| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675305 | A. Building<br>B. Wing | 06/04/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pleasant Valley Healthcare and Rehabilitation Cent | 1525 Pleasant Valley Rd<br>Garland, TX 75040 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| F 0925<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.<br><br>Based on observation, interview and record review the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents for 1 of 1 facility kitchen reviewed for environment .The facility failed to maintain an effective pest control system to prevent the presence of flies in the facility's only kitchen. This failure could place residents at risk for an unsafe environment. Findings were:During an observation on 06/03/26 at 9:30 AM, revealed the back door of the kitchen was propped open with a marble rock. During an observation on 06/03/2026 at 9:30 AM, flies were in the kitchen near the food preparation area. During an interview on 06/03/26 at 9:35 AM with the acting Dietary Manager, she stated the risk of the back door being propped open was the kitchen was not secured and flies or rodents could come into the kitchen. She stated the back door was the entrance for all grocery deliveries, which presented a pest problem when the door was open.During an interview on 06/03/26 at 9:40 AM, [NAME] I revealed the exit door to the kitchen should never be propped open. [NAME] I stated the risk of the door being left open was pests such as flies would come in. During an interview on 06/03/26 at 9:55 AM, [NAME] J revealed the exit door was not to be propped open or left unlocked due to the safety of the staff and residents. The risk of leaving the door opened was the flies and rodents could enter the facility through the open door .In an interview on 6/04/17 at 4:00 PM, the Administrator revealed the back door in the kitchen should not be propped opened. The Administrator stated groceries were delivered through the same door. Pest control went monthly and as needed . Record review of the facility's, undated Pest Control policy reflected: It is the policy of this facility to provide an environment free of pests. PROCEDURES: The facility will have a pest contract that provides frequent treatment of the environment for pests; It will allow for additional visits when a problem is detected; Monitoring of the environment will be done by the facility's staff; Pest Problems will be reported promptly. |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure the services provided or arranged by the facility, as outlined by the comprehensive care plan, met professional standards of quality for 1 of 3 residents (Resident #10) reviewed for treatment of pressure ulcers. The facility failed to follow Resident #10's physician orders to ensure the resident had heel protectors on while in bed on 06/04/26. This failure could place residents at risk of developing new or worsening pressure ulcers. Findings include:Record review of Resident #10's quarterly MDS, dated [DATE], reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #10 had diagnoses which included Alzheimer's disease (a type of dementia that affects memory, thinking and behavior), foot drop left foot (inability to lift the front part of the foot due to muscle weakness or nerve damage) and muscle contracture (a type of scarring in soft tissues causing them to tighten and stiffen). Resident #10 had a BIMS score of 2, which indicated severe cognitive impairment. Resident #10 was dependent on staff for all ADLs. Record review of Resident #10's care plan, dated 06/04/26, reflected the Resident wore bilateral heel boots while in bed with interventions which included apply bilateral heel boots while in bed and float heels.Record review of Resident #10's physician orders reflected the following orders:- Offload heels with pillows while in bed Q shift - start date 12/09/25- Apply bilateral heel boots while in bed every shift for protect heel - start date 12/10/25 During an observation and interview on 06/04/26 at 9:46 AM, revealed Resident #10 was lying in bed with no heel protectors on. Resident #10's lower legs were propped up on a pillow . Resident #10 was not interviewable. During an observation on 06/04/26 at 10:42 AM, revealed Resident #10 was lying in bed and no heel protectors were observed on the resident or in the room. During an interview on 06/04/26 at 12:40 PM, CNA B stated she had not seen any heel protectors for Resident #10 and had not used them for her. She said she always put a pillow underneath for Resident #10's heels to relieve pressure. She stated if not done it could make the wound worse . During an interview on 06/04/26 at 1:44 PM, LVN C stated she was working on the hall for another nurse who had to leave and was aware Resident #10 had a wound on the left heel. She stated she was not aware Resident #10 had orders for heel protectors , and nobody had told her the resident did. She stated the heel protectors were to help the wound heal and prevent other issues from developing. During an interview on 06/04/26 at 2:19 PM, ADON A stated CNAs, Nurses and she were responsible for ensuring the heel protectors were placed on Resident #10 while she was in bed and to verify they were on. She stated she did not know why Resident #10 did not have them today (06/04/26). ADON A stated they were used to protect the heels from the pressure of the mattress. She said the risk to Resident #10 was the left heel could get worse . During an interview on 06/04/26 at 3:09 PM CNA D stated Resident #10 was supposed to have boots on while in bed and CNA's were responsible to ensure she was wearing them. He said they were worn to help the tissue and if not done could make the wound worse.During an interview on 06/04/26 at 3:43 PM, RN E stated Resident #10 was supposed to have boots all the time while in bed. She stated the CNAs, nurses and the wound care nurse were responsible to make sure they were on. She said the risk to residents if not worn was it could lead to pressure sores and could make a pressure sore worse. During an interview on 06/04/26 at 4:48 PM, the DON stated Resident #10 did have heel boots and if they were not present they were probably being washed. She stated the heel protectors were to offload the heels and reduce pressure. She said her expectation was for staff to implement appropriate measures to reduce pressure. Record review of the facility's policy titled, Skin and Wound Monitoring and Management, revised 12/2023, reflected in part: Procedure.3. Prevention: In