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	03/06/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 4 of 15 residents (Residents # 1,2,3, and 4) reviewed for infection control when CNAs A, B, C, and D were serving meals. During lunch meal delivery to Hall 100 CNAs A, B, C, and D delivered trays to Residents #1,2,3, and 4, without using hand sanitizer. This failure could place residents at risk of exposure and/or possible transmission of communicable diseases and infections. Findings included: Observation on 03/05/26 at 12:19 PM, revealed:- CNA-A and CNA-B knocking on doors prior to entering the rooms and taking meal trays into the rooms, they were not observed sanitizing their hands prior to passing out meals to Resident #1 and Resident #2. -At 12:23 PM, CNA-C walked out of the shower room and started helping to pass out the meals without sanitizing her hands -At 12:25 PM, CNA-C moved to the adjoining hall, pulled on her pants then continued to push the meals down the hallway, then she delivered a food tray to Resident #3.-At 12:27 PM, CNA-C handed a meal tray to CNA-D who was passing by, and she took the meal into the room of Resident #4, CNA-D did not sanitize her hands prior to receiving the tray . Record review of the face sheet dated 03/05/26 for Resident #1 reflected he was a [AGE] year-old-male admitted to the facility on [DATE]. He was diagnosed with traumatic subarachnoid hemorrhage (bleeding into the space surrounding the brain caused by trauma, commonly from falls or accidents), major depressive disorder (a common severe mental health condition characterized by persistent sadness), and anxiety disorder (mental health conditions characterized by persistent, excessive fear or worry that interferes with daily life). Record review of a care plan dated 01/13/26 for Resident #1 reflected he had a focus on ADL self-care performance deficit and was at risk of not having his needs met in a timely manner. The goal was to maintain a sense of dignity by being clean, dry, odor free, and well groomed. Interventions for eating was set up assist of one. Record review of the Quarterly MDS dated [DATE] for Resident #1 reflected his functional abilities eating for self-care indicated he needed setup or clean-up assistance, the helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. He had a BIMS score of 15 indicated he was cognitively intact. Interview with Resident #1 on 03/05/26 at 12:28 PM, revealed he had never noticed if the staff washed their hands when they brought his meals. He stated clean hands were important because dirty hands on a person's food could make the person sick. He stated that he had not been sick with a virus.Record review of the face sheet dated 03/05/26 for Resident #2 reflected he was a [AGE] year-old-male admitted to the facility on [DATE]. He was diagnosed with dementia (umbrella term for a progressive decline in memory, thinking, and behavior), peripheral vascular disease (a slow progressive circulation disorder characterized by narrowing, blockage, or spasms in blood vessels outside the heart and brain), schizophrenia (chronic, severe brain disorder), major depressive disorder (a common severe mental health condition characterized by persistent sadness, loss of interest, low energy), and hypertension (a chronic condition where blood forces against artery walls).Record review of a care plan dated 06/03/26 for Resident #2 reflected he had a focus on ADL self-care performance deficit r/t dementia. (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The goal was to maintain a sense of dignity by being clean, dry, odor free, and well groomed. Interventions for eating was to be set up and supervision. Record review of a Quarterly MDS dated [DATE] for Resident #2 reflected his functional abilities eating for self-care indicated he completed the activity independently with no assistance from a helper. He had a BIMS score of 15 indicating he was cognitively intact. In an interview on 03/05/26 at 12:36 PM, Resident #2 stated he did not know if the staff had sanitized their hands before bringing his food into his room. He stated the staff did not wash their hands before leaving his room. He stated cleaning hands was important. He stated he had not had any sicknesses.Record review of the face sheet dated 03/05/26 for Resident #3 reflected he was a [AGE] year-old-male admitted to the facility 11/18/25. He was diagnosed with dementia (umbrella term for a progressive decline in memory, thinking, and behavior), paranoid schizophrenia (a chronic brain disorder characterized by intense, irrational paranoia, auditory hallucinations), encephalopathy (a general term for brain dysfunction, damage, or disease caused by infections), anxiety disorder anxiety disorder (mental health conditions characterized by persistent, excessive fear or worry that interferes with daily life), hypertension (a chronic condition where blood forces against artery walls), and respiratory failure (a critical, potentially life threatening condition where the lungs cannot adequately provide oxygen to the blood or remove carbon dioxide). Record review of a care plan dated 12/09/26 for Resident #3 reflected a focus was that he was at risk for infection/signs and symptoms of viral respiratory infection, the goal was that Resident #3 would not exhibit signs/symptoms of viral respiratory infection through next review date. The interventions were to educate staff, resident, family, and visitors of signs and symptoms of infections and precautions. Record review of a Quarterly MDS dated [DATE] for Resident #3 reflected his functional abilities eating for self-care indicated he needed setup or clean-up assistance, the helper sets up or cleans up; resident completes activity. He had a BIMS score of 11 indicating he was moderately impaired. In an attempted interview on 03/05/26 at 1:10 PM, with Resident #3 in his room, he was asked if he enjoyed his lunch, he did not respond, his eyes were observed to be closed. Record review of the face sheet dated 03/05/26 for Resident #4 reflected she was a [AGE] year-old-female admitted to the facility 01/22/26 diagnosed with type 2 diabetes (a chronic condition where the body resists insulin or fails to produce enough), severe sepsis (a life-threatening medical emergency occurring when an infection causes widespread inflammation), schizophrenia disorder (a chronic severe brain disorder), cognitive communication deficit (impairment in communication), bipolar disorder (a mental health condition characterized by extreme mood swings, altering between high-energy manic/hypomanic episodes). Record review of a care plan dated 01/30/26 for Resident #4 reflected a focus that she was at risk of infection/signs and symptoms of viral respiratory infection. Her goal was that she would not exhibit signs/symptoms of viral respiratory infection through the next review date. The interventions were to educate staff, resident, family and visitors of signs and symptoms of infections and precautions. Record review of Comprehensive MDS dated [DATE] for Resident #4 reflected her functional abilities eating for self-care indicated she needed setup or clean-up assistance, the helper sets up or cleans up; resident completes activity. She had a BIMS score of 15 indicating she was cognitively intact.In an attempted interview on 03/05/26 at 1:15 PM, Resident #4 stated her lunch was great, when asked if she noticed if the staff had washed or sanitized their hands, she replied she liked the investigator's shoes. Resident #4 was asked what she ate for lunch, she responded that she wanted to buy some shoes.In an interview on 03/05/26 at 1:38 PM, CNA-D stated they were supposed to have hand sanitizer in their pocket, she stated she was not the person who passed out the trays. She stated that she was walking down the hall when CNA-C gave her the tray to take into the room. She stated she took the tray in the room and sat it down. She stated that she thought there were hand sanitizer containers on the halls, but she would have to check to make sure. She stated that she thought the housekeepers were responsible for making sure hand sanitizer was available for them to use. She stated that she should use hand sanitizer and wash hands to keep down infection and that was why it should be done at every interaction with residents. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	She stated that the residents had been placed at risk of infection, cross contamination and transferring of bacteria. In an interview on 03/05/26 at 2:02 PM, CNA-A stated she did not use hand sanitizer when she passed out the meal trays. She stated that the hand sanitizer stations in the hall did not work. She stated that she told the nurses at the nursing station that there was not any hand sanitizer, but she never received any to use. She stated that she did not remember the name of the nurse she told. She stated that she had received infection control in-service, but she did not remember the date. She stated that the residents had been at risk of her passing an infection to them when she did not sanitize her hands. In an interview on 03/05/26 at 2:56 PM, the DON stated she had recently completed an infection control in-service with the staff, but she could not remember the date. She stated that she could not remember if all of the staff had completed the in-service. She stated that she tried to complete the in-services quarterly, as needed, and at the yearly conferences. She stated that all staff should have hand sanitizer available at all times when they were working in the halls. She stated that she thought all of the staff had hand sanitizer. She stated that she was new to the facility and was not sure if there were sanitizer receptacles located in the halls. She denied staff had told her there was not hand sanitizer available. She stated that when the staff did not sanitize their hands they placed the residents at risk of transmission of infection. She stated best practice for the staff was to sanitize before all interactions with residents and going and coming in/out of the room. In a telephone interview on 03/05/26 at 3:08 PM, CNA-C stated there was no hand sanitizer in the hall where she was working. She stated if there was hand sanitizer the containers would be mostly empty. She stated that she usually washed her hands when she passed out the trays and when she picked up the trays. She stated that it had been a few months since she had an in-service on infection control. She stated that she had washed her hands before she left out of the shower room, so she did not see a need to have to sanitize her hands. She stated the residents were at risk of transmission of infection when she did not sanitize her hands. She denied she had told anyone there was no hand sanitizer available.In an interview on 03/05/26 at 5:48 PM, the Administrator stated that the expectation was that all the CNAs would practice good hand hygiene, and to notify her that there was no hand sanitizer available. She stated if staff would have notified her she would have notified housekeeping that hand sanitizer was needed in the halls. She stated housekeeping was managed by an outside vender and she would ensure they were notified that the hand sanitizer stations needed to be filled. She stated that the residents had been at risk of getting sick with infection or a UTI. Record review of infection control and prevention in-service dated 1/5/26 reflected, The purpose for this policy is to reduce the spread of infections by the use of evidenced based techniques established infection control policies and procedures. It is the policy to use precautions to reduce the risk and prevent transmission of infectious agents.Record review of hand hygiene police dated 11/12/17 reflected, Staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Policy explanation and compliance guidelines:1. Hand hygiene is a general term that applies to either handwashing or the use of an antiseptic hand rub, also known as alcohol-based hand rub.2. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice.