

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Parkview Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 S Main St Lockhart, TX 78644	
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. Based on observation, interviews, and record reviews; the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for one of one kitchen reviewed for sanitation. 1. The facility failed to dispose of open stored perishable food products. 2. The facility failed to properly label and date food products in one of two refrigerators and two of four freezers. 3. The facility failed to ensure unknown individual, staff or resident, food products in a bag were labeled and dated in one of two refrigerators. These failures could place residents who were served from the kitchen at risk for consuming contaminated food and developing foodborne illnesses. Findings include: Observation on 09/02/2025 at 9:05 AM, during a walk-through of the facility kitchen revealed two refrigerators and four freezers. Observation revealed one of the two refrigerators had; two undated and not labeled cut in half deli-meat and cheese sandwiches in the refrigerator, and a bag of 7 undated or not labeled unknown person; resident or staff, yogurts in residents' refrigerator. Observations revealed the two of four freezers had; five undated and not labeled frozen pie crust in the freezer, and there was undated and not labeled open frozen sliced green peppers. In an interview on 09/02/2025 at 9:30 AM, the Dietary Supervisor stated that she observed the food products the Investigator was observing while following Investigator and will throw away the undated or not labeled food products. The Dietary Supervisor stated the bag of 7 undated or not labeled yogurts is unknown; unknown if either a resident or staff, and she will throw it away since it is unknown. Observation on 09/03/2025 at 10:45 AM, revealed during a walk-through of the facility kitchen, there was undated and not labeled open frozen sliced green peppers in one of the four freezers. In an interview on 09/03/2025 at 10:52 AM with CK, she stated the following: she had worked at this facility for a year, but she had been a cook for 30 years. CK stated she had been trained in resident rights such as, if a resident asks for a meal substitution, the residents have the right to have it or receive alternatives for their food preferences. CK stated she had been trained in labeling and dating foods that are in the kitchen. CK stated she last received the labeling and dating training a week ago as well as there are daily reminders from Dietary Supervisor. CK stated all food products in the kitchen needs to be labeled and dated at all times with no exceptions. CK stated all foods that are opened or goes in the pantry, refrigerator, or freezer needs to be labeled and dated. CK stated if there is food that is not labeled or dated in any of the food storage areas, the kitchen staff must throw the food away. CK stated kitchen staff throws the undated or not labeled food away because kitchen staff won't know how long it's been stored for and if it's good for consumption for the residents. CK stated undated or not labeled food can make residents sick if served. CK stated all kitchen staff are responsible for making sure all food is labeled and dated. CK stated all staff double check to make sure each food in the kitchen is labeled and dated. CK stated it was ultimately the Dietary Supervisors responsibility to oversee all foods are labeled and dated. CK stated if residents are served undated or not labeled food from the kitchen, it can cause foodborne pathogens or potentially hospitalize residents. CK stated if residents consume undated or not labeled food from the kitchen, it potentially may have bacteria. CK stated undated or not labeled food can cause an effect on the resident's quality of life overall. In an interview on 09/03/2025 at 11:07 AM with the DA, she (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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DA stated residents can get stomach illness or lead to them going to the hospital if served undated or not labeled foods. DA stated it was the responsibility of the kitchen Cooks and the Dietary Supervisor to make sure all foods are labeled and dated in the kitchen. DA stated it can affect the resident's quality of life and cause a lot of food illnesses if residents consume undated or not labeled foods from the kitchen. In an interview on 09/03/2025 at 11:17 AM with the DS, she stated the following: she has been working at this facility for 13 years and working in the kitchen industry for 20 years. DS stated she had been trained in resident rights. DS stated resident have rights to be accommodated based off their dietary needs. DS stated she had been trained in labeling and dating food in the kitchen. DS stated all food products in the kitchen need to be labeled and dated. DS stated all foods in pantry, refrigerator, and freezer need to be labeled and dated to keep track of the food consumption timeframes and food safety. DS stated any food that expires is to be decomposed and this includes any foods that is not labeled or dated. DS stated undated or not labeled food need to be thrown out and not served to residents. DS stated food not labeled or dated shouldn't be served