

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/18/2026
NAME OF PROVIDER OR SUPPLIER  Cheyenne Medical Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  750 Highway 352 Mesquite, TX 75149	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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 one (Residents #2) of five residents reviewed for respiratory care. The facility failed to ensure Resident #2's breathing mask was stored properly when not in use on 02/17/2026. This failure could place residents at risk for respiratory infection and not having their respiratory needs met. Findings include: Record review of Resident #2's Face Sheet, dated 02/17/2026, reflected a [AGE] year-old female who admitted on [DATE]. She had diagnoses which included COPD (lung disease that obstructs airflow from the lungs) and acute and chronic respiratory failure with hypoxia (the lungs cannot get enough oxygen to your blood). Record review of Resident #2's Entry MDS Assessment, dated 02/06/2026, did not include Section C (Cognitive Patterns) or the resident's acts of daily living needs. Record review of Resident #2's 5-Day MDS Assessment, dated 02/13/2026, was in progress and Section C was not completed. Section O (Special Treatments, Procedures, and Programs) indicated Resident #2 received physical therapy and occupational therapy. Record review of Resident #2's Comprehensive Care Plan, dated 02/09/2026, reflected the resident had chronic obstructive pulmonary disease. An intervention, added 02/17/2026, was to provide nebulizer treatments as ordered. Record review of Resident #2's Physician Order, dated 02/16/2026, reflected Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 1 unit inhale orally via nebulizer four times a day related to ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA for 7 days. During an observation on 02/17/2026 at 10:08 AM, Resident #2 was lying in bed asleep. A nebulizer was observed on her nightstand. The attached breathing mask was not in a bag. During an interview on 02/17/2026 at 10:10 AM, CNA C stated the nurse monitored the nebulizer mask. She stated if the nurse forgot, she could get a bag to put the mask in. She stated she notified the nurse if a resident removed the nebulizer mask before completing the breathing treatment. She stated if it was on the floor, she would throw it away and tell the nurse so she could get a new one. She stated it was important to keep the nebulizer mask sanitary for infection control. During an interview on 02/17/2026 at 10:17 AM, RN B stated Resident #2's nebulizer mask should have been in a bag. She stated it was important to ensure nebulizer masks were stored in a bag and dated. She stated it was to help prevent infection. During an interview on 2/18/26 at 10:32 AM, ADON A stated the expectation was for oxygen tubing and all respiratory masks to be bagged. He stated Resident #2's nebulizer mask should have been stored in a bag because that was part of infection control. He stated the resident had a new order for breathing treatments He stated the nurses were responsible for ensuring the nebulizer mask was placed in a bag after the resident completed a breathing treatment. During an interview on 2/18/2026 at 10:48 AM, the Administrator stated Resident #2's nebulizer mask should have been in a bag. She stated nurses should be monitoring the nebulizer masks. She stated it was important for infection control. During an interview on 2/18/2026 at 11:04 AM, the DON Resident #2's nebulizer mask should have been in a bag. She stated nurses put on and take off nebulizer mask and were responsible for ensuring they were put in a bag after a treatment. She stated it was important to (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
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>prevent infection. The facility did not have a policy specifically related to the storage of respiratory items when not in use.</p>		