

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 05/28/2025
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37028</p> <p>Based on observation, interview, and record review, the facility failed to ensure the right to file grievances anonymously for 1 (Resident #1) of 3 residents reviewed for grievances.</p> <p>1. The facility failed to ensure Resident #1 had access to file a grievance anonymously.</p> <p>The facility's failure could place the residents at risk for concerns not being reported and addressed.</p> <p>Findings included:</p> <p>Record review of Resident #1's MDS admission assessment, dated 02/19/25, reflected she was a [AGE] year-old female who admitted to the facility on [DATE]. Her BIMS score was 12. Her cognitive status was moderately impaired. Her diagnoses included stroke and diabetes.</p> <p>Record review of the Facility Grievances for April 2025 and May 2025 reflected there were four grievances completed for Resident #1, but none of them were filed anonymously.</p> <p>An interview on 05/28/25 at 11:00 AM with Resident #1 revealed she had a personal notebook that she wrote her complaints in. She said she would have a nurse make a copy of the document and she would take it to the SW or the DON and she felt like they did not want to hear from her. Resident #1 said her concerns on the paper were not addressed and she did not know where the grievance forms were. Resident #1 said she did not know if a grievance was ever filed for her complaints. She said she wanted to file a grievance anonymously but did not know how.</p> <p>An interview on 05/28/25 at 12:30 PM with the SW revealed she thought Resident #1 had provided her a copy of her complaints one time, but she could not remember for sure. She said she thought she filled out a grievance for the issues for Resident #1. The SW said she thought the paper with the resident's complaints might have been put with the grievance form, but she could not remember. The SW said a resident could file a grievance by getting a form from the receptionist and the office. The SW said she did not know if residents had access to the forms if there was not a staff at the receptionist desk. The SW said after a grievance form was filled out then it was given to her.</p> <p>An observation on 05/28/25 at 12:40 PM revealed there were blank grievance forms at the receptionist desk, but you could only obtain a grievance form from the receptionist.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 05/28/25 at 1:00 PM with LVN A revealed Resident #1 had a personal notebook and would ask her to make copies of it. LVN A said she gave the originals and copies back to the resident. LVN A said Resident #1 did not voice any complaints to her.</p> <p>An interview on 05/28/25 at 2:15 PM with the DON revealed Resident #1 barely talked to her. The DON said Resident #1 thought the DON was sarcastic and nagging to her. The DON said Resident #1 did not give any complaints to her.</p> <p>A follow-up interview on 05/28/25 at 3:50 PM with the SW revealed she was the grievance official. She said there was not a way for a resident to file a grievance anonymously, but that a resident could report concerns to her. The SW also said that any staff member could take a grievance and fill it out for the resident.</p> <p>An interview on 05/28/25 at 4:15 PM with the Administrator revealed the facility was in the process of posting grievance forms on the wall so that residents could grab the grievance form and file it anonymously. The Administrator said residents who were bed bound would have to get a form from a staff member. The Administrator said residents who could not file anonymous grievances were at risk for not being able to safely express their concerns.</p> <p>Record review of the facility policy, Grievances, revised December 2023, reflected:</p> <p>It is the policy of this facility to establish a grievance process that allows the resident(s) a way to execute their right to voice concerns or grievances to the facility or other agency/entity without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their facility stay. The facility will make information on how to file a grievance available to the residents and make prompt efforts to resolve grievances that the resident may have .</p>		