order to prevent the development of skin breakdown or prevent existing pressure injuries from worsening, nursing staff shall implement the following approaches as appropriate and consistent with the resident's care plan: .d. Use pressure relieving/reducing and redistributing devices (including but not limited to low air loss mattresses, wedges, pillows, etc .).5. Treatment a. Continue preventive<br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | measures as appropriate, including but not limited to: Pressure reduction.6. Monitoring a. Daily via medication administration and treatment administration records. Confirm all orders have been implemented as ordered. |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>Based on observation, interview and record review the facility failed to provide pharmaceutical services, including procedures that assured the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 1 of 3 medication carts (Hall 400 nurses' medication cart) reviewed for pharmacy services.The facility failed to ensure expired medications were removed from the Hall 400 nurses' medication cart.This failure could place residents at risk of not receiving the therapeutic benefit of medication or an adverse drug reaction. Findings include:During an observation on 06/03/26 at 1:21 PM of the Hall 400 nurses' medication cart with LVN G, two bubble packs of Dicyclomine capsules 2 mg one with 30 pills and the other with 18 pills (used to treat functional bowel/irritable bowel syndrome by relaxing the muscles in the stomach and intestines to reduce cramping and spasms) with an expiry date of 03/31/2026. During an interview on 06/03/26 at 1:48 PM, LVN G stated she was responsible for checking the cart for expired medications. She stated she checked her cart for expired medications that morning, and she missed the expired medication. LVN G stated she checked her cart daily for expired medication and expiry dates. LVN G said failing to remove the expired medication could result in the medications being administered which could cause the residents not to get the required therapy. She stated the risk of having expired medication if administered was, it would not be effective. During an interview on 06/03/26 at 2:20 PM, ADON B revealed his expectation was for nurses to check their cart for expired medications every week. He stated the ADON's were responsible for checking behind the nurses weekly. He said the last time he audited the cart was on 5/29/2026 and he also missed the expired medications. He stated the risk of having expired medications on the cart was it being administered, and they would not be effective.During an interview on 06/04/26 at 3:47 PM, the DON stated her expectation was all nurses were responsible for checking the carts every shift, to ensure expired medications were removed from the carts. She stated it was the responsibility of ADON to go behind the nurses weekly and ensure expired medications were being removed from the carts. She stated she was not sure when the ADON last checked the carts. She said the cart was last checked on 06/02/2026 by the pharmacist and she also missed the expired medications. She stated if expired medications were administered, it could place residents at risk of having side effects.Record review of the facility's Medication Access and Storage / Drug Destruction policy, dated January 2026, reflected: . Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction and reordered from the pharmacy, if a current order exists |

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| F 0800<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide each resident with a nourishing, palatable, well-balanced diet that met his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident for 1 of 1 (Resident #85) residents reviewed for food and nutrition services.The facility failed to ensure that Resident #85 received his breakfast meal tray. This failure could place residents at risk of not meeting the nutritional needs of the residents.Findings include:Record review of Resident #85's admission record, dated 06/04/2026, revealed a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #85 had diagnosis which included cerebral infarction (an ischemic stroke caused by the blockage of a blood vessel in the brain, where the specific artery or cause does not fit into standard diagnostic categories like the carotid or cerebral arteries), seizures (abnormal electrical activity in the brain that affects consciousness, muscle control and behavior), and asthma (a condition that causes airways to swell, narrow and fill with mucus).Record review of Resident #85's admission MDS, dated [DATE], revealed Resident #85's BIMS score was 05 , which indicated severe cognitive impairment. Resident #85 usually was understood stating ability to express ideas and wants. He had difficulty communicating some words or finishing thoughts but was able if prompted or given time. Resident #85 usually understood verbal content but missed some part/intent of messages but comprehended most of the conversation.During an interview on 06/03/26 at 9:54 AM, LVN F revealed he received report of a new admission. He said when residents admitted , they gave the diet form to the kitchen. He said when he administered medication he went and checked on them. The reason he did not get him was he thought the kitchen made a mistake. He said the CNA was supposed to let him know Resident #85 did not get a tray. The CNA was supposed to notify him if a resident missed a tray. If a meal was missed the risk was malnutrition fatigue and adverse reaction when getting medications.During an interview on 06/03/26 at 10:30 AM, CNA G revealed she helped with cleaning and passing trays. CNA G said she was the one who passed trays on Hall 100 and she only passed what was on the cart and she did not know there was a new resident in the room because she did not read the names on the doors. During an interview on 06/03/26 at 10:32 AM, CNA H revealed she was assigned 100 and 200 halls. CNA H stated she did her rounds in the morning, and she knew she had a new resident. She said they checked meal tickets. She said she did not check the morning she passed trays because she was on 100 hall trying to feed a resident who's family requested to be fed before she took her pills. CNA H said she started on 100 hall and then came back to 200. She said she had not noticed the resident did not eat until later at 09:30 when the DON came and asked her whether she passed the tray. CNA H went to the kitchen, and they