to residents as the kitchen staff won't know how long it had been stored and if there are bacteria growing that would cause residents to get sick. DS stated its expected that all kitchen staff are in charge of labeling and dating foods that are in the facility kitchen. DS stated it's ultimately the responsibility of the Dietary Supervisor to make sure all food products are labeled and dated at all times. DS stated she threw out the foods that were found yesterday when checking if foods were labeled and dated. DS stated she did not see the undated or not labeled frozen sliced green peppers still remaining in the freezer and will throw it away immediately. DS stated any foods that is not labeled and dated then given to residents will get residents sick such as, diarrhea, vomiting, salmonella, and other potential food borne illness. DS stated it can pose a negative outcome or affect residents' quality of life since the residents have complicated health issues that can not only lead to sickness, but potentially hospitalize or cause a resident to passing away. In an interview on 09/03/2025 at 1:17 PM with the RD, he stated the following: he has been working and overseeing the facility for 2 years. RD stated he has been trained on the topic of residents having preferences in what they are eating. RD stated he has been trained in labeling and dating foods. RD stated he last received training on labeling and dating about two or three months ago. RD stated regardless of if there are food products that are in a refrigerator and its unknown if it is a resident or staff members food, it needs to be tossed out as well as staff shouldn't be storing their foods with resident's foods or if it's a resident's food with no label or dates, it needs to be thrown out. RD stated any and all food that comes in should be labeled and dated. RD stated any food products that are opened should be labeled and dated including foods prepared at the facility. RD stated food products are labeled and dated for safety of the residents, so bacteria won't grow and get residents sick during consumption. RD stated foods must be labeled and dated to know how long the foods can be given to residents and have palatable taste. RD stated the protocol for any food products that aren't labeled and dated is, the food products need to be tossed and thrown away. RD stated he does a full food audit monthly and he visits the kitchen facility three times a month to oversee all foods being labeled and dated. RD stated he educates and in-services the staff along with the Dietary Supervisor in regard to labeling and dating food products. RD stated it's expected that all kitchen staff are responsible for labeling and dating food products in which ultimately, it's the Dietary Supervisors responsibility to check all food products are always labeled and dated. RD stated residents provided (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, which included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs for 1 of 8 residents (Resident #55) reviewed for care plans. The facility failed to ensure that Resident #55's care plan was revised, updated, and individualized to address Resident #55's contracture (a shortening of the muscles, tendons, skin and nearby soft tissues that causes the joints to become very stiff) to his left hand and wrist. This failure placed the resident at risk of not receiving the appropriate care to meet his current needs. Findings included: Record review of Resident #55's admission record, dated 09/04/2025, reflected a [AGE] year-old male admitted to the facility on [DATE]. Resident #55 had diagnoses that included: type 2 diabetes mellitus without complications (a condition that affects how the body uses sugar as a fuel), hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (weakness or inability to move left side of body due to a blood clot that formed in the brain), and generalized anxiety disorder (a mental health disorder that is characterized by excessive, uncontrollable, and often irrational worry about events or activities). Record review of Resident #55's Quarterly MDS assessment, dated 08/22/2025, reflected a BIMS score of 12 which indicated mild cognitive impairment. Record review of Resident #55's care plan, dated 12/31/2024 and last revised on 08/27/2025, reflected Impaired physical functioning r/t decreased mobility, other paralytic syndrome following cva affective left side. The care plan had no mention of contracture to left hand. (cva - a blood clot in the brain that can cause irreparable disability). During an interview and observation on 09/04/2025 at 09:48 AM, Resident #55 stated the therapy department placed a rolled-up washcloth in his left hand that had a contracture. Observation of Resident #55 revealed Resident #55 had a contracture to the left hand and wrist without any intervention in place at that time. Observation to Resident #55's left hand and wrist revealed no skin breakdown. During an interview on 09/04/2025 at 12:03 PM with the ADON, she stated she was responsible for implementing care plans. She stated the CNAs used care plans to determine the needs for the residents in the facility. The ADON stated if a resident had a contracture to their hand or wrist then the contracture should be care planned so that the CNA was aware of the