STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455727	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Village Healthcare and Rehabilitation	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)
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review, the facility failed to electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS for 1 (CMS for FY Quarter 1 2026) of 4 quarters reviewed for compliance. The facility failed to submit accurate staffing information to CMS for FY Quarter 1 2026 (October 1-December 31). This failure could place residents at risk for personal needs not being identified and met, decreased quality of care, decline in health status, and decreased feelings of well-being within their living environment.Findings included: Review of the CMS PBJ report for CMS for CMS for FY Quarter 1 2026 (October 1-December 31) indicated the facility failed to submit RN coverage for the quarter. During an interview with the Administrator on 05/13/26 at 11:17 AM, he stated Corporate resourced out the facility's PBJ requirements, and the data for FY Quarter 1 2026 (October 1-December 31) was initially rejected and then was not re-submitted within the required timeframe due to an oversight. The Administrator stated the risk of PBJ data not being submitted within the required timeframe included CMS not having accurate data for the facility. Review of CMS' Electronic Staffing Data Submission Payroll-Based Journal, dated June 2025 and reported by the Administrator on 05/13/26 at 11:38 AM to be used as the facility's policy for PBJ data, reflected, .Submission Timeliness and Accuracy. Direct care staffing and census data will be collected quarterly, and is required to be timely and accurate. and .Deadline: Submissions must be received by the end of the 45th calendar day (11:59 PM Eastern Time) after the last day in each fiscal quarter in order to be considered timely. Facilities may enter and submit data at any frequency throughout a quarter. The last accepted submission received before the deadline will be considered the facility's final submission.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455727	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Village Healthcare and Rehabilitation	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to facility properly labeled and stored all drugs and biological in accordance with currently accepted professional principles for medications on 3(300 hall, 100 South Hall, and 100 North Hall) of 4 medication carts reviewed for pharmacy services. The facility failed to ensure Zofran 4 mg prescription medication used to prevent and treat nausea and vomiting was labeled with patients' labels on the 100-south hall -medication cart. The facility failed to ensure Linezolid 600mg prescription antibiotic primarily used to treat bacterial infections was labeled with patients' labels on the 100-south hall -medication cart. The facility failed to ensure Cospt prescription eye drop used to lower the fluid pressure inside your eye in patients with open-angle glaucoma or ocular hypertension (both involve high eye pressure due to improper fluid drainage) was labeled with patients' label on the 100-south hall -medication cart. The facility failed to ensure Acidophilus with pectin (a probiotic to promote the growth of healthy bacteria) which required refrigeration after opening was refrigerated on the 100-south hall -medication cart The facility failed to ensure Resident#98's - Basaglar Kwik Pen (a long-acting insulin prescribed to improve blood sugar control in adults with type 2 diabetes) Injection 100unit was dated after opening on the 100 north hall -medication cart. The facility failed to ensure Resident #120's Novolin 70/30 (a premixed human insulin used to control high blood sugar in people with diabetes) Flex pen was removed for the cart after the resident was discharged from the facility on the 100-north hall -medication cart. The facility failed to ensure Resident#30's - NovoLog insulin prescribed to improve blood sugar control in adults with type 2 diabetes) Injection 100unit was dated after opening on the 100-north hall -medication cart .The facility failed to ensure Resident#86's - Basaglar Kwik Pen (a long-acting insulin prescribed to improve blood sugar control in adults with type 1 or type 2 diabetes) Injection 100unit was dated after opening on the 300 hall -medication cart .The facility failed to ensure LVN C ensured that Resident# 107 swallowed his medication before leaving the resident room. These failures could place residents at risk of medication errors, reduced therapeutic effectiveness, unsafe administration, and potential adverse outcomes due to improper storage of medication. Findings included: Resident#98 Review of Resident #98's Quarterly MDS Assessment, dated [DATE], reflected an [AGE] year-old female admitted on [DATE], and had a BIMs score of 14 indicated she was cognitively intact. The resident had diagnoses which included Type 2 diabetes mellitus (a chronic metabolic condition characterized by insulin resistance and relative insulin deficiency). Review of Resident #98's Comprehensive Care Plan, initiated [DATE], reflected: Resident #98's Has Diabetes Mellitus. Interventions Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Review of Resident #98's active physician orders Dated:[DATE] reflected Basaglar Kwik Pen Subcutaneous Solution Pen injector 100 UNIT/ML (Insulin Glargine) Inject 20 unit