

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2025
NAME OF PROVIDER OR SUPPLIER  The Park IN Plano		STREET ADDRESS, CITY, STATE, ZIP CODE  3208 Thunderbird LN 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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51652</p> <p>Based on interview, observations, and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs for two (Resident #1 and Resident #2) of three residents reviewed for pharmacy services.</p> <p>The Charge Nurse failed to administer Resident #1 and Resident #2 medications within one hour before or after the scheduled medication time in the morning of 04/29/2025.</p> <ol style="list-style-type: none"> <li>1. The facility failed to administer on time Resident #1's Ascorbic Acid Tablet 500 MG , Oral tablet two times a day as ordered on 03/24/2025.</li> <li>2. The facility failed to administer on time Resident #1 Carvedilol Tablet 3.125 MG, 1 tablet by mouth two times a day for Hypertension on 04/29/25.</li> <li>3. The facility failed to administer on time Resident # 1 Prostat , give 30cc two times a day for protein supplement.</li> <li>4. The facility failed to administer on time Resident #1's Calcium Acetate Oral Tablet 667 MG (Calcium Acetate (Phosphate Binder-control high blood levels of phosphorus), 1 tablet by mouth three times a day for ESRD, take with meals.</li> <li>5. The facility failed to administer on time Resident #1 Robaxin-750 Oral Tablet 750 MG (Methocarbamol-muscle relexant that calms overactive nerves in the body), 1 tablet by mouth three times a day related to Pain (Hold if drowsy).</li> <li>6. The facility failed to administer on time Resident #2 Ciprofloxacin HCl Oral Tablet 250 MG (Ciprofloxacin HCl-bacterial infection treatment), 1 tablet by mouth two times a day for UTI for 7 days.</li> <li>7. The facility failed to administer on time Resident #2 Gabapentin Oral Capsule 400 MG (Gabapentin), 1 capsule by mouth three times a day for pain.</li> </ol> <p>The failure could affect residents by placing them at risk for a delay in medical treatment or worsening in condition.</p> <p>(continued on next page)</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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Findings included:</p> <p>Record review of Resident #1's face sheet, dated 04/29/25, reflected a [AGE] year-old female, with an initial admitted [DATE]. Resident #1 had a diagnosis of Osteomyelitis of Vertebra (bacteria or fungal infection of the spine) Lumbar Region, Morbid (Severe) Obesity due to Excess Calories (body mass index of 40 or higher), Chronic Respiratory Failure with Hypoxia (respiratory system unable to provide enough oxygen to the blood), Hyperlipidemia (Unspecified) (elevated levels of lipids, or fats, in the blood), Other Specified Depressive Episodes (depressive symptoms that don't fully meet the criteria for Major Depressive Disorder or Persistent Depressive Disorder), Essential (Primary) Hypertension (high blood pressure), Constipation (Unspecified) (infrequent bowel movements), Discitis (Unspecified) Lumbar Region (infection or inflammation of intervertebral discs), End Stage Renal Disease, Pain (Unspecified) (musculoskeletal pain followed by dialysis and nerve related pain), Other Fracture of Second Lumbar Vertebra (broken bone in L2 vertebra), Other Long-Term (Current) Drug Therapy (taking a medication on long-term basis), Acquired Absence of Other Specified Parts of Digestive Tract (absence of other parts of digestive system), Acquired Absence of Other Organs (organ lost due to post-procedural or post-traumatic event), Psoas Muscle Abscess (collection of pus in lower lumbar region), Wedge Compression Fracture of Second Lumbar Vertebra Sequela (long-term consequences of a fracture).</p> <p>Record review of Resident #1's physician's order dated 03/03/25 reflected an order for Calcium Acetate Oral Tablet 667 MG (Calcium Acetate (Phosphate Binder), 1 tablet by mouth three times a day for ESRD, take with meals.</p> <p>Record review of Resident #1's physician's order dated 03/03/25 reflected an order for Carvedilol Tablet 3.125 MG, give 1 tablet by mouth two times a day for Hypertension. Hold for SBP less than 110, DBP less than 60, HR less than 60.</p> <p>Record review of Resident #1's physician's order dated 03/06/25 reflected for an order for Robaxin-750 Oral Tablet 750 MG (Methocarbamol), give 1 tablet by mouth three times a day related to Pain, (Hold if drowsy).</p> <p>Record review of Resident #1's MDS, dated [DATE], reflected a BIMS score of 09 which meant Resident #1 had moderate cognition.</p> <p>Record review of Resident #1's physician's order dated 03/10/25 reflected an order for Prostat, give 30cc two times a day for protein supplement.</p> <p>Record review of Resident #1's physician's order dated 03/24/25 reflected an order for Ascorbic Acid Tablet 500 MG, give 1 tablet by mouth two times a day for wound healing.</p> <p>Record review of Resident #1's MAR, dated 04/29/25, reflected the following medications were to be administered at 08:00 AM: Ascorbic Acid Tablet 500 MG, Carvedilol Tablet 3.125 MG, Prostat 30cc, Calcium Acetate Oral Tablet 667 MG, and Robaxin-750 Oral Tablet 750 MG.