STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675307	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Manor Healthcare Residence	831 Tehuacana Hwy Mexia, TX 76667

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Pre-admission Screening and Resident Review (PASRR) Level I assessment accurately reflected the resident's status for one (Resident #6) of three residents reviewed for PASRR Level 1 screenings. The facility failed to refer Resident #6 to the appropriate state designated MH/ID authority for evaluation. Resident #6 was diagnosed with a mental illness prior to admission. This failure could affect residents with mental illness placing them at risk for a diminished quality of life and not receiving necessary care and services in accordance with individually assessed needs. Findings included: Record review of a Face Sheet dated 12/11/25 for Resident #6 revealed an [AGE] year-old male admitted initially to the facility on [DATE] and readmitted on [DATE]. His diagnoses included schizoaffective disorder (a serious mental illness blending symptoms of schizophrenia (psychosis like hallucinations/delusions) major mood disorder (depression or mania); vascular dementia, moderate, with anxiety (a stage of dementia due to blood flow issues in the brain where thinking/memory problems are significant (moderate), and the person experiences significant worry, nervousness, or fear (anxiety)). Review of Resident #6's quarterly MDS assessment dated [DATE], reflected a BIMS score of 9 which indicated moderately impaired cognition. No neurological diagnoses (disease that affects the brain or nerves), including non-Alzheimer's dementia, were identified. Review of Resident #6's comprehensive care plan, revised 11/25/2025, reflected in part, Focus - [Resident #6] has Impaired cognitive function/dementia or impaired thought process r/t Dementia. Goals - The resident will maintain current level of cognitive function . Interventions - Administer medications as ordered. Monitor/document side effects and effectiveness . Review of Resident #6's PASRR Level 1 Screening completed on 01/18/22 by the referring nursing facility reflected Resident #6 had a diagnosis of dementia and schizoaffective disorder. Interview on 12/11/25 at 4:02 PM, the MDS Coordinator stated the PASSR was to determine if an individual had a mental disease or illness or IDD and required resources that they were not receiving in the community. The referring entity (hospital, group home, hospice/home health or family) is responsible for completing the PASSR. The MDS Coordinator stated the facility has 72 hours to upload into electronic system. If it's negative, it pretty much stops there. If it is positive, it sends an alert to local authority and it is then determined if it is truly positive. If the PASSR is incorrect, the regulation is to put it as it was provided to the facility. The MDS Coordinator stated if the PASSR is not completed accurately, someone could miss services that they need or can benefit from. Interview on 12/11/25 at 4:08 PM, the ADM stated the PASSR is showing if they have MHMR and if they need services. The people who are discharging the patient are responsible for completing the PASSR. Once the facility receives the PASSR paperwork, it is given to the MDS Coordinator, and she processes the information on it. She then sets up the services based on their needs. If the PASSR is filled out incorrectly, the MDS Coordinator corrects it. If the PASSR is filled out incorrectly, the residents might miss out on services they may need (wheelchairs and things like that). The ADM stated her expectations are for the PASSR to be filled out accurately coming from the hospital and they will look over it. They will make sure to follow through to make sure it is correct so the residents can get the (continued on next page)