subcutaneously one time a day related to TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA((high blood sugar) HOLD FOR FSBG LESS than 100 mg/dl start [DATE]. Resident#120Review of Resident #120's Discharge MDS Assessment, dated [DATE], reflected Resident #120 was admitted on [DATE], she was a [AGE] year-old female, discharged on [DATE]. Resident#30Review of Resident #30's Quarterly MDS Assessment, dated [DATE], reflected Resident #30 was admitted on [DATE], she was a [AGE] year-old female, and had a BIMs score of 12 indicated she had moderate cognitive impairment. The resident had diagnoses which included Type 2 diabetes mellitus (a chronic metabolic condition characterized by insulin resistance and relative insulin deficiency). Review of Resident #30's Comprehensive Care Plan, initiated [DATE], reflected: Resident #30's Has Diabetes Mellitus. Interventions Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Review of Resident #30's active physician orders Dated:[DATE] reflected Novolin (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455727	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Village Healthcare and Rehabilitation	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Insulin Aspart Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Aspart) start [DATE]. Observation on [DATE] at 9:12 AM with LVN B on the 100 north-hallway's medication cart revealed Resident #98's opened Basaglar Kwik Pen ,Resident #120's (discharged Resident) NovoLog 70/30 insulin, and Resident #30's opened Novolin Insulin Aspart did not have an opening date.During an interview [DATE] at 9:16 AM with LVN B stated she was unaware Resident#98's Basaglar Kwik Pen Resident #120's (discharged Resident) opened NovoLog 70/30 insulin, and Resident #30's opened Novolin Insulin did not have opening dates. She stated the nurses were responsible for ensuring all insulin was dated after opening. She stated all insulins should be dated after opening because they expire 28 days after opening She stated that having insulin in the medication cart for residents that was no longer at the facility could result in administering insulin to the wrong resident, which may result in hospitalization She stated she had been in serviced on medication storage and labeling. Observation on [DATE] at 9:14 AM with LVN A on the 100 south-hallway's medication cart revealed opened Acidophilus with pectin was not refrigerated, Cospt with no patients' label, Zofran 4 mg prescription medication with no patients' label, Linezolid 600mg prescription with no patient label. During an interview on [DATE] at 9:18 AM, LVN A stated she thought Zofran was from over-the-counter house supply medication. She stated she was not aware that the acidophilus required refrigeration after opening. She stated the risk was medication losing its potency and not being effective if it was not refrigerated, and manufacturers recommended refrigerating. She stated that all prescription medications should be properly labeled with patients' labels because nurses would not know whose medication it was without a label. She stated she had been in serviced on medication storage. Resident#107 Review of Resident #107s Quarterly MDS Assessment, dated [DATE], reflected Resident #107 was admitted on [DATE] and had a re-entry on [DATE]. He was a [AGE] year-old male, and had a BIMs score of 15 which indicated he was cognitively intact. The resident had diagnoses which included hypertension (a condition in which the force of blood pushing against the walls of your arteries is consistently too high), aphasia (a neurological language disorder that impairs a person's ability to speak, write, and understand both spoken and written language), Review of Resident #107's Comprehensive Care Plan, initiated [DATE], reflected: no areas indicating he can have medication at bedside or self-medicate. Review of Resident #107's active physician orders Dated:[DATE] reflected no orders indicating he can have medication beside or self-medicate. Observation on [DATE] at 11:00AM during initial pool revealed a yellow oval pill in a medication cup on Resident#107 beside table. Resident#107 refused to respond to surveyor's question about the medication at bedside. During an interview [DATE] at 11:02 AM LVN revealed she administered Resident#107's morning medication. She stated she always ensured the residents swallowed their medication before leaving the room. She stated Resident 107 did not have physician orders to self-medicate or have medication at bedside. She stated the risk to the resident was over medicating or missing to take medication. She stated she had been in serviced on medication administration and medication storage and labelling. Resident#86 Review of Resident #86's Quarterly MDS Assessment, dated [DATE], reflected Resident #86 was admitted on [DATE]. She was an [AGE] year-old female, and had a BIMs score of 03 which indicated she had severe cognitive impairment. The resident had diagnoses which included Type 2 diabetes mellitus (a chronic metabolic condition characterized by insulin resistance and relative insulin deficiency). Review of Resident #86's Comprehensive Care Plan, initiated [DATE], reflected: Resident #86's Has Diabetes Mellitus. Interventions Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Review of Resident #86's active physician orders Dated:[DATE] reflected Basaglar Kwik Pen Subcutaneous Solution Pen injector 100 UNIT/ML (Insulin Glargine) Inject 