STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676369	A. Building B. Wing	06/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hollymead	4101 Long Prairie Road Flower Mound, TX 75028

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests in two halls (Hall 600 and Hall 700) of three halls reviewed for pests. The facility failed to ensure Hall 600 and Hall 700 were free of millipedes.This failure could place residents at risk of insect-born illness and not having a home free of pests in which to live. Findings included:Review of Resident #1's admission Record reflected Resident #1 was a [AGE] year old female resident admitted to the facility on [DATE], residing on the 700 Hall, with diagnoses in part including cerebral infarction (a type of stroke caused by blocked blood flow to the brain), essential hypertension (high blood pressure not due to another medical condition), heart failure (when the heart doesn't pump blood as well as it should), and diabetes mellitus (disease of inadequate control of blood sugar). Review of Resident #1's annual MDS dated [DATE] reflected Resident #1 had a BIMS score of nine, indicating moderate cognitive impairment and hallucinations or delusions. Review of Resident #2's admission Record reflected Resident #2 was a [AGE] year old female resident admitted to the facility on [DATE], residing on Hall 700, with diagnoses in part including transient cerebral ischemic attack (temporary blockage of blood flow to the brain), kidney failure (kidneys no longer work well), diabetes mellitus (disease of inadequate control of blood sugar), heart failure (when the heart doesn't pump blood as well as it should), and essential hypertension (high blood pressure not due to another medical condition). Review of Resident #2's Quarterly MDS dated [DATE] reflected Resident #2 did not have hallucinations or delusions, and she had a BIMS score of 13 which indicated she was cognitively intact Review of Resident #3's admission Record reflected Resident #3 was a [AGE] year old female resident admitted to the facility on [DATE], residing in Hall 600, with diagnoses in part including acute diastolic congestive heart failure (when the left chamber of the heart is stiff and cannot accept an adequate amount of blood to meet the body's need), chronic obstructive pulmonary disease (an ongoing lung condition caused by damage to the lungs), hyperlipidemia (elevated levels of fat in the blood), and diabetes mellitus (disease of inadequate control of blood sugar). Review of Resident #3's Quarterly MDS dated [DATE] reflected Resident #3 did not have delusions or hallucinations, and she had a BIMS score of 13 which indicated she was cognitively intact. Review of Resident #4's admission Record reflected he was a [AGE] year old male resident admitted to the facility on [DATE], residing in Hall 600, with diagnoses in part including acute cholecystitis (inflammation of the gallbladder), diabetes mellitus (disease of inadequate control of blood sugar), essential hypertension (high blood pressure not due to another medical condition), and end stage renal disease (kidney failure that requires dialysis or kidney transplant).Review of Resident #4's admission MDS dated [DATE] reflected he did not hallucinate or have delusions, and his BIMS score was 13 which indicated he was cognitively intact.In an observation on 06/06/26 at 10:29 a.m., Resident #1 was observed receiving incontinent care when a two-inch brown millipede was seen crawling in the bed near her leg. CNA A saw the millipede and removed it from Resident #1's bed. Two millipedes were observed crawling up two different walls of Resident #1's bedroom. Two partially smashed, dead millipeds were observed smeared on Resident #1's wall and ten or more brown spots were noted on three of the bedroom walls. In an interview on (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
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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	06/06/26 at 10:35 a.m., Resident #1 stated that the millipeds had been coming into her room from outdoors for the past month and she was told by the facility staff (unknown name) that it was due to the rain, and they had sprayed for millipedes but that her room had never been sprayed. She stated that the multiple brown spots on the walls were from staff using her cane to kill the millipedes but not cleaning them off afterwards. In an interview on 06/06/26 at 10:40 a.m., CNA A stated she had seen millipedes in residents' rooms on halls 600 and 700 for the past month. She stated that when staff saw pests they would put in a work order for maintenance, but that maintenance had already been made aware and had sprayed for them. She stated she had not seen them spray. In an interview and observation on 06/06/26 at 11:05 a.m., Resident #2 stated, The centipedes are terrible. She stated that they had been in her room for at least a month. She stated she had been told that facility had sprayed for them. She stated there had been some improvement in