

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 11/20/2025
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 lack of staff oversight and monitoring of care for all 50 residents at the facility. The findings included: Record review of the former Administrator's employee record titled Profiles dated 11/20/2025 revealed he was hired on 02/01/2018 with a termination date of 07/16/2025. During an interview on 11/20/25 at 6:48 AM, an entrance conference was conducted with the AIT who stated she took the test and failed and the facility, at this time, did not have a licensed ADM. She stated the former ADM had been terminated on 07/16/25. The AIT stated that corporate wanted her to take the position of ADM as soon as she passed the ADM exam. During an interview on 11/20/25 at 5:31 AM, the Interim DON stated that the facility did not have a full-time administrator. She stated that the AIT failed the ADM exam and was going to take it again but was not sure when. The Interim DON stated that she could not think of a negative outcome for not having a licensed ADM because the situation was working and there had been no negative impacts. During an interview on 11/20/25 at 7:35 AM, the HRP Dir stated that she had worked at the facility for 11 years and the facility currently did not have a full-time licensed ADM. She stated that the AIT was acting in that role as the ADM, but she was not licensed. The HRP Dir stated that the facility had not had a licensed full time ADM since Mid-July, 2025. She stated a possible negative outcome for not having a licensed ADM could be that they would get a tag from state. During an interview on 11/20/25 at 8:49 AM, the CRCD stated she had worked at the facility for 4 years as the DON prior to taking the role as corporate regional director. She had been in her current role for 6 years. The CRCD stated that that they did not currently have a full-time administrator because he was fired in July, 2025. She stated they were actively looking for an ADM and they wanted to offer the job to the AIT once she passed her test. In the meantime, corporate was going to hire an Interim ADM so the AIT could have time to study for the test. The CRCD stated that a possible negative outcome for not having a licensed ADM could be that staff may not follow facility policies/rules because there was not a licensed ADM which could affect resident care. Record review of a facility policy titled Administrator with revised date of March 2021 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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