STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455861	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Plano Rehabilitation and Nursing Cente	1621 Coit Rd Plano, TX 75075

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455861	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Plano Rehabilitation and Nursing Cente	1621 Coit Rd Plano, TX 75075

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 0825 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 interview and record review, the facility failed to provide specialized rehabilitative services for one of five residents (Resident #1) reviewed for specialized rehabilitative services. The facility failed to ensure Resident #1 received Occupational Therapy (OT), in accordance with her plan of treatment. This failure could place the residents at risk of not meeting their highest practicable well-being.Findings included: Record review of Resident #1's Face Sheet, dated 10/14/25, reflected she was a [AGE] year-old female, who admitted to the facility on [DATE], with diagnoses including hypertensive heart disease with heart failure (a condition where the heart muscle is weakened or stiffened, making it unable to pump blood effectively), polyneuropathy (a condition where multiple peripheral nerves throughout the body are damaged or malfunctioning), and chronic pain syndrome (a condition characterized by persistent pain that lasts for at least 6 months and significantly impacts a person's life). Resident #1 was discharged to the hospital on [DATE]. Record review of Resident #1's MDS Assessment, dated 09/15/25, reflected she had a BIMS Summary Score of 12, indicating she had moderate cognitive impairment. Resident #1 was identified as using a wheelchair and was unable to walk 10 feet. Record review of Resident #1's Care Plan, dated 09/28/25, reflected she had an ADL self-care performance deficit due to her disease process and medical diagnoses. Identified goals included, .the resident will maintain or improve current level of function. Outlined interventions included encouraging Resident #1 to discuss her feelings about her self-care deficit, encouraging Resident #1 to participate to the fullest extent possible with each interaction, encouraging Resident #1 to use her call bell for assistance, etc. There were no interventions which specified the need for rehabilitation services. Record review of Resident #1's Occupational Therapy Evaluation and Plan of Treatment, dated 09/04/25, reflected her plan of treatment included occupational therapy services three times per week for 60 days, from 09/04/25 to 11/02/25. Record review of Resident #1's Occupational Therapy Discharge summary, dated [DATE] (the same day in which the Occupational Therapy Evaluation and Plan of Treatment was completed), reflected the Discharge Summary was initiated but not completed or submitted. Record review of the Provider Notice of Adverse Benefit Determination, dated 10/08/25 (provided to the surveyor following the completion of the investigation, on 10/16/25), reflected the facility requested for Resident #1 to receive Occupational Therapy Services from 09/25/25 to 11/02/25. The letter outlined, .The principal reason for the adverse determination is: The request for Therapy-OT does not meet medical necessity. and .We denied because notes should show why the skills of a therapist are needed. We are missing information about your care (a note including the onset date(s) of the condition being treated). Please send this information if care is needed. During an interview with the Director of Therapy on 10/14/25 at 1:00PM, he stated he had been the interim Director of Therapy since 10/03/25. He stated he did not provide services for Resident #1, but based on her medical records, it appeared as though she received an evaluation for Occupational Therapy the day after her admission to the facility. Resident #1 was recommended to receive Occupational Therapy, per the recommendations of the evaluation. The Director of Therapy stated Resident #1 did not receive Occupational Therapy. He stated an Occupational Therapy Discharge Summary was initiated (but not completed) on the same day as the evaluation was completed, but he did not know why this was done. He stated he did not know why Resident #1 did not receive Occupational Therapy services as recommended. The Director of Therapy stated the individual who completed the Occupational Therapy Evaluation and Plan of Treatment, as well as initiated the Occupational Therapy Discharge Summary, was currently unable to be reached due to being out of the country. The Director of Therapy stated the risk of a resident not receiving therapy services included no progression in their skills and abilities. A policy related to rehabilitation services was requested by the Administrator on 10/14/25 at 1:30PM but was not provided. Per the Administrator, the facility did not have a policy related to rehabilitation services.