20 unit subcutaneously one time a day related to TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA HOLD FOR FSBG LESS than 100 mg/dl start [DATE]. Observation on [DATE] at 10:15 AM, LVN E on the 300 hallway medication cart revealed opened insulin pens 1. Basaglar Kwik Pen (a long-acting insulin prescribed to improve blood sugar control in adults with type 1 or type 2 diabetes) Injection 100unit. During an interview on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455727	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Village Healthcare and Rehabilitation	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[DATE] at 10:15 AM, LVN E stated that the nurses were responsible for checking that all insulin pens had open dates. She stated that she opened Resident #86's Lantus the previous day and she should have dated it. She stated that it was important to date opened insulins because once they opened insulins expired after 28 days and it would not be effective in reducing blood sugar levels. She stated that she had been in-serviced on medication storage and dating all opened insulins. During an interview on [DATE] at 1:04 PM, the DON stated nurses were responsible for ensuring medication carts were clean, and all medications were properly labeled and not expired. She stated that the ADON audited the medication carts weekly, then the pharmacy consultant checks the medication room, and the medication carts every month. She stated that if a medication were supposed to be refrigerated, it should be refrigerated because the medication could lose its effectiveness. She stated the policy was to remove a discharged resident medication from the cart as soon as they were discharged . She stated all insulins should be dated when they were opened because insulin expired 28 days after opening. She stated that if the nurses are doing the medications rights, they should be able to ensure they give the right medication to the right patient. She stated that the nurses had been in serviced on medication storage. Review of the facility's policy Medication Access and Storage / Drug Destruction Revised 7/2023 reflected the following: Medications requiring storage at room temperature are kept at temperatures ranging from 15 C (59 F) to 30 C (86 F). Review of the facility's policy undated titled Injections, Insulin For storing: Remove insulin from the refrigerator. Wipe off top of bottle with alcohol. Date insulin once removed fridge, (if insulin is not dated, please refer to the date sent from the pharmacy)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455727	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Village Healthcare and Rehabilitation	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure individuals with mental disorders were evaluated and received care and services in the most integrated setting appropriate to their needs for 1 of 5 residents (Resident #10) reviewed for PASRR Level I screenings. The facility did not correctly identify Resident #10 as having a mental illness and did not complete a new PASRR Level I Screening. This failure placed residents at risk of not receiving adequate services or care related to mental illnesses.Findings included: Review of Resident #10's MDS, dated [DATE], reflected he was a [AGE] year-old male who admitted to the facility on [DATE], with a BIMS score of 3, which indicated severe cognitive impairment. Diagnoses included Schizoaffective Disorder (a mental health condition where someone experiences symptoms of schizophrenia, hallucinations or disorganized thinking, along with major mood episodes such as depression or mania). Record review of Resident #10's Comprehensive Care Plan, dated 01/06/26 reflected the resident was taking an anti-psychotic medication to treat schizoaffective disorder. Review of Resident #10's PASRR Level I Screening, dated 12/08/25, reflected there was no evidence that Resident #10 had indicators of a mental illness. During an interview with the MDS Nurse on 05/14/26 at 12:00 PM, she stated she reviewed Resident #10's medical records and stated he was admitted to the facility with the diagnosis of schizoaffective disorder. She stated she reviewed Resident #10's PASRR Level One Assessment and it indicated he did not have a mental illness. She stated the assessment should have indicated he did have a mental illness. During an interview with the MDS Resource Nurse on 05/14/26 at 2:15 PM, she stated Resident #10 was admitted to the facility with a diagnosis of schizoaffective. She stated he was ineligible for PASRR services per the RAI (Resident Assessment Instrument) guidelines. She stated the RAI guidelines state a resident must be diagnosed with a mental illness before the age of 18 to qualify for services. She stated she did not believe Resident #10 was diagnosed with schizoaffective before the age of 18. She stated it would have been in his medical records. The MDS Resource Nurse could not provide a specific date when the resident was diagnosed. She stated the facility did not have a PASRR policy, rather the facility followed RAI guidelines. She stated the MDS nurse would oversee PASRR for the facility but since she was in training, she and a traveling PASRR nurse was helping the facility with PASRR. She stated there was not a risk for residents with mental illness who had incorrect Level 1 PASRR assessments. She stated there would be a disservice for residents with cerebral palsy, autism, etc. as they would not receive services that PASRR could provide.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455727	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Village Healthcare and Rehabilitation	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)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a baseline care plan for each resident that included instructions needed to provide effective and person-centered care for the resident that met professional standards of care within 48 hours of the resident's admission for one (Resident #98) of five residents reviewed for baseline care plans. The facility failed to complete a baseline care plan for Resident #98 within 48 hours of her admission. This failure could place newly admitted residents at risk of not receiving effective and person-centered care and services.Findings included: Review of Resident #98's Face Sheet, dated 05/14/26, reflected she was an [AGE] year-old female, who admitted to the facility on [DATE], with diagnoses including Parkinsonism (a syndrome marked by tremor, muscular rigidity, and slow and difficult movement, occurring as a result of disease of the nervous system or exposure to certain drugs and toxins, and as a neurodegenerative disorder of unknown cause (Parkinson's disease), Type 2 Diabetes Mellitus (a chronic condition characterized by insulin resistance and high blood sugar levels, often manageable through lifestyle changes and medication), Dysphagia (the medical term for difficulty or discomfort in swallowing, which can range from mild problems with certain foods to an inability to swallow at all), and Need for Assistance with Personal Care (refers to a medical or functional status where a person requires help with everyday self-care activities because of physical, mental, or developmental limitations). Review of Resident #98's electronic medical record on 05/13/26 reflected her baseline care plan was completed on 01/28/26 (6 days following her admission). During an interview with the DON on 05/13/26 at 11:00 AM, she stated she had been employed by the facility since March of 2026, and it was her responsibility to oversee the timely completion of baseline care plans. She stated baseline care plans were required to be completed within 48 hours of a resident's admission to the facility. The DON confirmed Resident #98's baseline care plan was not completed within that required timeframe. She stated the risk of baseline care plans not being completed within the required timeframe included the potential for facility staff not knowing the resident's necessary plan of care. Review of the facility's Care Planning policy, dated 07/2025, reflected, .Initial care plan/Interim care plan - initial care plan is started within 48-hours of admission to provide an overview of the resident's care needs. Initial plan of care can be started in PCC/POC and/or through the use of resident care guidelines, shift to shift report.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455727	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Village Healthcare and Rehabilitation	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation for 2 Residents (Resident# 103 and Resident# 8) of 6 Residents reviewed for pharmacy services. The facility failed to ensure proper storage and disposal of Resident #103's Tramadol HCL tab 50mg-(controlled medication) by taping a narcotic medication and storing it in the medication cart. The facility failed to ensure properly disposal of Resident #8's hydrocodone 5-325mg (controlled medication) which expired on [DATE]. These failures could place residents at risk of drug diversion, medication error, and risk of pills contamination due to broken seals.Findings included: Resident#8 Review of Resident #8's Quarterly MDS Assessment, dated [DATE], reflected a [AGE] year-old female admitted on [DATE], and had a BIMs score of 15 which indicated she was cognitively intact. The resident had diagnoses which included Diabetes Mellitus (chronic metabolic condition characterized by insulin resistance and relative insulin deficiency). Review of Resident #8's Comprehensive Care Plan, initiated [DATE], reflected: Resident #8's has acute/chronic pain. Interventions included Administer analgesia medication as per orders. Review of Resident #8's active physician orders Dated:[DATE] reflected Hydrocodone-Acetaminophen Oral Tablet 10-325MG (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 6 hours as needed for pain. Observation on [DATE] at 9:13 AM with LVN A on the 100 south-hallway medication cart revealed Resident #8's Hydrocodone-Acetaminophen Oral Tablet 10-325MG with expiration date of [DATE]. During an interview on [DATE] at 9:16 AM with LVN A stated she was unaware that the hydrocodone had expired. She stated the nurses were responsible for ensuring expired medication was removed from the medications carts and given to the DON for proper destruction. She stated the risk to the residents was medication error and medication not being effective. She stated she had been in service on medication storage. Resident #103 Review of Resident #103's Quarterly MDS Assessment, dated [DATE], reflected an [AGE] year-old male admitted on [DATE], and had a BIMs score of 12 indicated he had moderate cognitively impairment. The resident had diagnoses which included Type 2 diabetes mellitus (a chronic metabolic condition characterized by insulin resistance and relative insulin deficiency), FOLLICULAR