

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455569	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2026
NAME OF PROVIDER OR SUPPLIER  Heritage at Longview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  112 Ruthlynn Dr Longview, TX 75605	
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 0644  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, it was determined the facility failed to coordinate the PASRR assessment for specialized services for 1 of 1 resident (Resident #1) reviewed for resident assessment, in that: The facility failed to submit a NFSS request for nursing facility specialized services in the LTC Online Portal for Resident #1's customized manual wheelchair (CMWC) by a specific deadline of 9/12/2025. This failure could place residents with intellectual and developmental disabilities at risk for a decline in physical, mental, psychosocial well-being and quality of life. Findings included: Record review of Resident #1's undated face sheet reflected Resident #1 was a [AGE] year old male resident who was originally admitted to the facility on [DATE] and most recently re-admitted on [DATE] with diagnoses that included: Cerebral Infarction (Tissue death caused by a severe reduction in brain blood flow due to arterial blockage, typically triggering the ischemic cascade), Convulsions (sudden, involuntary, and rapid shaking or stiffening of muscles, often representing the violent physical manifestation of a seizure), Cognitive Communication Deficit (a communication impairment caused by underlying disruptions in cognitive processes-such as memory, attention, organization, and reasoning-rather than a primary language deficit). Record review of Resident #1's quarterly MDS assessment, dated 01/07/26, reflected Resident #1 had severe cognitive impairment with a BIMS score of 00. Further review revealed the resident required use of a manual wheelchair. Record review of Resident #1's care plan, problem initiation date on 06/06/20234, reflected Resident #1 had a positive PASRR status. I have IDD and I am PASRR positive. I will have the specialized services recommended by local authority per PASRR Specialized Services program. The LA will be invited Annually to the care plan meeting for review of Specialized Services. Record review of Resident #1's initial PCSP form, dated 08/18/2025, reflected Resident #1 required a new CMWC. Review of the PASRR Compliance Call Report for August 2025's spreadsheet for Resident #1's DD services PASRR Unit indicated the following: *IDT meeting was held on 08/18/2025, *PCSP was created on 08/18/2025, *IDT date plus 30 days was 09/30/2025, *NF contacted 11/07/2025, *Due date for NF to submit NFSS form in LTC portal for therapies was 09/12/2025. *Resident #1 needed a CMWC. Record review of the undated Simple LTC PASRR NFSS Activity Portal History, for Resident #1, reflected services requested for CMWC indicated NFSS form request for CMWC was not submitted within 20 business days of the IDT meeting. During an observation on 4/27/26 at 10:48 a.m., Resident #1 was observed sitting on a couch next to him was his CMWC. Resident #1 is a non-verbal individual and an interview was therefore not conducted. During an interview on 04/27/2026 at 11:05 a.m. with the Director of Therapy, she said that Resident #1 received his custom wheelchair that he was eligible for from his PASRR IDT meeting on 12/17/2025. She said that his initial IDT meeting indicated he qualified for a custom wheelchair was conducted on 08/18/2025. She said the facility then had 20 business days to submit into the Simple Online Portal his NFSS request that would start the process of Resident #1 to receive his custom wheelchair. She said that this NFSS request was sent in on 11/07/2025 which was past the 20-business day requirement. She said that it was an oversight that the 20-business day requirement was missed. During an interview on 04/28/2026 at 9:30 a.m. with the (continued on next page)</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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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Director of Nurses,. she said that responsibility to ensure that the deadline was met to place the NFSS request was the Director of Therapy. She stated that the Director of Therapy missed this deadline after she reviewed the details of this investigation. She said that residents could be placed at risk of not receiving specialized services they are eligible for if deadlines were not met. During an interview on 04/28/2026 at 10:00 a.m. with the Administrator, he said that responsibility to ensure residents received their specialized custom wheelchair was the Director of Therapy. He said that residents could be placed at risk of not receiving the services they were eligible for if staff did not follow up timely on their reports. Record review of the facility's policy revised 03/06/2016, titled, PASRR Level 1 Screen Policy and Procedure, reflected in part: Policy: It is the policy of facilities to obtain a PL 1 screening form from the RE (referring entity) prior to admission to the NF. The PL 1 will be submitted via Simple LTC timely per PASRR Regulatory timeframes. PASRR is a federally mandated program requiring all states to prescreen all individuals seeking admission to a Medicaid-certified nursing facility, regardless of payer source or age. The PASRR Program is important because it provides options for individuals to choose where they live, who they live with and the training and therapy they need to live as independently as possible. PASRR Program has 3 Goals: To identify individuals with mental illness, Intellectual disability, or developmental disability (this includes adults and children.) To ensure appropriate placement, whether in a community or in a Nursing Facility. To ensure individuals receive the required services for their mental illness, Intellectual disability, or developmental disability. After the IDT meeting, the NF must submit the information from the IDT meeting on the LTC online Portal. When the IDT agrees that a hospice recipient needs NF specialized services, the NF must submit prior authorization requests for all required assessments and NF specialized services via the Authorization Request for PASRR Nursing Facility Specialized Services (NFSS) form on the LTC Online Portal.</p>		