STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675058	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Homeplace Manor Healthcare Center	425 SW Ave F 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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents, and misappropriation of resident property for 2 of 3 employees (RN and DON) reviewed for employability. The facility failed to ensure evidence that the criminal history was checked prior to the DON and RN being hired or having access to the residents. The facility failed to ensure evidence that the Employee Misconduct Registry or Nurse Aide Registry was checked prior to RN being hired or having access to the residents. The failure could place residents at risk of receiving care from someone who was unemployable, which increased the risk of abuse, neglect, and exploitation. Findings included: Record review of the personnel file for the RN revealed a hire date of 05/06/2026. Further review of the personnel file provided by the BOM reflected the RN had no evidence the facility ran a Criminal History Check prior to her hire date. The BOM provided a document that the RN's criminal history was checked on 05/28/2026 at 10:35 a.m., during the on-site investigation. Further review revealed the Employee Misconduct Registry and Nurse Aide Registry document located in the RN's file reflected the EMR and NAR registries were checked on 05/07/2026, which was after her hire date. Record review of the personnel file for the DON reflected a hire date of 04/28/2026. Further review of personnel record provided by the Business of Manager reflected the DON had no evidence the facility ran a Criminal History Check prior to her hire date. The BOM provided a document that the DON's criminal history was checked on 05/28/2026 at 10:16 a.m., during the on-site investigation. During an interview on 05/28/2026 at 1:22 p.m., the RN said she had been employed at the facility approximately three (3) weeks. During an interview on 05/28/2026 at 2:17 p.m., the DON said she had been employed at the facility approximately a month. During an interview on 05/28/2026 at 3:54 p.m., the BOM said she had been employed at the facility for approximately nine (9) years and in her current position for approximately 11 months. The BOM said she was in housekeeping prior to being hired into her new position. The Business Office Manager said she was trained on her job duties by the corporate trainer, but she did not feel like she received the training she needed to perform her job efficiently. The Business Office Manager said she received training on the new employee process, which included checking the applicants' criminal history and misconduct registry. The Business Office Manager said the main problem was that the facility switched over to a new payroll company and she was overwhelmed within the month of May 2026. The Business Office Manager said the change in software to complete payroll for the facility and her overwhelmed state was the reason the RN's and the DON's criminal history was not conducted and the RN's EMR and NAR were not checked. The Business Office Manager said she fully understood the registries and criminal history of each person that applied for employment were to be checked prior to being hired and having access to the residents. The Business Office Manager said the purpose was to ensure the facility knew the person was safe to work at the facility and would not cause harm to the residents or put the residents in harm. During an interview on 05/28/2026 at 4:12 p.m., the Administrator said the fact that the RN and the DON did not have a criminal history check prior to their hire date did not meet her expectation. The Administrator said the facility had to know if a person had anything in his or her background prior to letting them work in the facility with the residents. The Administrator said her expectation was the (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	registries and back-grounds were checked prior to the hire date. The Administrator said this could have a negative effect on the residents and could adversely affect the staff and residents if someone was hired and put the residents in danger. The Administrator said that the lack of following procedures could increase the residents' risk of abuse and neglect. Record review of the facility's policy, Background Screening Investigations, dated March 2019, revealed the facility would conduct employment background screening checks and criminal conviction investigation checks on all applicants for positions with direct access to residents. Further record review revealed, For any individual applying for the position of certified nursing assistant, nurse, or direct contact with residents, the state nurse aide registry is contacted to determine if any findings of abuse, neglect, mistreatment of individuals, and/or theft of property have been entered into the applicant's file. For any licensed professional applying for a position that may involve direct contact with residents, his/her respective licensing board is contacted to determine if any sanctions have been assessed against the applicant's license.