STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676268	A. Building B. Wing	05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villages of Lake Highlands	8615 Lullwater Dr Dallas, TX 75238

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 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37028 Based on observation, interview, and record review, the facility failed to ensure that a resident who needed respiratory care was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 of 3 Residents (Residents #99) reviewed for respiratory care. The facility failed to promptly notify emergency services when Resident #99 developed respiratory distress following incontinence care on [DATE] at 2:00 PM. The resident's oxygen saturation was 66% and he was on 5 liters of oxygen via nasal cannula. The resident remained in respiratory distress until emergency medical services arrived at 2:45 PM on [DATE] and transferred him to the hospital. An IJ was identified on [DATE]. The IJ template was provided to the facility on [DATE] at 11:00 AM. While the IJ was removed on [DATE], the facility remained out of compliance at a scope of isolated and a severity level of potential for more than minimal harm because all staff had not been trained on [DATE]. This failure could place residents requiring respiratory care at risk for exacerbation of condition up to and including death. The findings included: Record review of Resident 99's admission MDS assessment, dated [DATE], revealed the resident was a [AGE] year-old male admitted on [DATE]. His diagnoses included heart failure, renal failure requiring dialysis, chronic obstructive pulmonary disease (lung disease), and respiratory failure. The resident's BIMs score was 14 indicating the resident was cognitively intact. The resident received oxygen. Record review of Resident #99's physician orders, dated [DATE], reflected: 1. Code Status: Full Code. 2. Oxygen @ 5 Liters per minute via nasal cannula as needed to maintain oxygen saturation at 92%. 3. Albuterol-Ipratropium Inhalation Solution 2XXX,d+[DATE].5 milligrams/3 milliliters (medication to treat respiratory conditions) 1 vial, inhale four times a day for wheezing/shortness of breath. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	4. Albuterol-Ipratropium Inhalation Solution 0XXX,d+[DATE].5 milligrams/3 milliliters 1 vial, inhale every 4 hours as needed for shortness of breath. 5. Budesonide Inhalation Suspension 0.5 milligrams/2 milliliters (medication to treat respiratory conditions) 1 vial, inhale two times a day for wheezing. There were no orders for bi-pap therapy. (a machine that provides noninvasive ventilation that helps a person breathe.) Record review of Resident #99's Care Plan, dated [DATE], reflected: 1. Resident has oxygen therapy related to congested heart failure and respiratory illness. Facility interventions included: Monitor for signs and symptoms of respiratory distress and report to physician as needed for respirations, pulse, oximetry, increased heart rate, restlessness, sweating, headaches, lethargy, confusion, atelectasis (the airways or air sacs in the lungs collapse or do not fully expand), Hemoptysis (coughing up blood or blood-stained mucus), cough, Pleuritic pain (sharp, stabbing chest pain caused by inflammation of the tissue layers surrounding the lungs), accessory muscle usage (the engagement of additional muscles during breathing, particularly when the primary muscles diaphragm and intercostals are insufficient to meet respiratory demands), and skin color. Record review of Resident #99's nurse note: [DATE] 6:07 PM Note Text. Late entry: 2:03 PM, notified by wound care nurse that resident complaining of shortness of breath. On arrival resident presents with labored breathing, oxygen saturation at 66%, blood pressure , d+[DATE], heart rate 113, respirations 22, temperature 97.2 degrees Fahrenheit. On call provider notified, order received for duo nebulizer treatments every 4 hours as needed, and STAT (as soon as possible) chest x-ray. Duo nebulizer treatment administered; oxygen saturation improved to ,d+[DATE]% on 5 liters of oxygen per nasal cannula. After completing the nebulizer treatment resident oxygen saturation dropped to 79%. Nurse Practitioner notified and order received to send resident to the hospital. Resident placed on non-rebreather mask; oxygen saturation increased to 97%. Resident picked up by paramedics at 2:57 PM. Resident family notified, DON and ADON aware of the transfer to emergency room . Written by LVN A. An observation of Resident #99 in his room on [DATE] revealed: 2:00 PM The resident was almost finished with incontinence care that WCN B and CNA C had been providing. Resident #99 said he was having trouble breathing. The resident had oxygen at 5 liters per nasal cannula. WCN B repositioned the resident and left the room to notify LVN A. CNA C went to the resident's room door. Resident #99 was in respiratory distress. The resident was using his accessory muscles to breathe, he closed his eyelids halfway, he would rouse when spoken to and say he was ok,, but his respirations were rapid in the 30's. There was no nurse with the resident. The resident had a bi-pap machine in his room. (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	An interview on [DATE] at 2:50 PM with ADON D revealed she did not know how long Resident #99 was in respiratory distress before she arrived and gave him increased oxygen. She said if a resident reported shortness of breath, then the nurse was to check the resident's vital signs, evaluate breath sounds with a stethoscope, assess to see if resident was using accessory (muscles to breathe) and check the resident's diagnosis. She said if she had known Resident #99 had an oxygen saturation of 66% she would have given him a breathing treatment, notified the physician, and called 911. An interview on [DATE] at 4:12 PM with WCN B revealed she knew Resident #99 was in respiratory distress during incontinence care because he said