were preparing a tray, and she left and she did not know who passed the tray. The risk of not getting a tray would be the resident would feel hungry.During an interview on 06/04/26 at 12:36 PM, Resident #85 revealed he received his dinner tray on Tuesday evening, 06/02/26, when he was admitted to the facility. He stated he did not receive his breakfast tray Wednesday morning, on 06/03/26. He stated he did receive breakfast today, 06/04/26, and he was waiting on lunch now . During an interview on 06/04/26 at 3:30 PM, the RD revealed the staff were in-serviced on the importance of following up on new admissions to make sure the residents diet cards were implemented to avoid a missed meal. The RD stated the [NAME] and the Dietary Aide were to both supposed to check that new admission information was provided from the nursing department and diet slips were implemented.During an interview on 06/04/26 at 4:00 PM, the Administrator revealed when a new admission arrived at the facility, nursing implemented the diet ticket for the new admission and took it to the kitchen for the kitchen staff to add to the meal tickets for meals. The Administrator stated a resident would not get a tray if the meal ticket was not implemented from the diet ticket.The facility did not have a policy regarding residents receiving daily meals. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in the facility's only kitchen reviewed for food and nutrition services.The facility failed to ensure the seal on the walk-in freezer door was replaced properly.This failure could place residents at risk of not having essential equipment maintained and in working order. Findings include:During an observation on 06/02/2026 at 10:00 AM, revealed ice buildup was accumulated along the door frame, threshold, and on the boxes of food items on the shelves in the walk in-freezer . During an interview on 06/02/2026 at 10:00 AM, the acting Dietary Manager stated Maintenance was responsible for ensuring the freezer was clean. She stated she noticed the ice buildup today and would request maintenance to replace the seal around the door or the freezer. The facility did not have a Maintenance Director. A Maintenance Director from another facility would have to come in and repair the seal on the door. The acting Dietary Manager stated the risk was the freezer could maintain the correct temperature if the door was not able to shut correctly due to the ice build-up . During an interview and observation on 06/03/2026 at 9:45 AM, revealed ice buildup was still accumulated along the door frame and the door would not close easily. The acting Dietary Manager revealed the Maintenance Director cleared all the ice the day before, but there was ice accumulated again. The acting Dietary Manager did not know if the seal had been replaced. During an interview on 06/04/2026 at 4:00 PM, the Administrator stated he expected kitchen staff to report to the Maintenance Director and himself if major repairs were needed, including the freezer, stove, or dishwasher. The Administrator stated if the freezer was not working it could affect the quality of the food if the temperature was not kept within range. Record review of the U.S. FDA Food Code 2022 revealed, .4-501.11 Good Repair and Proper Adjustment.(A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2.(B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>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 of 3 medications carts (Nurses cart for hall 400) reviewed for infection control practices.1. LVN G failed to disinfect the glucometer machine after checking blood sugars for unknown residents. 2. LVN G failed to discard the used glucometer strip in biohazard container and had left the used glucometer attached with a used strip with dried blood on the drawer of 400 nurse's cart. These failures could place residents at risk of exposure to infectious agents and could lead to the development of infection. Findings include :During an observation on 06/03/26 at 1:21 PM with LVN G, revealed there was a glucometer with a used test strip inserted in her medication cart drawer. During an interview and observation with LVN G on 06/03/26 at 1:51 PM, she revealed the glucometer connected to the strip was in the drawer. The strip was observed with dry blood on it. She stated she was supposed to use the disinfectant wipes to clean the glucometer after using it. She said she was supposed to discard the used strip into a biohazard container afterwards to prevent the spread of infection and cross contamination, but she could not tell how it happened. She stated she received training on the care and disinfection of reusable equipment, but she could not recall when .No observation made of her moving between residents. She was asked why she had not disinfected the glucometer, but she could not explain.During an interview and observation with the ADON on 06/03/26 at 2:23 PM, he revealed the strip had blood. He said his expectation was for staff to disinfect the reusable equipment after using it on a resident. He stated he also expected staff to discard non-reusable contaminated items after use in the biohazard container. He stated failure to disinfect reusable equipment after use could also lead to cross contamination. He stated failure to discard contaminated items could lead to infection and cross contamination. He stated the facility management and him were responsible for auditing to ensure staff were practicing infection control procedures. During an interview with the DON on 06/04/26 at 3:44 PM, she revealed her expectation was for staff to maintain clean equipment. She said she expected staff to disinfect the reusable equipment after use and dispose of used strips in the biohazard container attached to the nurses' carts. She said they should not put contaminated strips and glucometer in the cart. She stated failure to disinfect reusable equipment after use could also lead to cross contamination and spread of blood pathogens. She said management was responsible for checking on staff to ensure they were observing measures to prevent the spread of infection. She stated she did training on infection control and care of re-usable items and discarding sharps and strips in the biohazard containers.Record review of the facility's current Infection Control policy, dated October 2022, reflected the following: .C Patient-care equipment (e.g., blood pressure cuffs). It is preferred dedicated or disposable patient-care equipment be used. If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient. |