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #2's face sheet, dated 04/29/25, reflected a [AGE] year-old female, with an admitted [DATE]. Resident #2 had a diagnosis of Acute Diastolic (Congestive) Heart Failure (sudden onset heart failure), Acute Pulmonary Edema (buildup of fluid in lungs), Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation (sudden worsening of COPD), Depression (Unspecified) (symptoms of depression that don't meet criteria for specific type of depressive disorder), Anxiety Disorder (Unspecified) (experience anxiety but not specific), Other Thyrotoxicosis without Thyrotoxic Crisis or Storm (elevated thyroid hormone levels), Generalized Anxiety Disorder (persistent and excessive worry), Hereditary and Idiopathic Neuropathy (Unspecified) (nerve disorder), Coronary Atherosclerosis Due to Calcified Coronary Lesion (calcium build up), Esophageal Obstruction (prevention of food and liquid to pass normal through esophagus), Constipation (Unspecified)(infrequent bowel movements), Muscle Weakness (Generalized) (muscle fatigue throughout body), Difficulty Walking (Not Elsewhere Classified) (problem with balance, coordination, or pain when walking), Adult Failure to Thrive (adult decline in physical, psychological, functional well-being), Major Depressive Disorder (Recurrent, Moderate) (mood disorder), Essential (Primary) Hypertension (high blood pressure with unknown cause), Dyspnea (shortness breath or difficulty breathing).</p> <p>Record review of Resident #2's MDS, dated [DATE], reflected a BIMS score of 15 which indicated that Resident #2 was cognitively intact.</p> <p>Record review of Resident #2's physician order dated 04/22/25 reflected an order for Gabapentin Oral Capsule 400 MG (Gabapentin), give 1 capsule by mouth three times a day for pain.</p> <p>Record review of Resident #2's physician order dated 04/24/25 reflected an order for Ciprofloxacin HCL Oral Tablet 250 MG (Ciprofloxacin HCl), give 1 tablet by mouth two times a day for a UTI for 7 days.</p> <p>Record review of Resident #2's MAR, dated 04/29/25, reflected the following medication Ciprofloxacin HCl Oral Tablet 250 MG was to be administered at 08:00 AM and Gabapentin Oral Capsule 400 MG at 09:00 AM.</p> <p>In an interview and observation on 04/29/25 at 10:08 AM, the Charge Nurse was observed as she passed medications that were in red for Resident #1 and Resident #2. The medications that was listed in red for Resident #1 was Ascorbic Acid Tablet 500 MG, Carvedilol Tablet 3.125 MG, Prostat 30cc, Calcium Acetate Oral Tablet 667 MG, and Robaxin-750 Oral Tablet 750 MG. The medications that was listed in red for Resident #2 was Ciprofloxacin HCl Oral Tablet 250 MG and Gabapentin Oral Capsule 400 MG (which were her last two residents left to complete medication pass. During observation of medication pass, the Charge Nurse stated the color red was an indication that the medication was administered over the one hour grace period after the scheduled time. The Charge Nurse stated passing medications late was not the norm. She stated she had seven additional residents to medicate. The Charge Nurse stated the facility is one nurse short now but another nurse from a sister facility would be transferred to the current facility. She stated the Director of Nursing and the Assistant Director of Nursing usually assisted when they were short staffed. The Charge Nurse stated one of risks of late medication pass was medications ran close together. The Charge Nurse stated the insulin medications were not late, because she did all the insulin first thing in the morning.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/30/25 at 11:01 AM, the Assistant Director of Nursing stated medications should be administered one hour before or one hour after the scheduled medication time. She stated she was not aware residents received their medications late on 04/29/25. The Assistant Director of Nursing stated not all the medications she passed herself were on time. The Assistant Director of Nursing stated by the time she was informed that help was needed on the floor, the nurses were already behind on the medication pass. The Assistant Director of stated usually when help is needed the Assistant Director of Nursing or the Director of Nursing stepped in and assisted with medication pass. The Assistant Director of Nursing stated as an example, a staff person called in today and the Assistant Director got on the floor and assisted with medication pass. She stated the risk of a late medication pass or according to physician's order was medications were given too close together. She also stated another risk was the effectiveness of the medication.</p> <p>In an interview on 04/30/25 at 1:15 PM, the Director of Nursing stated she was made aware on today of the late medications pass on 04/29/25. The Director of Nursing stated the nurses did have to take on more residents due to losing staff. She stated the facility usually had 4 nurses and 67 residents which was usually based on the facility census. She stated on 04/29/25 each nurse had 23 residents which was more than their normal of 19 residents each. The Director of Nursing stated the Charge Nurse did not inform her she needed help on the floor passing medications. She stated she was unaware of how far behind the Charge Nurse was on the medication pass. She stated protocol was medications were passed one hour before or after the liberalized time frame. She stated the risk with late medications was the medications ran close together. She stated one of the risks was late blood pressure medication which could have caused an elevated heart rate. She also stated the risk of giving a diabetic medication late was high or low sugar levels.