he needed to catch his breath, started having trouble breathing, and said he was, ok, but he was not. WCN B said she immediately sat him up and raised his head of bed and notified LVN A. She said she did not know how long he remained in respiratory distress and did not know what his oxygen saturation was. WCN B said if a resident had respiratory distress, the nurse was to check the airway and the oxygen level. She said if the oxygen saturation was less than 90% or if the resident had chronic obstructive pulmonary disease, then it might get as low as 88%. WCN B said the nurse needed to know the resident's orders, call rapid response and the physician. WCN B said she did not know it took 40 minutes for Resident #99 to get relief and if she had known it was going to take that long, then she would have stayed with the resident and taken care of him herself. WCN B said if a resident was in respiratory distress, then you could call for help from the ADON and DON and 911 if needed, but the nurse had to stay with the resident. She said a resident would be at risk of death if they continued to have respiratory distress. An interview on [DATE] at 3:16 PM with the DON revealed she was familiar with Resident #99. She said she saw the resident in the morning on [DATE] before the resident went to dialysis. She said she was told Resident #99 was in respiratory distress at around 2:00 PM and was at the nurse station (directly next to Resident #99's room). She said she did not see LVN A and that he must have been in Resident #99's room. The DON said if a resident was in respiratory distress, the nurse was supposed to elevate the head of the bed, notify the physician, and make sure the resident had oxygen. The DON said she never went into the resident's room to assess because she was at the nurse station working on paperwork to send the resident to the hospital. The DON said LVN A did what he was supposed to do and she did not see anything wrong with the actions of LVN A. She said he had to call the doctor to get an order for a breathing treatment. The DON said LVN A gave the treatment, reassessed the resident, but the resident's oxygen saturation was dropping. The DON said she did not know the resident already had orders for breathing treatments as needed. The DON said Resident #99 had shortness of breath, the nurse intervened, the nurse notified the physician, performed the interventions, but the interventions were ineffective. The DON said LVN A followed the physician orders. The DON said the nurse could call 911 only after notifying the physician unless the resident was unresponsive. The DON said the situation did not require LVN A to contact 911 until after he performed the ordered interventions. The DON said a resident with prolonged respiratory distress could develop hypoxia (life threatening condition when there are low oxygen levels), and further respiratory distress. (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	An interview on [DATE] at 4:39 PM with the FNP revealed she was the provider for Resident #99 and that LVN A had contacted her when the resident was in respiratory distress. The FNP said she was contacted by LVN A at 2:14 PM and was told that during care the resident claimed he had shortness of breath. She said LVN A did the appropriate nursing interventions and was told his oxygen saturation had recovered, and he had a little tachycardia (rapid heart rate). The FNP said she gave an order for a chest x-ray as long as the resident was not in distress. The FNP said LVN A called her back at 2:37 PM and said Resident #99's oxygen saturation had dropped. She said she did not know it took 40 minutes to get the resident relief. She said she was not told that the resident was using his accessory muscles to breathe, and he was heaving his chest to breathe. She said if she had known that, then she would have told LVN A to call 911. She said a resident with continued respiratory distress could lead to cardiac arrest and death. The FNP said she did not know the status of the resident in the hospital because she did not have hospital privileges. An interview on [DATE] at 10:01 AM with the family of Resident #99 revealed he was in the ICU at the hospital and they were monitoring his breathing. Interviews on [DATE] at 10:05 AM and 10:35 AM with the DON revealed she did not know the status of Resident #99. She said the family called on the night of [DATE] and thought the resident had overexerted himself. Additionally, the DON said the facility did not have a rapid response policy, because each resident situation was different. An interview on [DATE] at 6:15 PM at the hospital with Resident #99 revealed he was breathing without distress. He was wearing oxygen and said he was doing very well. His Hospital RN said he was on IV antibiotics but did not know if he had pneumonia or another type of infection. The Hospital FNP was in his room and said he admitted to the hospital with acute hypoxic respiratory failure and said that when the resident went into respiratory distress at the facility, he should have been placed on bi-pap. The FNP said due to the resident's diagnoses he had a hypoxic drive to breathe (hypoxic drive to breathe is a physiological mechanism that stimulates breathing in response to low oxygen levels in the blood, particularly significant in patients with chronic lung diseases like COPD.) The FNP said the resident was supposed to be placed on bi-pap immediately after finishing his dialysis treatments. The FNP said the resident needed a respiratory therapist to monitor him at the facility and she said she made it clear to the facility before he was admitted to the facility that he had to have respiratory therapy as well as a bi-pap machine. Review of the facility policy, Acute Condition Changes - Clinical Protocol, revised [DATE], reflected: Assessment and Recognition 1. The physician will help identify individuals with a significant risk for having acute changes of condition during their stay; for example, an individual with an indwelling urinary catheter who has had recurrent symptomatic urinary tract infections, or someone with unstable vital signs or recurrent pneumonia. 