

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2026
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Plano		STREET ADDRESS, CITY, STATE, ZIP CODE  3800 W Park Blvd 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)
<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>Based on interview and record review, the facility failed to ensure their activity program was directed by a qualified professional for 1 of 1 staff reviewed for activity professional qualifications. The facility failed to ensure the activities at the facility were directed by a qualified professional who was a qualified therapeutic recreation specialist or an activity professional. This failure could place residents at risk of not receiving an effective activities program developed and implemented for their physical and mental well-being. Findings included: Record review of the staff list provided by the facility revealed the Activity Director was hired 08/24/2024. During an interview on 01/13/2026 at 2:44 p.m., the Activity Director stated she had started doing activities on 10/18/2025. When asked to see her certificate, she stated she did not have it yet and the previous administrator agreed to pay for the certification, but they hadn't gotten that far yet. When asked what the risk was to the residents for her not being certified, she stated she did not have an answer for that. During an interview on 01/13/2026 at 3:11 p.m., the Administrator stated he just learned the Activity Director was not certified and would immediately get her enrolled in the class. He stated the risk to the residents was she might not be able to identify if residents were isolating themselves or secluded and how to deal with that. Record review of the policy Therapeutic Activities Program, dated 09/26/2025 revealed, The facility activities program will be directed by a qualified activities director. The director is responsible for directing the development, implementation, supervision and ongoing evaluation of the activities program. The activities program must be directed by a qualified professional who is a qualified therapeuticrecreation specialist or an activities professional who-(i) Is licensed or registered, if applicable, by the State in which practicing; and(ii) Is:(A) Eligible for certification as a therapeutic recreation specialist or as an activitiesprofessional by a recognized accrediting body on or after October 1, 1990; or(B) Has 2 years of experience in a social or recreational program within the last 5years, one of which was full-time in a therapeutic activities program; or(C) Is a qualified occupational therapist or occupational therapy assistant; or(D) Has completed a training course approved by the State.</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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