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	services they need. Interview on 12/11/25 at 4:13 PM, the DON stated the PASSR is to screen people for intellectual disabilities. The referral comes from the hospital or wherever they are coming from. Once they receive the PASSR it goes to the MDS Coordinator, and it is uploaded into their electronic system. If it triggers positive, then she lets IDT the team know. If the PASRR is filled out incorrectly, there is a form they can fill out to correct the mistake. If the PASSR is not filled out accurately, people with special needs and intellectual disabilities may not have their needs met. The facility's PASRR policy was requested from the ADM, 12/11/2025 at 4:15 pm and the facility did not have a related policy. Review of the facility's policy admission Criteria revised March 2019 reflected the following: 9. All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-admission Screening and Resident Review (PASARR) process.a. The facility conducts a Level I PASRR screen for all potential admissions, regardless of payer source, to determine if the individual meets the criteria for an MD, ID, or RD.b. If the level I screen indicates that the individual may meet the criteria for an MD, ID, or RD, he or she is referred to as the state PASARR representative for the Level II (evaluation and determination) screening process.(1) The admitting nurse notifies the social services department when a resident is identified as having a possible (or evident) MD, ID, or RD.(2) The social worker is responsible for making referrals to the appropriate state-designated authority.c. Upon completion of the Level II evaluation, the state PASARR representative determines if the individual has a physical or mental condition, what specialized or rehabilitative services he or she needs, and whether placement in the facility is appropriate.d. The state PASARR representative provides a copy of the report to the facility.e. The interdisciplinary team determines whether the facility is capable of meeting the needs and services of the potential residents that are outlined in the evaluation.f. Once a decision is made, the state PASARR representative, the potential resident and his or her representative are notified.10. The preadmission screening program requirements do not apply to residents who, after being admitted to the facility, were transferred to a hospital.11. The state may choose not to apply the preadmission screening requirement if:a. the individual is admitted directly to the facility from a hospital where he or she received acute inpatient care.b. the individual requires facility services for the condition for which he or she received care in the hospital; andc. the attending physician has certified (prior to admission) that the individual will need less than 30 days of care at the facility.

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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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure that the medication error rate was not five percent or greater. Upon observation of medication pass on 12/09/2025 beginning at 9:18AM, the medication error rate was 100% based on 31 out of 31 medications being administered late for 2 of 2 residents (15 and #17) by MA #A. The medication error rate was 100% based on 31 out of 31 medications being administered late for 2 of 2 residents (#15 and #17) by MA A. The failure could place residents at risk of incomplete therapeutic outcomes, increased negative side effects, and decline in health. 1. Record review of Resident #15's face sheet dated 12/09/2025, revealed a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses include Vitamin D Deficiency, Hypokalemia (a condition where the blood's potassium level drops too low), Hypothyroidism (abnormally low activity of the thyroid gland), Essential Hypertension (high blood pressure with no single identifiable cause), Unspecified Asthma (chronic lung condition where airways narrow), Gastro-esophageal Reflux (chronic condition where stomach acid flows back into the esophagus), Epilepsy (condition characterized by recurrent, unprovoked seizures), Chronic Right Heart Failure (occurs when the right side of the heart cannot pump enough blood to the lungs), COPD (a condition involving the constriction of the airways and difficulty or discomfort in breathing), and Schizoaffective Disorder (mental illness blending symptoms of schizophrenia and those of a mood disorder).Record review of resident #15's admission MDS dated [DATE] revealed a BIMS of 15 (indicated cognitively intact of normal thinking and memory). Record review Resident #15's physician's orders for 8:00AM medications reveal the following:Aspirin 81 Oral Tablet 1 by mouth one time a day for DVT prophylaxisCalcium + vitamin D3 Oral Tablet 500-5mg 1 tablet by mouth one time a day related to Vitamin D DeficiencyCholecalciferol Tablet 1000 units 1 tablet by mouth one time a day related to Vitamin