STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675177	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Tree Lodge Nursing Center	2711 Pine Tree Rd Longview, TX 75604

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to treat each resident with respect and dignity and provide care in a manner that promoted maintenance or enhancement of his or her quality of life for 1 of 4 residents reviewed for resident rights. (Resident #1)The facility failed to treat Resident #1 with dignity and respect by CNA B not providing privacy during an incontinent change on 05/28/26.This failure could place residents at risk for decreased quality of life, decreased self-esteem and increased anxiety.Findings included:Record review of a face sheet, dated 05/28/26, indicated Resident #1 was a [AGE] year-old female admitted on [DATE] with diagnoses including diabetes (a chronic condition where your body either doesn't make enough insulin or can't use it effectively), recurrent depressive disorders (a mood disorder characterized by repeated episodes of major depression interspersed with periods of normal mood), and stroke(a medical emergency that occurs when blood flow to a part of the brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients).Record review of an annual MDS assessment, dated 04/21/26, revealed Resident #1 had a BIMS of 08, which indicated moderate impaired cognition. Resident #1 was dependent on staff with toileting hygiene.Record review of a care plan, revised on 04/17/26, indicated Resident #1 was incontinent of bowel and bladder. There was an intervention to check the resident and assist with toileting as needed per facility protocols and procedures.During an observation on 05/28/26 at 11:03 a.m., Resident #1 was provided with incontinent care by CNA B. There was no curtain in the middle of the room, and the resident could be seen by her roommate and surveyor. At one point the resident said she wished there was a curtain and CNA B apologized to the resident.During an interview on 05/28/26 at 11:03 a.m., Resident #1 said she was really bothered by there not being a curtain and her roommate could see her being changed. She said it bothered her a lot. She said she was embarrassed.During an interview on 05/28/26 at 11:12 a.m., CNA B said there was no middle curtain between the beds of Resident #1 and her roommate. She said she was unable to pull a curtain between them because there was not one. She said during the care the resident told her she wished there was a curtain. She said she felt bad.During an interview on 05/28/26 at 1:44 p.m., the DON said she expected for privacy to be provided for Resident #1. She said she expected CNA B to have moved blankets to provide privacy or come and got one of them since there was no middle curtain. She said one of them could have held something up to have provided privacy. She said privacy was important because it was Resident #1's right.During an interview on 05/28/26 at 1:55 p.m., the Administrator said staff should always provide privacy for residents. She said there was no curtain in Resident #1's because the room was recently converted for short stays with one resident per room. She said she still would have expected the CNA to have provided privacy or gotten someone to come hang a curtain. She said it was important to save them from being embarrassed. She said residents might have a poor body image.Record review of an undated Resident Rights facility policy indicated, .The resident has a right to a dignified existence.A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life.The facility must protect and promote 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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	rights of the resident.The resident has a right to personal privacy.Personal privacy includes accommodations.personal care.

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to provide the necessary services to maintain personal hygiene for 1 of 3 residents reviewed for ADLs. (Resident #2)The facility failed to ensure Resident #2 received a bath or shower on 05/18/26, 05/22/26, and 05/27/26.This failure could place residents at risk of not receiving care and services to meet their needs, which could result in poor care, feelings of poor self-esteem, and lack of dignity and health.Findings included:Record review of a face sheet, dated 05/28/26, revealed Resident #2 was an [AGE] years old female, admitted [DATE], with diagnoses including recurrent depressive disorders (a mood disorder characterized by repeated episodes of major depression interspersed with periods of normal mood), and stroke (a medical emergency that occurs when blood flow to a part of the brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients), and aphasia following a stroke (a communication disorder caused by a lack of blood flow to the language centers of the brain).Record review of an annual MDS assessment, dated 03/06/26, indicated Resident #2 had a BIMS of 99 which indicated the resident was unable to complete the interview. The MDS indicated Resident #2 required maximal assistance to being dependent on staff for ADLs. Record review of Care Plan last revised on 04/06/26 indicated Resident #2 had an ADL self-care performance deficit related to stroke and limited range of motion on the right sided extremities. There were interventions to assist with personal hygiene as required and bathing required assistance from 1 staff member.Record review of an ADL Task documentation in the electronic health record for Resident #2, dated 04/29/26 - 05/28/26, indicated no baths documented for 05/18/26, 05/22/26, and 05/27/26. Record review of Interdisciplinary Progress Notes, dated 04/29/26 - 05/28/26, did not indicate Resident #2 refused to be bathed or showered.During an interview on 05/28/26 at 10:03 a.m., Resident #2's Family Member #1 said she felt the resident was not being kept clean and was not being bathed.During an interview on 05/28/26 at 11:58 a.m., Resident #2's Family Member #2 said the facility was not keeping the resident clean. The family member said the resident had only had one bath since the first of the year. The family member said the resident did not communicate well.During an interview on 05/28/26 at 12:23 p.m., CNA A said Resident #2 was bathed on Mondays, Wednesdays, and Friday. She said when she worked, she gave the resident her baths. She said all baths were to be documented in the resident's electronic health record. She said she did not know why Resident #2 did not get the baths on 05/18/26, 05/22/26, or 5/27/26. She said Resident #2 was bathed on the shifts she worked.During an interview on 05/28/26 at 1:44 p.m., the DON said it was the CNAs and charge nurses' responsibility to make sure residents were receiving their baths. She said then it was the responsibility of herself and the wound care nurse to make sure residents received their scheduled baths. She said she would expect refusals to be documented in the progress notes. She said she expected all baths to be documented in the ADL tracking in the resident's electronic health record. She said she knew Resident #2 got a shower on 05/27/26. She said she saw the CNA taking Resident #2 into the shower, but she did not document the shower.During an interview on 05/28/26 at 1:55 p.m., the Administrator said she expected residents to be showered or bathed on their scheduled day. She said the CNA should report any refusals to the charge nurse. She said the charge nurse should chart refusals in the progress notes. She said the refusal could also be documented under the ADL task documentation in the resident's electronic health record. She said she would expect all showers to be documented. She said not being bathed was a dignity issue. She said you felt better if showered and clean. She said bathing prevented odor and infection.Record review of an undated, Bath, Tub/Shower facility policy indicated, .Bathing by tub bath or shower is done to remove soil, dead epithelial cells, microorganisms from the skin, and body odor to promote comfort, cleanliness, circulation, and relaxation.Although a daily bath or shower is preferred and necessary for some, the aging skin can be maintained by bathing every two day or with partial baths as needed.The resident (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	will experience improved comfort and cleanliness by bathing.The resident will maintain intact skin integrity.The resident will be free from soil, odor, dryness, and pruritus (itching) following bathing.