

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/24/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 W Criner St Grandview, TX 76050	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to revise comprehensive person-centered care plans for three (3) of nine (9) residents (Resident #1, Resident #2, and Resident #3) reviewed for care plans. The facility failed to update the care plans for Residents #1, Resident #2, and Resident #3 to match the dietary orders. This failure could place residents at risk of not having their individualized needs met and communicated to providers in a timely manner and could result in injury and a decline in physical well-being. Findings included: Resident #1 Review of face sheet, dated 8/24/2025, revealed Resident #1 was a [AGE] year-old male, admitted to the facility on [DATE] with diagnoses that included: Parkinson's Disease (progressive neurological disorder of the central nervous system that affects movement), Type 2 diabetes (blood sugar regulation disorder), heart Failure, muscle weakness, and dementia (loss of cognitive memory ability). Review of Resident #1's quarterly MDS dated [DATE], reflected a BIMS of 8 suggesting mild cognitive impairment. MDS section K on nutritional status reflected resident had no swallowing difficulties but was on a therapeutic diet. Review of Resident #1 dietary order, dated 3/28/2023, reflected: NAS, LCS diet, Regular texture, Regular consistency. Review of Resident #1's care plan dated 8/24/2025 reflected the focus: [Resident #1] is on a minced moist no added salt, low concentrated sweet diet related to his diagnosis of hypertension and Diabetes. Resident #2 Review of face sheet, dated 8/24/2025, revealed Resident #2 was an [AGE] year-old female, admitted to the facility on [DATE], with diagnoses that included: Chronic Kidney Disease, Type 2 Diabetes (blood sugar regulation disorder), Hypertension (high blood pressure), and cerebral infarction (stroke - brain attack due to bleed or blockage.) Review of Resident #2's quarterly MDS, dated [DATE], reflected a BIMS of 15, suggesting no cognitive impairment. Review of Resident #2's dietary order, dated 12/22/2023, reflected: NAS, LCS diet, Mechanical Soft texture, Regular consistency. Review of Resident #2's care plan, dated 8/24/2025, reflected the focus: She is on a Regular, no added salt, low concentrated sweets diet related to her diagnosis of hypertension and diabetes. Resident #3 Review of face sheet, dated 8/24/2025, revealed Resident #3 was a [AGE] year-old female, admitted to the facility on [DATE], with diagnoses that included: Sepsis (systemic infection), heart failure, Encephalopathy (brain disease that alters brain function of structure), Urinary Tract infection, and muscle weakness. Review of Resident #3's quarterly MDS, dated [DATE], reflected a BIMS of 11 suggesting mild cognitive impairment. Review of Resident #3's orders reflected she had a dietary order, dated 4/10/2025, Regular diet, Mechanical Soft texture, Regular consistency. Review of Resident #3's care plan dated, 8/254/2025, reflected the focus, She is on a Regular diet. She has avitamin D deficiency. During an interview on 8/24/2025 at 6:07 pm, the MDS coordinator stated it was her responsibility to ensure [care plans were updated to match diet orders. She stated when she reviewed the care plans for Resident's #1, #2 and #3 on 8/24/2025, they did not match the orders. She stated she did not remember how long ago the orders were changed or why they did not get updated on the care plans. She stated it was important that the care plan match the order so everybody knows what goes with each resident and how to care for them, so we care for them correctly. She stated she had reviewed Resident #1's care plan and realized his diet was not correct and then found several other care plans that were not correct. She stated she started an audit today of all the care plans to ensure the diet orders matched the care plan. During an interview on 8/24/2025 at 6:25 pm, the DON stated she was not aware the diet orders did not match the care plans. She stated he was important for care plans to match because it gives you the snapshot of what the resident needs and if the orders didn't get carried out correctly it could make them sick, worsen their condition. There could be choking, and this could end very poorly [including] in death. She stated the MDS coordinator was responsible for updating care plans but ultimately at the end of the say it is her [DON] that is responsible. During an interview on 8/24/2025 at 6:39 pm, the ADM stated she was not aware the care plans did not match the diet orders. She stated it was the MDS coordinator's responsibility to update the care plan with day-to-day changes. She said ultimately it was the DON's responsibility to ensure the care plans were correct and then herself [ADM]. She stated there was a diet order report that she would pull and give to dietary to ensure all the diet cards in the kitchen were correct. She stated a review of the dietary cards for all the residents reflected the current orders and diet cards were correct and only the care plans were not correct. She stated she would start running the diet order report and give it to the MDS coordinator to ensure the care plans are correct. ADM stated they had their annual survey the beginning of May 2025 and the facility had been cited for accuracy of their care</p>		