</p> <p>In an interview on 04/30/25 at 3:21 PM, the Administrator stated he was not aware the Charge Nurse passed the medications late on 04/29/25. The Administrator stated that the facility gave medications one hour before or one hour after but anything after that was considered late. The Administrator stated the risk was that could have caused a reverse effect of whatever the doctor was doing with the resident.</p> <p>Record review of the facility's undated policy titled Medication administration Procedures reflected the following:</p> <p>The five rights of medication should always be adhered to:</p> <ol style="list-style-type: none"> <li>1. Right drug</li> <li>2. Right dose</li> <li>3. Right resident</li> <li>4. Right time</li> <li>5. Right route</li> </ol> <p>The Defining the schedules for administering medications to:</p> <p>Maximize the effectiveness (optimal therapeutic effect) of the medication.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44786</b></p> <p>Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 (Resident #3) of 3 residents reviewed for infection control.</p> <p>1. The Charge Nurse failed to sanitize the blood pressure cuff and the pulse oximeter between Resident #2 and Resident #3 on 04/29/25.</p> <p>This failure could put residents at risk of infection from cross contamination.</p> <p>Findings included:</p> <p>Record review of Resident #2's face sheet, dated 04/29/25, reflected a [AGE] year-old female, with an admitted [DATE]. Resident #2 had a diagnosis of Acute Diastolic (Congestive) Heart Failure (sudden onset heart failure), Acute Pulmonary Edema (buildup of fluid in lungs), Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation (sudden worsening of COPD), Depression (Unspecified) (symptoms of depression that don't meet criteria for specific type of depressive disorder), Anxiety Disorder (Unspecified) (experience anxiety but not specific), Other Thyrotoxicosis without Thyrotoxic Crisis or Storm (elevated thyroid hormone levels), Generalized Anxiety Disorder (persistent and excessive worry), Hereditary and Idiopathic Neuropathy (Unspecified) (nerve disorder), Coronary Atherosclerosis Due to Calcified Coronary Lesion (calcium build up), Esophageal Obstruction (prevention of food and liquid to pass normal through esophagus), Constipation (Unspecified)(infrequent bowel movements), Muscle Weakness (Generalized) (muscle fatigue throughout body), Difficulty Walking (Not Elsewhere Classified) (problem with balance, coordination, or pain when walking), Adult Failure to Thrive (adult decline in physical, psychological, functional well-being), Major Depressive Disorder (Recurrent, Moderate) (mood disorder), Essential (Primary) Hypertension (high blood pressure with unknown cause), Dyspnea (shortness breath or difficulty breathing).</p> <p>Record review of Resident #3's face sheet, dated 04/29/25, reflected a [AGE] year-old female, with an admitted [DATE]. Resident #3 had a diagnosis of Alzheimer's Disease (disorder that affects memory, thinking, and behavior), Hypothyroidism (thyroid gland does not produce enough thyroid hormone), Hypertension (high blood pressure), and Muscle Weakness.</p> <p>In an observation 04/29/25 at 10:30 AM, The Charge Nurse was observed as she went into Resident #2's room and took the blood pressure and pulse of Resident #2. The Charge Nurse was then observed as she returned to the medication cart and placed the blood pressure cuff and pulse oximeter on the cart. The Charge Nurse did not sanitize the blood pressure cuff or the pulse oximeter. The Charge Nurse was then observed as she took the same blood pressure cuff and pulse oximeter into Resident #3's room and checked her vital signs.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/29/25 at 3:15 PM, The Charge Nurse stated she forgot to sanitize the blood pressure cuff and the pulse oximeter. She stated the expectation was for the cuff and the oximeter to be sanitized after each resident usage. The Charge Nurse stated she risked cross-contamination when she failed to sanitize the cuff and the oximeter before she checked the vitals of the next resident.</p> <p>In an interview on 04/30/25 at 11:01 AM, the Assistant Director of Nursing stated she was not aware the Charge Nurse failed to sanitize the blood pressure cuff or the pulse oximeter. She stated the staff were trained and required to sanitize the equipment between residents. The Assistant Director of Nursing stated the risk of not sanitizing the equipment was the spread of germs.</p> <p>In an interview on 04/30/25 at 1:15 PM, the Director of Nursing stated she was not aware the Charge Nurse failed to sanitize the blood pressure cuff or the pulse oximeter between residents. She stated the staff were expected to sanitize items like the blood pressure cuff and oximeter after each resident usage. The Director of Nursing stated the risk of not sanitizing the cuff or the oximeter was infection.</p> <p>In an interview on 04/30/25 at 3:22 PM, the Administrator stated The Charge Nurse should have sanitized the blood pressure cuff and the oximeter. The Administrator stated risk was infection.</p> <p>Record review of the facility's policy, titled, Infection Control Plan Overview, with an original date of 2019 and a revised date of 03/2024, reflected the following:</p> <p>Infection Control</p> <p>The facility will establish and maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>Ensures that reusable equipment is appropriately cleaned, disinfected, or reprocessed.</p>		