STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745056	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southern Oaks Therapy and Living Center	3350 Bonnie View Rd Dallas, TX 75216

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure, based on a resident's comprehensive assessment, residents maintained acceptable parameters of nutritional status for 1 of 5 residents (Resident #1) reviewed for nutrition.The facility failed to monitor Resident #1's weight and meal intake which resulted in the resident's weight loss not being identified. This failure placed residents at risk for loss of weight and inadequate nutrition. Findings included:Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected the resident was a [AGE] year-old female who admitted to the facility on [DATE]. Her diagnoses included bipolar disorder, psychotic disorder, antisocial personality disorder, and homelessness. Resident #1 had a BIMS of 15 which indicated her cognition was intact. The MDS reflected the resident was independent with eating and her height was recorded as 59 inches and weight was 151 pounds. Record review of Resident #1's care plan revised on 11/04/25 reflected the resident had a nutritional problem or potential nutritional problem. Interventions included to serve diet as ordered and the RN to evaluate and make diet change recommendations. Record review of Resident #1's May 2026 physician's orders reflected the resident was on monthly weights. Record review of Resident #1's weight from October 2025 to May 2026 reflected the following:admission - October - 148.4 poundsNovember - 147.4 poundsDecember - 150.4 poundsJanuary - 149.63 poundsFebruary - 150.2 poundsMarch - 151.3 poundsApril - 151.4 poundsSurveyor Witnessed weight - 05/06/26 at 3:28 PM - 127.4 poundsRecord review of an invoice dated 05/05/26 reflected the facility's scale had been calibrated on that date, and it was in good working order. Record review of Resident #1's meal intake percentages from 04/11/26 to 05/07/26 reflected the following:76% to 100% eaten - 24 meals51% to 75% eaten - 8 meals26% to 50% eaten - 3 mealsResident Refused - 6 mealsObservation and interview on 05/06/26 at 12:00 PM with Resident #1 revealed she was in the dining room sitting at the dining table with another resident. Resident #1 was listening to the music on the television and she was dancing. The resident said she did not feel like she had lost any weight because all of her clothes still fit. The resident was given her meal tray which she pushed aside and did not eat and said she was not that hungry. Interview on 05/06/26 at 1:50 PM with Resident #1's family revealed they noticed about a 50lb weight loss since the resident was admitted to the facility. The resident's family said she could just tell she had lost weight.Interview on 05/06/26 at 3:02 PM with the ADON revealed Resident #1 ate what she wanted for the most part and the ADON said she had not noticed any weight loss issues since the resident had been at the facility. Interview on 05/06/26 at 3:44 PM with CNA A revealed Resident #1 was independent with eating and would eat what she wanted off the meal tray. CNA A said if the resident did not like what was served, she would eat a grilled cheese sandwich in her room, and it was very rare that she ate in the dining room. CNA A further stated he did not notice any weight loss in the resident. CNA A said if Resident #1 was served in the dining room, the resident would try to give her meal tray to her tablemates so a tray with a grilled cheese would be delivered to her room for her to eat when she was ready. Observation on 05/06/26 at 5:30 AM revealed Resident #1 was given a meal tray for dinner, and she did not eat it and gave it to her tablemate. Resident #1 then asked for a grilled cheese sandwich which she put in a napkin and stored it in the seat of her rolling walker. 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

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	05/06/26 at 5:39 PM with RN B revealed Resident #1 ate sporadically and if staff pushed her to eat, she would become upset. RN B said at times the staff left her tray in her room and Resident #1 would state she would eat it later. RN B further stated she did not directly work with Resident #1 but she had noticed the resident might have lost some weight in the last 2 months but could not tell how much. Observation on 05/07/26 at 12:15 PM of Resident #1 revealed she was in the dining room during lunch sitting with her tablemate. The resident was given a grilled cheese sandwich, and she told the staff to take it to her room and she would eat it later because she was not hungry at the time. Interview on 05/07/26 at 1:30 PM with MA A revealed she helped monitor in the dining room during lunch and said there were times Resident #1 ate and other times when she did not. MA A said there were also times when Resident #1 would try and give her food to her tablemate and she would be reminded not to do that and then Resident #1 would become upset and not eat at all. MA A further stated on the days Resident #1 would not eat her meal she would later ask to have something else made for her like a grilled cheese sandwich. MA A further stated she had not noticed any weight loss on the resident. Interview on 05/07/26 at 1:38 PM with RN D revealed Resident #1 had some days when she ate and other days when she just drank coffee. RN D said Resident #1 was independent with her ADLs and chose when and what she ate. RN D further stated she had not noticed any weight loss in the resident. Interview on 05/07/26 at 1:56 PM with the Dietitian revealed Resident #1's weights were being monitored monthly, and no one had told her the resident was not eating or had any weight loss. The Dietitian said she spoke with Resident #1 today, (05/07/26) and the resident told her she was trying to exercise and keep her belly down. The Dietitian stated Resident #1 told the Dietitian she liked grilled cheese sandwiches and at times she liked to save them for later. The Dietitian said based on Resident #1's current height and weight (59 inches and 126 pounds) she was within her BMI and based on her assessment the resident did not appear to have any physical symptoms of weight loss such as temporal or muscle wasting. The Dietitian further stated if she knew the resident was losing weight, she would have recommended 3 shakes a day as her first intervention between her meals. The Dietitian said it was important for the resident's weight to be monitored accurately to know how many calories they were taking in and ensure the residents were getting adequate nutrition. Interview on 05/07/26 at 2:27 PM with the Dietary Manager revealed Resident #1 was independent and normally ate grilled cheese for lunch and dinner either in her room or the dining room. The Dietary Manager said Resident #1 was very vocal and usually told the staff what she wanted to eat. The Dietary Manager further stated she was not aware of the resident not eating and also did not notice any weight loss in the resident. Interview on 05/07/26 at 2:35 PM with the ADON revealed the resident ate in her room most times and would order grilled cheese sandwiches. The ADON said she was not aware of or noticed any weight loss in Resident #1. Interview on 05/08/26 at 10:52 AM with Resident #1's family revealed they visited the resident the evening prior (05/07/26) and said as they were putting clothes up in the resident's drawer and they noted there were 2 uneaten grilled cheese sandwiches in a drawer that they threw away and they reminded the resident not to do that because she could attract bugs. Record review of the facility's policy titled Vital Signs, Weight and Height revised on 08/2021 reflected the following: .3. The resident's weight shall be taken monthly in accordance with the Weighing Schedule and recorded in the health record no later than the 10th day of each month. A licensed nurse is to review all weight taken on the same day so that follow-up to reweight a questionable weight can be done promptly or within significant changes.