interventions needed for that resident. The ADON stated, after a brief review of Resident #55's electronic health record, Resident #55 did not have a care plan related to his contracture to the left wrist and left hand. She stated without a care plan for Resident #55's contracture, staff would not know how to adequately care for his contracture, and it could get worse. During an interview on 09/04/2025 at 01:28 PM with MA B, he stated all staff used the care plans to determine to care needed for each resident. MA B stated management was responsible for initiating the care plans for the residents. He stated if a resident had a contracture, then it should be in the care plan. MA B stated if a contracture was not in the care plan, then the contracture could get worse, or the resident could have pain to the contracture site. During an interview on 09/04/2025 at 01:42 PM with LVN A, she stated all staff from all departments use care plans to determine the residents' needs and what staff could do to help the residents. LVN A stated the department heads would meet every morning to discuss any new residents and changes in the current residents and to update care plans. She stated the DON and ADON were responsible for ensuring the care plans were completed appropriately. LVN A stated a contracture should be part of the care plan for the resident. She stated if a contracture was not part of the care plan, then the contracture could get worse, or the resident could get skin breakdown. During an interview on 09/04/2025 at 02:09 PM with the DON, she stated the nurse managers and therapy managers utilize care plans and verbally pass the information to their staff. She stated the care plans were developed by nursing management and were used to ensure staff understood the (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	care, medications, preferences, and devices needed for each resident. The DON stated she expected contractures to be on the care plan. She stated if a contracture was not on the care plan, then they [the resident] may not get the best care that they deserve. During an interview on 09/04/2025 at 02:35 PM with the ADM, he stated every department used care plans as a guide to providing the best care possible to each individual resident that resided at the facility. He stated one of the registered nurses was responsible for initiating care plans, but not sure who. He stated care plans were monitored in the morning meetings with the clinical team for all change of conditions that occurred or new admissions to the facility. The ADM stated if a resident had a contracture, then it should be included in that resident's care plan. He stated he was unsure of how not having the contracture in the care plan could affect the resident because he was not clinical. Record review of facility policy titled, Comprehensive Care Plans, dated 06/01/2025, reflected in part, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality.1. The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals of care. All services provided or arranged by the facility, as outlined by the comprehensive care plan, must meet professional standards of quality, and incorporate culturally competent and trauma-informed care as indicated.3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 8 residents (Resident #46) and 2 of 4 medication carts (400-hall nurses' cart and 100-hall nurses' cart) reviewed for pharmacy services. The facility failed to ensure expired medication, including medication prescribed for Resident #46, were removed from the 100-hall and 400-hall nurses' medication carts. This failure could place residents at risk of receiving an expired medication, not reaching the intended therapeutic dose, and/or contamination from expired supplies. Findings included: Record review of Resident #46's admission record, dated 09/04/2025, reflected an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #46 had diagnoses which included: unspecified dementia (a disease that causes a general decline in cognitive abilities that can affect the ability to perform everyday activities, memory loss, and poor judgement), Parkinson's disease without dyskinesia (a progressive disorder that affects the nervous system without involuntary movements), and expressive language disorder (a communication disorder that affects a person's ability to express thoughts, ideas, or feelings clearly and effectively). Record review of Resident #46's Quarterly MDS, dated [DATE], reflected a BIMS score was not conducted because resident was rarely/never understood. Record review of Resident #46's order summary, dated 09/04/2025, reflected lorazepam oral tablet 1mg Give 1 tablet by mouth every 2 hours as needed for anxiety, SOB for 14 days. Record review of Resident #46's care plan, dated 07/16/2025, reflected Hospice care related to: end stage neurological disease - senile degeneration of the brain (a progressive decline in cognitive function, impacting memory, reasoning, and the ability to perform everyday activities). Interventions included Administer medication as ordered by physician. Observation on 09/03/2025 at 03:36 PM of the 400-hall nurses' medication cart revealed one tube of hemorrhoidal ointment with an expiration date of 05/2025. During an interview on 09/03/2025 at 03:38 PM, LVN E stated