D DeficiencyCyanocobalamin Tablet 1000mcg 1 tablet by mouth one time a day for supplementFarxiga oral tablet 10mg 1 tablet by mouth one time a day related to Chronic Right Heart Failure (hold for SBP<100, DBP<60)Ferrous sulfate Tablet 325mg give 1 tablet by moth one time a day related to AnemiaFolic Acid 1mg give 1 tablet by mouth one time a dayFurosemide Oral Tablet 40mg give 1 tablet by mouth one time a day related to Chronic Right Heart FailureGuaifenesin Oral Tablet 400mg give 1 tablet by mouth three times a day for chronic Cough/congestionHydrochlorothiazide oral Table 12.5mg give 1 tablet by mouth one time a day related to Chronic Right Heart Failure (hold for SBP<100, DBP<60)Keppra Oral Tablet 500mg give 1 tablet by mouth 2 times a day related to EpilepsyPotassium Chloride ER Tablet 20 Meq give 2 tablets by mouth two times a day.Sertraline 50mg Oral Tablet give 1 tablet by mouth one time a day related to Major Depressive DisorderBased on observation of medication administration for Resident #15, on 12/09/2025, by MA A began at 9:18AM included the following medications:Aspirin 81 Oral 1 Tablet Calcium + vitamin D3 Oral Tablet 500-5mg 1 tablet Cholecalciferol Tablet 1000 units 1 tablet Cyanocobalamin Tablet 1000mcg 1 tablet Farxiga oral tablet 10mg 1 tablet Ferrous sulfate Tablet 325mg 1 tablet Folic Acid 1mg give 1 tablet Furosemide Oral Tablet 40mg 1 tablet Guaifenesin Oral Tablet 400mg 1 tablet Hydrochlorothiazide oral Tablet 12.5mg 1 tablet Keppra Oral Tablet 500mg 1 Potassium Chloride ER Tablet 20 Meq 2 tablets Sertraline 50mg 1 TabletRecord Review of Resident #15's Medication Administration Audit Report, the following medications were administered MA A at the following times:09:19AM Aspirin 81 Oral Tablet 1 09:19AM Calcium + Vitamin D3 Oral Tablet 500-5mg 1 tablet 09:29AM Cholecalciferol Tablet 1000 units 1 tablet 09:20AM Cyanocobalamin Tablet 1000mcg 1 tablet 09:23AM Farxiga oral tablet 10mg 1 tablet 09:21AM Ferrous sulfate Tablet 325mg 1 tablet 09:30AM Folic Acid 1mg give 1 tablet 10:06AM Furosemide Oral Tablet 40mg give 1 tablet 09:21AM Guaifenesin Oral Tablet 400mg give 1 tablet 09:30AM Hydrochlorothiazide oral Table 12.5mg give 1 tablet 09:25AM Keppra Oral Tablet 500mg give 1 09:25AM Potassium Chloride ER Tablet 20 Meq 2 tablets 09:26AM Sertraline 50mg Oral Tablet 1 tablet 2. Record review of Resident #17's face sheet dated 12/09/2025, revealed a [AGE] year-old (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	female admitted to the facility on [DATE]. Her diagnoses include Bipolar Disorder (brain disorder causing extreme shifts in mood, energy, activity levels, and concentration, cycling between highs and lows), Dry Eye Syndrome (eyes do not produce enough quality tears), Acute Systolic Heart Failure (heat's left ventricle cant squeeze forcefully enough), Gastro-esophageal Reflux Disease (chronic digestive disorder where stomach acid frequently flows back into the esophagus), Vitamin D Deficiency, Chronic Kidney Disease (long term condition where kidneys are damaged and cannot flite blood well), Hyperlipidemia (too many fats in the blood), Essential Hypertension (high blood pressure with no single identifiable cause). Record review of resident #17's Quarterly MDS dated [DATE] revealed a BIMS of 15 (indicates cognitively intact of normal thinking and memory). Record review Resident #17's physician orders for morning medications on 12/09/2025 reveal the following:Calcium 500 + D oral tablet 500 milligram dash 5 milligram dash MCG one tablet by mouth two times a day for supplementCarboxymethylcellulose sodium ophthalmic solution instill one drop in both eyes one time a day related to dry eye syndromeCymbalta oral capsule delayed release particles 30 milligrams give one capsule by mouth one time a day Related to major depressive disorderAspirin delayed release 81 milligrams 1 tablet by mouth once a day for preventativeFerrous sulfate tablet 325 milligrams give one tablet by mouth two times a day related to chronic kidney diseaseFolic acid tablet 1 milligram one tablet by mouth one time a day Headed to severe obesityFurosemide tablet 20 milligrams give one tablet by mouth one time a day related to acute systolic heart failureGabapentin tablet 300 milligrams give one tablet by mouth everyday multivitamin mineral tablet give one tablet by mouth once a day for supplement Potassium chloride ER tablet extended release 10 milliequivalents