

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 01/07/2026
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)		
F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<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 was licensed by the state, was responsible for the management of the facility, and was accountable to the governing body for 1 of 1 facility reviewed for administration. The facility had not had an administrator from 07/16/2025 to 01/07/2026 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. 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 1/07/2026 at 05:56 AM the AIT reported she (AIT) had completed her administrator training and tested but she did not pass the test the first time. She (AIT) was planning on retesting. The AIT reported that the facility was actively looking for an interim administrator and has had several applications. The facility has one current applicant that was considering an interim position but has not given the facility a definite answer. The AIT stated the facility did not have a current administrator and had not had an administrator since the former administrator left in July of 2025. During an interview on 1/07/2026 at 08:10 AM the AIT reported the last time they had an administrator was July of 2025. The AIT reported they advertised several times and were currently advertising for a full-time or interim administrator with no applicants that have qualified. During an interview on 1/07/2026 at 08:46 AM the AIT reported she was the regional BOM for the facility since 2012 and would be the administrator when she passed her test. The AIT reported not having an administrator could result in the facility not following regulation and rules, the residents would not feel safe, the families would not feel comfortable, and they could have bad outcomes with resident's care. Record review of the facility provided policy titled, Administrator revised March 2023, revealed the following: Policy Statement: A licensed administrator is responsible for the day-to-day function of the facility. Policy Interpretation and Implementation: The governing body of the 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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