the number of millipedes she saw and that she typically saw them in her room every couple of days now. She stated, You worry about them falling in your hair. No millipedes or other pests were observed in her room at the time of the interview. In an interview and observation on 06/06/26 at 11:20 a.m., Resident #3 stated that, I don't like having the centipedes. They don't bite though. I just pick them up and flush them down the toilet. She stated that the centipedes had been in her room for, a couple of months. She stated she was told by facility staff (names unknown) that the millipedes were coming in from the mulch in the flower beds due to the rain. No millipedes were seen in her room at the time of the interview. In an interview and observation on 06/06/26 at 12:10 pm, Resident #4 stated, The millipedes are all over. He stated he had been at the facility for about a week, and the millipedes had been in his room during that time. He stated there was a dead one on his bathroom floor. He stated there had been a dead one in his bathroom sink today but he had washed it away. One millipede was observed crawling on the bathroom wall and one dead millipede was observed on the floor of the bathroom. Resident #4 stated, You wouldn't think this would happen at a medical facility. In an interview and record review on 06/06/26 at 12:10 pm, the Pest Control Personnel stated he was responsible for providing pest control for the facility. He stated he provided outdoor treatment for millipedes around the facility perimeter on 05/21/2026 and the invoice for this treatment was reviewed. He stated he had not provided any other treatments for millipedes and did not have any other invoices indicating millipede treatment. He stated he would return to provide another treatment when the ADM wanted it done. He then spoke to the ADM who confirmed another treatment should be done and the Pest Control Personnel stated he would be back to do it next week. In an interview on 06/06/26 at 3:08 p.m., the Maintenance Director stated that the millipedes were a seasonal problem and the facility had them for six to eight weeks each year. He stated they had not found a treatment to prevent them, and they just had to treat them and vacuum them up. He stated that the facility was about three weeks into having them. He stated that the pest control company typically started treating around February or March and would continue treating for them every other week until they were gone. He stated that the chemicals they used for ants were also used for the millipedes. Regarding the millipedes he stated, I can't figure out how to keep them out of the building and that they were coming in from outdoors. He stated he had previously thought the millipedes had come in with the mulch but that he had used a different brand of mulch this year. He stated that as the Maintenance Director he had asked staff to stop smashing the millipedes on the walls because the maintenance department would have to go around and repaint the walls. He stated that the smears on the walls went unaddressed until housekeeping realized it and tended to it. In an interview on 6/6/26 at 03:20 p.m., the Housekeeping Supervisor stated housekeeping staff were aware of the millipedes and had been informed to check the corners of rooms for the dead ones, wipe things down, and vacuum them up. She stated that by the time staff could get down the hall doing these things there were more millipedes in residents' rooms because they kept coming in. She stated that the rooms were cleaned once a day and then as needed when they were alerted to any concerns. She stated that it was most likely that nursing staff during the day were smashing the millipedes on the walls because her staff were aware not to do that (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	because it left spots on the wall and maintenance had to repaint them. She stated that she herself as well as the Maintenance Director were responsible for monitoring the cleanliness of the environment.In an interview on 06/06/26 at 03:43 p.m., the ADM stated that the facility's pest control company was aware of the presence of millipedes and had treated for them several times. He stated that anytime millipedes were seen in residents' rooms he expected that staff had housekeeping clean them up. He stated that the pest control company evaluated and followed their treatment plan. He stated that the millipedes were in the soil and could not be stopped from coming indoors due to the rain. He stated that sometimes residents would request staff to kill the millipedes and staff would do that. He stated that resident rooms were checked each day and cleaned or painted as needed. He stated that all staff were responsible for monitoring the effectiveness of the pest control program and monitoring to ensure housekeeping is completed appropriately. Review of the facility policy titled, Pest Control Program revised 12/1/2025 was reviewed and reflected, It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents.