resident #6's Face Sheet, dated 05/30/2026, reflected an [AGE] year-old female who was admitted to the facility on [DATE]. The resident was diagnosed with chronic obstructive pulmonary disease and dementia (a condition characterized by loss of memory and ability to reason). Record review of Resident #6's Quarterly MDS Assessment, dated 04/26/2026, reflected the resident had a moderate cognitive impairment (resident may need additional support and monitoring) with a BIMS score of 11. The Quarterly MDS Assessment indicated the resident had chronic obstructive pulmonary disease and dementia.Record review of Resident #6's Comprehensive Care Plan, dated 04/30/2026, reflected the resident had altered respiratory status and one of the interventions was to administer medications as ordered.Record review of Resident #6's Physician Order, dated 04/09/2026, reflected Flonase Allergy Relief Nasal Suspension (Fluticasone Propionate (Nasal)) 1 spray in each nostril two times a day for Allergy.Record review on 05/29/2026 of Resident #6's Assessment Notes reflected the resident did not have an assessment for self-administration of medications.During an observation and interview on 05/29/2026 at 7:36 a.m., Resident #6 was in her bed, awake. It was observed that she had a nasal spray on top of her side table. The resident said the nasal spray had been in her table since the previous day.During an interview on 05/29/2026 at 1:29 p.m., LVN B said she did not know that Resident #6 has a nasal spray inside her room. She said the medication should not be inside the room because the resident might be confused and use it more than what was required. She said, maybe, her daughter brought it.During an interview on 05/29/2026 at 4:11 p.m., ADON A said barrier creams were a form of topical medications because they were used to prevent skin breakdown. She said it should be stored where the residents could not access them. She said confused residents could use the cream in their eyes. She said residents that wandered around the facility and could go inside the room and get hold of the zinc oxide and use them also inappropriately. She said medications inside the rooms could cause overdose because the staff would not know how many times the residents were administering the medications. She said, what if the staff already administered the medication and then the resident would administer it again. She said that would be dangerous. She said she would coordinate with the DON about the issue and would go room to room to see if there were medications inside the residents' rooms.During an interview on 05/30/2026 at 1:41 p.m., the DON said medications should not be inside the rooms of the residents because it could cause probable harm such as overmedication, undermedication, or allergic reactions. She said the residents should have an assessment for self-medication to determine if they were able to administer medications by themselves. She said the same rationale applied to the zinc oxides. She said confused residents might use the creams inappropriately. She said she would continually remind the staff not to leave the zinc oxide within reach of any residents and to scan the room of the residents for any medications.During an interview on 05/30/2026 at 2:11 p.m., the Administrator said zinc oxides should not be accessible to the residents because they might accidentally consume them or put them in their eyes. She said no medications should be inside the rooms of the residents because they might use them more than what was required. She said they were currently correcting the same non-compliance from a visit dated 04/21/2026.Record review of the facility's policy Medication Storage P & P Committee implemented December 01, 2025 reflected Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms . Policy Explanation and Compliance Guidelines . 1. General Guidelines . a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) . b. Only authorized personnel will have access to the keys to locked compartments.