the nurses' medication cart was to be checked weekly on a schedule for expired medications and supplies, though she was unsure of the schedule or who was responsible for checking the carts. LVN E reviewed the hemorrhoidal ointment found in her medication cart and confirmed it was expired. She stated if medication was used on a resident after the medication's expiration date, then the medication may not be as effective and the resident may not receive the intended benefits from the medication, or the resident may have an adverse reaction to the medication. Observation on 09/03/2025 at 04:32 PM of the 100-hall nurses' medication cart revealed one medication card of lorazepam 1mg tab with an expiration date 08/18/2025 prescribed to Resident #46. During an interview on 09/03/2025 at 04:35 PM, LVN F stated she worked for an agency and that was her first day in the facility. She stated she assumed the person responsible for the medication cart was responsible for checking for expired medications, but she was unsure of the frequency. She stated she was unsure of the audit process to ensure expired medications were removed from the medication cart. LVN F stated if medication were administered to the resident past the medication's expiration date, then the medication may not be as effective, or the resident could have an adverse reaction to the medication. During an interview on 09/03/2025 at 04:45 PM, RN G stated the person responsible for the medication cart was responsible for ensuring all expired medications and supplies was removed every shift. She stated nursing management had a process for auditing the medication carts, but she was unaware of the process or frequency. RN G stated if the resident received medication after its expiration date, then the medication may not be as effective, or the medication could make the resident sick. During an interview on 09/04/2025 at 12:03 PM, the ADON stated the nurses and medication aides responsible for the medication carts was responsible for checking for expired medications as they give the medications. She stated there was (continued on next page)		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	not a process at that time to ensure expired medications were removed from the medication carts. The ADON stated if medications were administered to the residents past the medication's expiration date, then the medication may not be as effective. During an interview on 09/04/2025 at 01:28 PM, MA B stated the nurses and medication aides that work on the medication cart are responsible for removing expired medications daily from the medication carts. He stated the pharmacy consultant followed up with auditing the medication carts monthly. MA B stated administering medication to residents after the expiration date for the medication was a medication error and the medication may not affect the resident the way it was intended to. During an interview on 09/04/2025 at 01:42 PM, LVN A stated the staff responsible for the medication cart was responsible for checking for expired medications in the cart every shift. She stated the pharmacy consultant ensured all expired medications was removed from the medication carts, but she was unsure of the frequency. LVN A stated, if expired medications were administered to a resident, then the medication may not be as effective. During an interview on 09/04/2025 at 02:09 PM, the DON stated she expected staff responsible for the medication carts to check for expired supplies daily. She stated the pharmacy consultant performed audits monthly to ensure expired medications were removed from the medication carts. The DON stated if expired medications were administered to residents, then the resident would not get the therapeutic dose of the medication. During an interview on 09/04/2025 at 02:35 PM, the ADM stated the staff assigned to the medication cart was responsible for ensuring all expired medications were removed from the medication cart every shift. He stated the pharmacy consultant audited the medication carts monthly to ensure all expired medications had been removed. The ADM stated he was unsure how expired medications could affect a resident because he was not clinical. Record review of the facility's policy titled Pharmacy Services, dated 06/15/2025, reflected: Policy: It is the policy of this facility to ensure that pharmaceutical services, whether employed by the facility or under an agreement, are provided to meet the needs of each resident, are consistent with state and federal requirements, and reflect current standards of practice. Compliance Guidelines: 1. The facility will provide pharmaceutical services to include procedures that assure the accurate acquiring, receiving, dispensing, and administering of all routine and emergency drugs and biologicals to meet the needs of each resident, are consistent with state and federal requirements, and reflect current standards of practice. No mention of expired medications in the facility policy. Record review of the facility's policy titled Medication Storage, dated 05/09/2025, reflected: Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Policy Explanation and Compliance Guidelines: .8. Unused Medications: The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with our Destruction of Unused Drugs Policy.		