2. In addition, the nurse shall assess and document/report the following baseline information: a. Vital signs; (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	6. An emergency QAPI meeting was completed on [DATE] by the Executive Director regarding respiratory care. The QAPI team determined that best practices would include notifying 911 to transfer a resident to the hospital for respiratory distress that resulted in oxygen saturation below 70% regardless of overall status. Any resident showing signs of respiratory distress would prompt the nurse to begin immediate interventions while remaining at the bedside of the resident and calling the Medical Doctor. 7. The Director of Nursing/Designee will monitor all current patients and newly admitted patients that require respiratory care for appropriate treatment and services. Monitoring of the facility's Plan of Removal included the following: Record reviews of the facility Plan of Removal In-services reflected: 11 staff were in-serviced on: Emergency Intervention for Residents in Distress During Respiratory Distress, dated [DATE], reflected: Purpose To ensure rapid, appropriate, and safe intervention for residents experiencing respiratory distress while alert, in order to stabilize the resident and prevent deterioration or death. Procedures A. Immediate Assessment o Stay with the resident. Do not leave the resident alone. o Call for assistance. Notify the nurse in charge immediately. o Assess and document: Respiratory rate and pattern (labored, shallow, fast, etc.) Oxygen saturation (SpO,) [oxygen saturation] via pulse oximeter Skin color (cyanosis, pallor) Use of accessory muscles or nasal flaring Resident's ability to speak full sentences Presence of audible wheezing, gurgling, or stridor 2. Positioning (continued on next page)

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F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	8. Staff Training and Competency o All staff must be trained in: Recognition of respiratory distress Use of pulse oximetry Emergency oxygen delivery Facility's emergency protocols 15 staff were in-serviced on: Change of Condition, dated [DATE], reflected: Utilizing SBAR [document used to communicate with physician - situation, background, assessment, and recommendation.] Situation - What is happening with the resident? Background - What is the clinical background of resident? Assessment - What does it appear the problem is? Recommendation - How can condition be resolved? When change of condition is reported or noted, nurses should respond with a sense of urgency and quick response to minimize risk of negative outcomes. Anyone with O2 sats 70% or less, call 911 stat. Observations on [DATE] from 1:17 PM to 1:26 PM revealed Residents #1, #2, and #260 were doing well. They were on ordered oxygen therapy and were not in respiratory distress. Interviews with staff from [DATE] at 4:48 PM to [DATE] at 1:35 PM were completed. 13 staff were interviewed in person/on the phone who worked all shifts at the facility. The interviewed staff were LVN A, ADON E, LVN F, LVN G, LVN H, LVN I, LVN J, RN K, LVN L, LVN M, LVN N, RN O, and LVN P. The staff were able to verbalize they were in-serviced on the new Respiratory distress protocol, the SBAR tool, and acute condition changes. The nurses said in order to call 911, the resident needed to be in respiratory distress and not responding to treatment. The nurses said they had to call 911 anytime a resident's oxygen saturation was below 70% but did not have to wait until it was below 70%. The nurses said they had to stay with a resident who was in respiratory distress and did not have to call the doctor before calling 911. (continued on next page)

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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 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	An interview with the DON on [DATE] at 12:52 PM revealed LVN A was educated on [DATE] and received one on one education on [DATE], prior to working his next shift, regarding acceptable standards of practice for residents in respiratory distress. The DON said he would receive weekly education that would include response to emergency situations, actions to take, elevate head of bed, and respiratory distress. She said LVN A would be understood that if a resident was in extreme distress, he was to send them out, stay with the resident in room, and alert people to help him. The DON said the majority of the nurses had been in-serviced and everyone would be inserviced prior to their next shift. The DON said the facility completed an audit on [DATE] of all residents that require respiratory treatment to ensure care plans and standards of practice were updated and followed. The DON said there were no issues identified and she would ensure all new admits had the right orders and treatments. The DON said going forward, if she was notified that a resident was in respiratory distress she would go to the hall and help assist with the resident. An interview on [DATE] at 12:33 PM with the Administrator revealed he would monitor to ensure that all staff were trained on providing respiratory care according to professional standards of practice. The Administrator said he had an emergency QAPI meeting focusing on respiratory issues. He said his expectation for nursing leadership was for them to intervene if a resident was in respiratory distress, but that all staff were trained to respond to a resident in respiratory distress. An IJ was identified on [DATE]. The IJ template was provided to the facility on [DATE] at 11:00 AM. While the IJ was removed on [DATE], the facility remained out of compliance at a scope of isolated and a severity level of potential for more than minimal harm because all staff had not been trained on [DATE].