| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675058 | A. Building<br>B. Wing | 04/25/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Homeplace Manor Healthcare Center | 425 SW Ave F<br>Hamlin, TX 79520 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | PASARR screening for Mental disorders or Intellectual Disabilities<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Pre-admission Screening and Resident Review (PASRR) Level I assessment accurately reflected the resident's status for one (Resident #1) of 3 residents reviewed for PASRR Level 1 screenings. The facility failed to ensure the accuracy of the PASRR Level 1 Screening for Resident #1. The PASRR Level 1 Screening dated 11/13/25 did not indicate a diagnosis of mental illness, although the diagnosis post-traumatic stress was present upon Resident #1's admission on [DATE]. This failure could place residents with mental illness at risk of not receiving a PASRR Evaluation, individualized care, or special services to meet their needs. Findings included: A record review on 4/25/2026 of the face sheet dated 4/25/2026 revealed Resident #1 admitted on [DATE] and was [AGE] year-old female. A record review on 4/25/2026 of Resident #1's Physician Progress note dated 3/18/2026 revealed diagnoses of generalized anxiety disorder (persistent, excessive and uncontrollable worry about everyday things), panic disorder (sudden episode of intense fear that triggers severe physical reactions when there is no real danger or apparent cause), PTSD (a mental and behavioral disorder that can develop because of exposure to a traumatic event including symptoms of disturbing thoughts, mental or physical distress, and alterations in the way a person thinks or feels). Under the assessment and plan section of this progress note it stated PTSD on multiple meds. A record review of Resident #1's quarterly MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated Resident #1's cognition was intact. Resident #1's active diagnoses included anxiety, depression, and post-traumatic stress disorder. A record review of Resident #1's PASRR Level 1 Screening completed on 11/13/2025 by the referring entity revealed Resident #1 did not have a primary diagnosis of dementia and no indicator of mental illness. During an interview on 4/25/2026 at 11:00am with Resident #1, she stated she had been at the facility since November 2025. Resident #1 stated she had anxiety with panic disorder, PTSD, and depression. Resident #1 stated she has not received any services for mental health. During an interview on 4/25/2026 at 2:07pm, the MDS Coordinator stated Resident #1 had a mental illness diagnosis, thus the PASRR screening was positive, not negative as reflected on the screening form. She stated a corrected screening should have been completed and sent to the local authority for evaluation. The MDS Coordinator stated PASRR was her responsibility, and she would correct the issue. She stated the risk of PASRR not being accurate could be a lack of services for the resident. During an interview on 04/25/26 at 3:49pm, the Administrator stated she expected the PASRRs to be accurate and timely. She stated if an error in a PASRR was later found, a corrected form was sent. The Administrator stated the MDS Coordinator was responsible for the accuracy of PASRR documents. She stated residents may not have received the benefits or treatments they needed, or were entitled to, if the PASRR screening was inaccurate. During a record review of the facility's policy dated November 2023 titled PASRR revealed:6. Follow Texas PASRR Policy for all mandatory meetings and care coordination including any changes that may require a change in residents PASRR status. Review of the Texas Health and Human Services Detailed Item by Item Guide for Local Authorities and Nursing Facilities to Complete the PASRR Level 1 Screening Form, revised June 2023, and accessed at PASRR Forms and Instructions \| Texas Health and Human Services revealed in<br>(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 |
|---|---|---|

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| F 0645<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | part, The PASRR Level I (PL1) Screening Form is designed to identify individuals who are suspected of having mental illness (MI), intellectual disability (ID) or a developmental disability (DD). Developmental disabilities are also referred to as related conditions. If documentation entered on the PL1 Screening Form indicates a suspicion of MI, ID, or DD, a PASRR Evaluation (PE) must be completed to confirm PASRR eligibility. The PE is designed to confirm the suspicion of MI, ID or DD and ensure an individual is placed in the most integrated residential setting receiving the specialized services needed to improve and maintain an individual's level of functioning. Examples of MI diagnoses are:SchizophreniaMood Disorder (Bipolar Disorder, Major Depressive Disorder, or other mood disorder)Paranoid DisorderSevere Anxiety DisorderSchizoaffective DisorderPost-Traumatic Stress SyndromeWhat is not considered an MI:Neurocognitive Disorders, such as Alzheimer's disease, other types of dementia, Parkinson's disease, and Huntington's. (DSM-5*), Depression, unless diagnosed as Major Depression; and Anxiety, unless diagnosed as severe anxiety disorder.*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition |

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| F 0742<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to provide the appropriate treatment and facility services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being for a resident with Post Traumatic Stress Disorder (PTSD) for 1 (Resident #1) of 3 residents reviewed for behavioral health care services. The facility failed to ensure Resident #1, who was diagnosed with depression, anxiety, and post-traumatic stress disorder (PTSD), received the care and services needed in the most appropriate setting, after the resident began to display increased behaviors on 4/15/2026 and requested outpatient psychiatric services. This failure could place a resident with PTSD at risk of not receiving specialized services which would enhance their highest level of functioning and could contribute to residents' decline in physical, mental, and psychosocial well-being.Findings included: A record review on 4/25/2026 of the face sheet dated 4/25/2026 revealed Resident #1 admitted on [DATE] and was a [AGE] year-old female. A record review on 4/25/2026 of Resident #1's Physician Progress note dated 3/18/2026 revealed diagnoses of generalized anxiety disorder (persistent, excessive and uncontrollable worry about everyday things), panic disorder (sudden episode of intense fear that triggers severe physical reactions when there is no real danger or apparent cause), PTSD (a mental and behavioral disorder that can develop because of exposure to a traumatic event including symptoms of disturbing thoughts, mental or physical distress, and alterations in the way a person thinks or feels. Under assessment and plan section of this progress note, it stated PTSD on multiple meds, probably needs psych follow up. A record review on 4/25/2026 of Resident #1 Quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 indicating intact cognition. Resident #1 had clear speech, was understood by others and understood others. Mood section indicated Resident #1 had little interest or pleasure in doing things and feeling down, depressed, or hopeless. Section E revealed no behaviors. Functional abilities reveal Resident #1 was independent with ADLs. Section I Active Diagnoses reveal Resident #1 had anxiety disorder, depression, and PTSD. A record review on 4/25/2026 of Resident #1 Care plan revealed a focus area initiated on 12/11/2025 that resident had behavior problems; verbal aggression, crying, and isolation related to PTSD, depression, and panic disorder. The goal indicated resident will have no evidence of behavior problems by review date. Interventions included administering medications as ordered, anticipating resident's needs, providing opportunity for positive interaction, discussing the resident's behavior and reinforce why behavior is inappropriate, intervene as necessary to protect the rights and safety of others. A record review on 4/25/2026 of Resident #1 physician's orders dated 4/25/2026 revealed behavior monitoring orders, psychoactive medication monitoring, and Psych services to evaluate and treat with order date of 11/17/2025. Resident #1's physician orders also revealed Resident #1 received medication duloxetine and bupropion to treat depression with a start date of 11/17/2025. Resident #1 received alprazolam to treat anxiety with a start date of 12/12/2025. Resident #1 also received temazepam to treat insomnia with a start date of 12/4/2025. A record review on 4/25/2026 of Resident #1 progress notes dated 4/22/2025 written by LVN S revealed Resident #1 made her own appointment with psychiatrist and administrator said to inform Resident #1 that she can't schedule her own appointments and must coordinate with nursing when appointment needs to be scheduled. Resident #1 appointment is on May 12th at 9:30am with Psychiatrist. During an interview on 4/25/2026 at 11:00am with Resident #1, she stated she had been at the facility without psychiatrist services since admission. She stated she has been requesting a psychiatrist for her PTSD and depression and voiced her concerns to the Social Worker and Administrator, and they have not done anything. She stated she made her own appointment with psychiatrist and the Administrator got mad at her for making her own appointment. Resident #1 stated<br>(continued on next page) |

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| F 0742<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | a counselor was coming to the facility to talk to her, but then he stopped coming. Resident #1 stated the counselor was unable to make any medication adjustments and was basically just there to talk to her. During an interview on 4/25/2026 at 12:51pm with the MD, he stated Resident #1 was high functioning and independent with most things. Resident #1 had multiple medical issues and trauma from her past. He stated the biggest reason for Resident #1 being in the facility was because of mental health issues. MD stated he had been recommending mental health services for Resident #1. MD stated he did not know the risk to her not receiving these services because he was not sure there would be a big improvement in her psychological status. MD stated he does not believe Resident #1 has had a negative outcome from not receiving psych services, but he does think she could benefit from them. During an interview on 4/25/2026 at 2:13pm with the Social Worker, he stated Resident #1 was receiving counseling services, but the counselor relocated, and they have not had one in a while. Social Worker stated he comes to the facility once a week and visits Resident #1. Social worker stated he does not believe Resident #1 was at risk of hurting herself or others at this point. During an interview on 4/25/2026 at 3:00pm with the Administrator, she stated Resident #1 refused to see the psychiatrist NP that comes to the facility since admission. Administrator was unable to produce documentation that verified she refused. She stated she does not know why facility has not attempted to seek Resident #1 services with a different mental health entity. Administrator stated Resident #1 made her own appointment for May and will be going to that appointment. Administrator stated Resident #1 had no negative outcome due to not having mental health services, but the risk could include isolation, depression and worsening in mental health status. A record review of the facility's policy dated February 2019 titled Behavioral Health Services revealed .Policy StatementThe facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practible physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and care plan.Policy Interpretation and ImplementationBehavioral health services are provided to residents as needed as part of the interdisciplinary, person-centered approach to care.Residents who exhibit signs of emotional/psychosocial distress receive services and support that address their individual needs and goals for care.6. Behavioral health services are provided by staff who are qualified and competent in behavioral health and trauma- Informed care. |