STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675113	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Park IN Plano	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety for the facility's only kitchen. The facility failed to ensure food items in the facility's freezer and prep area were labeled and dated. These failures could affect residents by placing them at risk for food-borne illness, and food contamination. Findings included: Observation on 04/07/2026 at 9:35 a.m. revealed the following:*a plastic bag of chicken strips in the freezer was not labeled or dated,*a bag of frosting in the freezer was not labeled or dated,*a plastic bag with 6 slices of toast located in the prep area was not labeled or dated. In an interview on 04/09/2026 at 10:24 a.m., the Dietary Manager revealed that he was responsible for making sure all the items are labeled and dated, he stated he must have overlooked those items. He stated the risk to the residents was they could get sick. In an interview on 04/09/2026 at 11:05 a.m., the Administrator stated that he expected all food in the freezer to be labeled and dated. He stated the risk to the resident is that something could be past its date and someone could risk getting sick. Review of the facility policy Dietary Services Policy and Procedure [NAME] 2021 reflected the following, Open packages of food are stored in closed containers with covers or in sealed bags and dated as to when opened. Food must be covered when stored, with a date label identifying what is in the container. Texas Chapter 228 Retail Food establishments adopts the US FDA food Code.3-302.11 Packaged and Unpackaged Food -Separation, Packaging, and Segregation.(A)FOOD shall be protected from cross contamination by: (4)Except as specified under Subparagraph 3-501.15(B)(2) and in (B) of this section, storing the FOOD in packages, covered containers, or wrappings; 3-302.12 Food Storage Containers, Identified with Common Name of Food.Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding FOOD or FOOD ingredients that are removed from their original packages for use in the FOOD ESTABLISHMENT, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shallbe identified with the common name of the FOOD. 3-602.11 Food Labels.(A)FOOD PACKAGED in a FOOD ESTABLISHMENT, shall be labeled as specified in LAW, including 21 CFR 101 -Food labeling, and 9 CFR 317 Labeling, marking devices, and containers.

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
	675113	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Park IN Plano	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews 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 one (Resident #42) of five residents, reviewed for infection control. The facility failed to ensure CNA A performed hand hygiene during incontinence care for Resident #42. This failure placed residents at risk for healthcare associated cross contamination and infections. Findings included: Review of Resident #42's Quarterly MDS Assessment, dated 02/06/26, reflected the resident was a [AGE] year-old male admitted to the facility on [DATE]. His BIMS score was 11. His cognitive skills were moderately impaired. He was frequently incontinent of urine and always incontinent of bowel. His diagnoses included heart failure, end-stage kidney disease, and diabetes. Review of Resident #42's, Comprehensive Care Plans, dated 11/04/25, reflected:Resident #42 had bowel and bladder incontinence with facility interventions that included, provide peri-care after each incontinent episode. An observation on 04/08/26 at 11:38 AM of incontinence care for Resident #42 revealed CNA A prepared his supplies and positioned the resident. CNA A cleaned the resident's penis and scrotum, changed gloves, and did not perform hand hygiene. The resident turned to his right side and CNA A cleaned bowel movement off of the resident, changed gloves, and did not perform hand hygiene. CNA A applied barrier cream to the buttocks and peri-area, changed gloves, and did not perform hand hygiene. CNA A placed a clean brief, changed gloves, and did not perform hand hygiene. CNA A fastened the resident's brief. In an interview on 04/08/26 11:52 AM, CNA A revealed he was supposed to perform hand hygiene when he changed gloves. CNA A said he did not do it this time because, it slipped my mind. CNA A said it was important to perform hand hygiene for infection control. In an interview on 04/07/26 at 1:49 PM, the Infection Preventionist revealed staff were supposed to perform hand hygiene after glove changes. The Infection Preventionist said staff were trained to perform hand hygiene in March 2026. In an interview on 04/09/26 at 2:10 PM, the DON revealed staff were supposed to perform hand hygiene after glove changes and had completed training for hand hygiene in March 2026. The DON said she monitored hand hygiene by completing spot checks. The DON said failure to perform hand hygiene could lead to the resident getting infection. Record review of the facility policy, Infection Control Plan: Overview, updated March 2024, reflected: .Hand HygieneHand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene. after removing gloves.