

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Plainview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2510 W 24th St Plainview, TX 79072	

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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>Based on interview and record review the facility failed to ensure the governing body of the facility had appointed an administrator, who is licensed by the state, to be responsible for the management of the facility and report to the governing body. The facility had not had an administrator since 07/16/2025. This deficient practice could place residents at risk of decreased quality of life and quality of care due to a lack of staff oversight and monitoring of care. The findings included: During an interview on 09/04/2025 at 9:32 AM, an entrance conference was conducted with the BOM who stated she was the AIT and acting as ADM for the facility. She stated that the former ADM had been terminated. During an interview on 09/04/2025 at 2:04 PM, the DON stated that the facility did not have a full-time administrator. She stated that she was not exactly sure when the last administrator was terminated, but she thought around the 20th of July. The DON stated the AIT took the administrator role, but she was not licensed and still in training. During a follow-up interview on 09/04/2025 at 3:32 PM, the AIT said the previous Administrator was terminated on 7/16/2025. She stated the facility currently did not have an administrator. The AIT stated she had not gotten a formal offer for the administrator position but that she will submit her hours in 9 days to the licensing department and then she can apply to take the test. During an interview on 09/04/2025 at 3:40 PM, the MP Dir stated she had worked at the facility for 11 years. She stated that that they do not have a full-time administrator at this time, but the AIT is acting in that role and that the former ADM was fired but not sure when his last day was. The MP Dir stated they are actively looking for an Administrator. Record review of former Administrators employee record titled Profiles dated 09/04/2025 which showed he was hired on 02/01/2018 with a termination date of 07/16/2025. Record review of a facility policy titled Administrator with revised date of April 2007 revealed the following, in part. A licensed Administrator is responsible for the day-to-day functions of the facility. 1. The governing board of this facility has appointed an Administrator who is duly licensed in accordance with current federal and state requirements. Maintaining his/her license on a current status as required by law, and maintaining a copy of such license or registration on premises.</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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