

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Park Village Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 207 E Parkerville Rd Desoto, TX 75115	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43791</p> <p>Based on observations, interviews, and record reviews the facility failed to provide routine and emergency drugs and biologicals to its resident for one (Resident #1) of three Residents reviewed for pharmacy services</p> <p>MA-A failed to administer all of Resident #1's medications.</p> <p>This failure could place the resident at risk of not receiving the full effects intended by the physician.</p> <p>Findings included:</p> <p>Record review of Resident #1's undated Admission Record reflected he was an [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included dementia, depression, and diabetes.</p> <p>Record review of Resident #1's quarterly MDS, dated [DATE], reflected a BIMS score not calculated. His Functional Status reflected he required assistance with all of his ADLs.</p> <p>Record review of Resident #1's care plan, dated 5/9/24, reflected he had impaired cognitive function related to Alzheimer's and has depression and takes Fluoxetine for it.</p> <p>Observation on 7/30/24 at 10:30 AM a pink and turquoise pill was found on the floor by the 100 Hall nurse station. The pill did not appear to have been in a resident's mouth.</p> <p>Interview on 7/30/24 at 10:35 AM with MA-A he stated he recognized the pill as Resident #1's Fluoxetine. MA-A stated Resident #1 takes 7-8 pills in the morning and he placed the pills in the resident's mouth using a spoon. MA-A stated he did not check the resident's mouth because he had never had an issue with the resident taking his pills. MA-A stated he would check with the physician for an order to hold or administer the medication.</p> <p>Interview on 7/30/24 at 11:00 AM the DON stated the risk of the resident not receiving his medications could be a worsening of his depression and behavioral problems.</p> <p>(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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 7/30/24 at 12:50 PM an unidentifiable white pill was located on the floor by the 100 Hall nurse station. Pill appears to have been in a resident's mouth as all identifiable markings were not present.</p> <p>Interview on 7/30/24 at 12:55 PM the DON stated she would have to in-service her staff on ensuring residents take their medications and not pocket them in their mouths.</p> <p>Review of the facility's policy Administration of Drugs, dated July 2020 reflected:</p> <p>2. Medications must be administered in accordance with the written orders of the physician.</p> <p>7. If a medication is withheld, refused, or given other than the scheduled time, the documentation will be reflected in the clinical record.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43791</p> <p>Based on observations and interviews, 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 one (Resident #2) of 6 residents reviewed for infection control</p> <p>CNA-B and CNA-C failed to wear appropriate PPE when providing care for Resident #2 who was on EBP.</p> <p>This failure placed the residents at risk of exposure to possible infectious agents.</p> <p>Findings included:</p> <p>Record review of Resident #2's undated Admission Record reflected she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included brain damage cause d by a lack of oxygen, cardiac arrest, and blood clot in the lungs.</p> <p>Record review of Resident #2's quarterly MDS, dated [DATE], reflected a BIMS score not calculated. Her Functional Status reflected she was totally dependent on staff for all of her ADLs.</p> <p>Record review of Resident #2's care plan , dated 7/02/24, reflected she had a tracheostomy due to impaired breathing. She had pneumonia and was on antibiotics, she had an indwelling urinary catheter, she received all nutrition via her feeding tube, and had a pressure wound to her left buttocks. She was on EBP due to the wound, tracheostomy, feeding tube, and urinary catheter.</p> <p>Record review of Resident #2's physician orders reflected an order dated 7/01/24:</p> <p>Enhanced Barrier Precautions: PPE required for high resident contact care activities. Indication: Indwelling Catheter/feeding device/ tracheostomy</p> <p>Observation on 7/30/24 at 12:00 PM of Resident #2's incontinence care, provided by CNA-B and CNA-C, revealed neither CNA wore any form of PPE other than gloves. CNA-B also picked a foam wedge off the floor and used it to help position the resident when care was completed.</p> <p>Interview on 7/30/24 at 12:10 PM CNA-B and CNA-C both stated they observed the signage outside Resident #2's room indicating Resident #2 was on EBP and that staff were required to wear a gown and gloves when providing care for the resident. CNA-B stated she did not intend to provide care for the resident when she entered the room, she was checking on the resident when she discovered the resident needed to be changed. CNA-C stated she just did not wear PPE when she went in to assist CNA-B.</p> <p>Interview on 7/30/24 at 12:30 PM the DON stated all residents with infections, catheters, feeding tubes, etc. are placed in EBP to minimize the risk of spreading infections between residents. EBP required the use of a gown and gloves for all high contact care of the resident. She stated the risk of not adhering to the appropriate PPE requirements was spreading infections to other residents.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policy Infection Prevention and Control Program, dated October 2022, reflected: The policy did not address Enhanced Barrier Precautions 3. The facility personnel will conduct themselves and provide care in a way that minimizes the spread of infection.		