| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455532 | A. Building<br>B. Wing | 04/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pleasant Springs Healthcare Center | 2003 N Edwards St<br>Mount Pleasant, TX 75455 |

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 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care or services that was trauma informed and/or culturally competent.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure that residents who were trauma survivors received culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident for 1 of 3 residents (Resident #1) reviewed for trauma-informed care The facility failed to ensure Resident #1 had an accurate trauma screen that identified she had a history of trauma. This failure could place residents at an increased risk for severe psychological distress due to re-traumatization.The findings included: Record review of a face sheet dated [DATE] indicated Resident #1 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included bipolar disorder (a disorder associated with episodes of mood swings ranging from depression lows to manic highs), mild recurrent major depressive disorder (a serious mood disorder involving one or more episodes of intense psychological depression or loss of interest or pleasure that lasts two or more weeks), obsessive-compulsive disorder (mental health condition characterized by unwanted thoughts, obsessions, that lead to repetitive behaviors, compulsions), and anxiety disorder (mental illness defined by feelings of uneasiness, worry and fear). Record review of Resident #1's Quarterly MDS assessment dated [DATE] indicated she was understood by others and understood others. Resident #1 had a BIMS score of 14, which indicated her cognition was intact. The MDS assessment indicated Resident #1 felt down, depressed, or hopeless. Record review of Resident #1's care plan reviewed [DATE] did not indicate she had a history of trauma. Record review of Resident #1's Social History dated [DATE] did not indicate Resident #1 had a history of trauma. Record review of Resident #1's diagnostic assessment dated [DATE] completed by the facility's psychological services indicated she had a history of trauma and her mental health issues started around the age of 15 when she suffered sexual abuse, religious cult trauma, and a history of generational trauma within the family. During an interview on [DATE] at 8:06 AM, Resident #1 said she had a history of trauma and had gone through a lot throughout her life. Resident #1 said her trauma was related to her parents having a bad marriage and seeing them fight. Resident #1 said she got hit in the face with a seesaw, and it almost killed her. Resident #1 said she was sexually abused when she was fifteen. Resident #1 said she had suffered a lot of traumas, and she was doing better but she still had mental scars. Resident #1 said the mental scars caused her to sometimes remember what she went through, and this caused her anxiety. Resident #1 said she felt safe in the facility. She was unable to specify if she had specific triggers. During an interview on [DATE] at 10:15 AM, the Social Worker said she completed the social history assessments and assessed the residents to identify if they had a history of trauma. The Social Worker said Resident #1 had a lot of issues and told her a lot of stuff. The Social Worker said Resident #1 had suffered through her childhood because her mother had mental illness, and Resident #1 almost died because of being hit in the head with a seesaw. The Social Worker said she could not remember what other issues Resident #1 had discussed with her, and she would have to look back at her documentation to determine what else Resident #1 told her. The Social Worker did not provide any further information. The Social Worker said she did not review the notes from the facility's psychological services, and she was not<br>(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 |
|---|---|---|---|
| | 455532 | A. Building<br>B. Wing | 04/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pleasant Springs Healthcare Center | 2003 N Edwards St<br>Mount Pleasant, TX 75455 |

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 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | sure who was responsible for reviewing them. The Social Worker said it was important for them to be aware of any history of trauma the residents had to ensure they did not make them live their trauma again. During an interview on [DATE] at 1:43 PM, the Administrator said she had only been at the facility since [DATE]. The Administrator said she was not aware Resident #1 had a history of trauma. The Administrator said she expected the Social Worker to assess the residents for history of trauma, and she thought the Social Worker would be the one responsible for reviewing the notes from the facility's psychological services. The Administrator said it was important for them to know if the residents had a history of trauma so they could be mindful and keep them away from things that triggered them, and so they were able to follow up with the residents appropriately. Record review of the facility's undated policy titled, Trauma-informed care, indicated, The facility will ensure that residents who are trauma survivors receive culturally competent, trauma informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. Assessment of a resident's history for being a potential trauma survivor or has been diagnosed with a mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or posttraumatic stress disorder will be performed during the Social Service History Assessment performed on admission to the facility. The resident's comprehensive care plan will be culturally-competent and trauma-informed as required. |