give one tablet by mouth one time a day for acute potassium depletionSodium chloride tablet 1g give one tablet by mouth one time a day for electrolyte supplement Topamax 50 milligrams orally 2 times a day related to migraine Tricore tablet 145 milligrams give one tablet by mouth one time a day related to hyperlipidemia Trileptal 300 milligrams give one tablet by mouth two times a day related to bipolar disorder Vitamin D3 tablet 125 micrograms give one tablet by mouth two times a day related to vitamin D deficiencyBased on observation of medication administration on 12/09/2025, administration by MA A began at 9:31AM included the following medications:Calcium 500 + D oral tablet 500 milligram dash 5 milligram dash MCG Carboxymethylcellulose sodium ophthalmic solution Cymbalta oral capsule delayed release particles 30 milligrams Aspirin delayed release 81 milligrams 1 tablet Ferrous sulfate tablet 325 milligrams give one tablet Folic acid tablet 1 milligram give one tablet Furosemide tablet 20 milligram give one tablet Gabapentin tablet 300 milligrams give one tablet Potassium chloride ER tablet extended release 10 milliequivalents 1 tabletSodium chloride tablet 1g 1 tabletTopamax give 50 milligrams 1 tablet Tricore tablet 145 milligram 1tablet Trileptal 300 milligrams 1 tablet Vitamin D3 tablet 125 micrograms 1 tablet Record Review of Resident #17's Medication Administration Audit Report, the following medications were administered at the following times:09:39 AM Calcium 500 + D oral tablet 500 milligram dash 5 milligram dash MCG 09:52 AM Carboxymethylcellulose sodium ophthalmic solution 09:42 AM Cymbalta oral capsule delayed release particles 30 milligrams 09:39 AM Aspirin delayed release 81 milligrams 1 tablet 09:40 AM Ferrous sulfate tablet 325 milligrams give one tablet 09:42 AM Folic acid tablet 1 milligram give one tablet 09:45 AM Furosemide tablet 20 milligram give one tablet 09:43 AM Gabapentin tablet 300 milligrams give one tablet 09:43 AM potassium chloride ER tablet extended release 10 milliequivalents 1 tablet09:40 AM sodium chloride tablet 1g 1 tablet09:40 AM S Sodium chloride tablet 1g 1 tablet 09:45 AM Topamax gives 50 milligrams 1 tablet 09:42 AM Tricore tablet 145 milligram 1tablet 09:44 AM Trileptal 300 milligrams 1 tablet 09:41 AM Vitamin D3 tablet 125 micrograms 1 tabletOn 12/09/2025 at 10:00 AM an interview was conducted with MA A. She stated the medications were late being given because she was running late today. She stated the policy was to give medications anywhere from an hour before the scheduled time to an hour after the scheduled time. On 12/09/2025 at 1:15PM, an interview was conducted with the DON. She stated the timeframe for giving medications would be from one hour before they were scheduled until one hour after they were scheduled to be given. Anything given any later than that would be (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	considered a medication error. She stated they did not have a liberalized medication administration policy. On 12/11/2025 at 11:08AM, an interview was conducted with LVN B. She stated that the facility policy for the timeframe for medication administration was one hour before until one hour after the scheduled time. On 12/11/2025 at 11:11AM, an interview was conducted with MA C. She stated the policy had recently been changed but prior to the change, the timeframe for giving medications in a timely manner was to give them during the hour before until an hour after they were due. On 12/11/2025 at 11:30AM, an interview was conducted with LVN D. She stated the facility policy stated that medications were to be given anywhere from one hour before they are due until one hour after the scheduled time. On 12/11/2025 at 4:12PM, an interview was conducted with the Administrator. She stated the policy was to give scheduled medications from one hour before they are due to one hour after they were due. She stated her expectation was that the medications be delivered at the appropriate time. Record review of the policy entitled, Administering Medications dated as revised April 2019 item #7 revealed Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). Record review of the policy entitled, Medication Administration Schedule dated as revised in November of 2020 item #3 revealed Scheduled medications are administered within one (1) hour of their prescribed time, unless otherwise specified.