LYMPHOMA GRADE II, (a slow-growing non-Hodgkin's lymphoma (a group of blood cancers that develop in the lymphatic system when the body produces abnormal white blood cells). Review of Resident #103's Comprehensive Care Plan, initiated [DATE], reflected: Resident #103's Has acute/chronic pain r/t disease Process. Interventions included Administer analgesia medication as per orders. Give 1/2 hour before treatments or care. Review of Resident #103's active physician orders Dated:[DATE] reflected Ultram Oral Tablet 50 MG (Tramadol HCl) Give 1tablet by mouth every 4 hours as needed for Pain start date [DATE]. Observation on [DATE] at 9:10 AM, of the 100 north hall nurses' carts with LVN B indicated Resident # 103's Tramadol HCl Oral Tablet 50 MG had broken seals and the blister pack secured with tape. The damaged blister packs had the pills still inside at the time the surveyor inspected the medication cart. During an interview on [DATE] at 9:14 AM, LVN B stated the nurses were responsible for checking the medication blister packs for broken seals during the count of narcotics at change of shift. She stated that the risk of a damaged blister would be potential for drug diversion and contamination of the medication. She stated she had been in serviced on medication storage. During an interview on [DATE] at 1:04 PM, the DON stated nurses were responsible for ensuring medication carts were clean and all narcotic medication was properly secured and not expired. She stated that the ADON audited the medication carts weekly, then the pharmacy consultant checks the medication room, and the medication cart every month. She stated the risk was that the nurses would not know if the taped pill was the correct medication. She stated if the nurses did the medication rights, they should realize the medication was expired and not (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455727	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Village Healthcare and Rehabilitation	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	administer it. She stated the nurse had been in serviced on medication administration and narcotic count to include no taping medication but wasting the medication witnessed by another nurse. Review of the facility's policy titled Medication Access and Storage / Drug Destruction Revised 7/2023 reflected the following:Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction and reordered from the pharmacy, if a current order exists. Narcotics are given to the Director of Nursing for destruction. They are inventoried and counted and kept under a double lock system until medication destruction can be completed with the Consultant Pharma

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455727	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Village Healthcare and Rehabilitation	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)
F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to establish and implement smoking safety policies and procedures for 1 (Resident #59) of 6 residents reviewed for smoking safety. The facility failed to complete an initial smoking assessment for Resident #59 to determine the resident's ability to smoke safely, need for supervision, and appropriate smoking interventions in accordance with facility smoking policies. This failure placed residents at risk for smoking related accidents, burns, and other safety hazards.Findings included: Record review of Resident #59's MDS, dated [DATE], reflected he was an [AGE] year-old male who admitted to the facility on [DATE]. He had a BIMS score of 9, which indicated moderate cognitive impairment. His diagnoses included dependence on renal dialysis (routine dialysis treatments because the kidneys are no longer able to filter waste and fluid from the body on their own), Record review of Resident #59's Comprehensive Care Plan, dated 05/12/26, reflected he was at risk for smoking injury. The plan interventions reflected Resident #59 was to have a smoking assessment completed as needed. Record review of Resident #59's physician progress note dated 04/23/26, reflected the resident continued to smoke despite multiple medical comorbidities and was strongly counseled on smoking cessation. The physician noted the resident was at increased risk for cardiovascular and wound healing. Record review of Resident #59's EHR on 05/12/26, reflected the resident did not have an initial smoking assessment. During an interview with the DON on 05/13/2026 at 1:30 PM, she reported she completed audits of smoking assessments for residents. She stated if she saw that one was not completed then she would complete the assessment. She stated the initial smoking assessments were completed upon admission. She stated the risk for a resident not having a smoking assessment was staff would not know their smoking ability, capability, and put their safety at risk. Review of the facility's smoking policy, dated 03/19/26, reflected, Upon admission (7-10 days), residents who desire to smoke will be assessed as well as their ability to do so safely. All new admissions will be on supervised smoking until assessment is reviewed by the interdisciplinary team. The Interdisciplinary Team will accomplish this using the Smoking Assessment form and a review of the resident's clinical record. At the end of this period it will be determined if the resident will be allowed to smoke under supervision with or without protective devices.