STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455606	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park View Care Center	3301 View St Fort Worth, TX 76103

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (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

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility staff failed to ensure that clinical records on each resident, in accordance with accepted professional health information management standards and practices were accurately documented for 1 of 4 residents (Resident #1) reviewed for clinical records. The facility failed to code Resident #1's oxygen treatment on his MDS. This failure placed residents at risk of not receiving adequate care and treatment for oxygen. Findings included:During a record review of Resident #1's face sheet dated 10/13/2025 reflected the resident was a [AGE] year-old male, who admitted to the facility on [DATE]. Resident #1's diagnoses included: acquired absence of unspecified leg below knee; Schizophrenia (chronic mental health illness that affects a person's thoughts, feelings and behaviors); major depressive disorder, single episode (chronic mental health condition charactered by multiple episodes of major depression); age- related osteoporosis without current pathological fracture (brittle and fragile bones); hypertension (high blood pressure); dysphagia oropharyngeal phase (difficulty swallowing); history of falling; dementia (cognitive decline) unspecified severity, without behavioral disturbance; psychotic disturbance (severe mental health condition characterized by a disconnection from reality); mood disturbance (changes in emotional state); anxiety (intense, excessive, and persistent worry and fear about everyday situations); and schizoaffective disorder (a mental health condition that is marked by a mix of schizophrenia symptoms and mood disorder symptoms). During a record review of Resident #1's Quarterly MDS dated [DATE] reflected the resident's hearing and speech were difficult to understand, and he rarely understood when others attempted to communicate with him. Section C reflected a BIMS 00, indicating the resident was unable to perform the interview for the assessment. The MDS reflected memory problems, short-term and long-term, as well as mental status changes. Section GG reflected the resident was dependent on staff for ADL care. Section J oxygen treatment for DX: of congestive heart failure, respiratory failure, and hospice comfort measures. During a record review of Resident #1's quarterly care plan dated 08/19/2025 reflected: [Resident #1] Hospice/Terminal Prognosis: Resident has a terminal illness and is receiving hospice or palliative care. During the end-of-life process weight loss, skin breakdown, dehydration, fecal impaction, and the gradual or rapid loss of the ability to move may be unavoidable. Date Initiated: 06/27/2023. Hospice DX Senile Degeneration contact for any change of condition and any Hospice needs.Oxygen: Resident uses oxygen therapy routinely or as needed and is at risk for ineffective gas exchange. This is related to respiratory illness.Date Initiated: 07/30/2024. Administer medications as ordered by the physician. Monitor/document effects and effectiveness.Administer oxygen therapy per physician's orders. If the resident is allowed to eat and normally utilizes a face mask for oxygen therapy, provide a nasal cannula for meals, as allowed by the physician, and return to the normal delivery system after meals. Position resident with head of bed elevated whenever possible to allow for optimal lung expansion and gas exchange. Resident is resistant to care, behaviors of yelling and hitting staff, refuses to use oxygen/equipment ordered.Administer medications as ordered. Monitor and document for effectiveness and potential adverse side effects.Monitor behavior episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. Document behaviors and interventions .Approach resident in a calm manner, call by name, speak slowly, and maintain eye contact. Talk while providing care, allow time for a response, and do not rush.Provide resident with the opportunities to make decisions during ADL care, and daily routine. Encourage as much participation and interaction by the resident as possible during daily care activities. Discuss the possible outcomes of not complying with therapeutic regime.When resident refuses ADL care leave in safe environment, notify nurse, and re- approach at a later time and attempt to provide care. Psychiatric consult as indicated or ordered by the physician. During a record review of Resident #1's MD orders dated 04/14/2023 reflected: Hospice, DX: Senile Degeneration, assess pain, DNR.MD order dated 07/26/2024 reflected Vital check Q shift, Abnormal readings- Recheck in 15 m. every shift and notify MD/NP and hospice team .Morphine Sulfate (Concentrate) Oral Solution 20 MG/ML (Morphine Sulfate) Give 0.25 ml by mouth every 2 hours as needed for SOB dyspnea, pain.Morphine Sulfate (Concentrate) Oral Solution 20 MG/ML (Morphine Sulfate) Give 1 ml by mouth every 2 hours as needed for SOB, NN, pain, Dyspnea (SOB). During a record review of Resident #1's MD order dated 09/11/2024 reflected: .change O2 tubing and humidifier bottle. Inspect external O2 filter weekly (if present). Clean/change if needed. every night shifts every week for O2 use inspect external O2 filter weekly. Monitor O2 saturations, oxygen 2L via N/C for SOB