STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675889	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Manor Healthcare Rehabilitation	3650 S Ih 35 E Waxahachie, TX 75165

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, it was determined the facility failed to ensure physician-ordered treatment was provided for one (R69) of 27 residents reviewed for quality of care, in that: R69 did not receive the physician ordered treatment on six wounds, on 04/04/26 or 04/05/26. This failure had the potential to cause deterioration in current wounds, infections and pain at the site. Findings include:Review of a face sheet printed 04/09/26 reflected R69 was admitted to the facility on [DATE] with diagnoses including cerebral infarction due to embolism, severe protein calorie malnutrition, difficulty in walking, cognitive communication deficit, cataracts, glaucoma and pressure ulcer of sacral region stage 4. Review of a comprehensive minimum data set (MDS) assessment dated [DATE] for R69 reflected he had a BIMS score of seven indicating cognitive impairment. The assessment reflected R69 had three unstageable pressure injuries presenting as deep tissue injuries that were present upon admission. Review of a care plan report for R69 revealed a focus area of:1. Actual impairment to skin integrity r/t unstageable DTI of the left heel initiated on 02/11/262. Actual impairment to skin integrity r/t unstageable DTI of the right heel initiated 02/11/26.3. Actual impairment to skin integrity r/t non pressure wound of the right lateral ankle initiated on 02/11/26.4. Actual impairment to skin integrity r/t unstageable DTI of the right lateral foot initiated on 2/11/26.5. Actual impairment to skin integrity r/t arterial wound of the right medial ankle initiated on 2/11/26.6. Actual impairment to skin integrity r/t stage 4 pressure injury of the right medial foot initiated on 02/11/26.All focus areas had an intervention that included administer treatments as ordered. Review of an Order Summary Report printed on 04/07/26 for R69 reflected:1. LEFT HEEL: apply betadine every day shift for unstageable DTI2. RIGHT HEEL: apply betadine every day shift for unstageable DTI3. Right lateral ankle cleanse wound cleanser/dry/apply xeroform/apply Abd pad/apply kerlix gauze roll every day shift and as needed for non-pressure wound.4. Right lateral foot cleanse wound cleanser/dry/apply xeroform/apply Abd pad/apply kerlix gauze every day shift and PRN for unstageable DTI.5. Right medial ankle cleanse wound cleanser/dry/apply xeroform/apply Abd pad/apply kerlix gauze every day shift and PRN for arterial wound.6. Right medial foot cleanse w wound cleanser/dry/apply xeroform/apply Abd pad/apply kerlix gauze roll everyday shift and PRN for stage 4 pressure injury. Review of a treatment administration record (TAR) for April 2026 for R69 reflected treatment orders for:LEFT HEEL: apply betadine every day shift for unstageable DTI; RIGHT HEEL: apply betadine every day shift for unstageable DTI; Right Lateral Ankle: cleanse wound cleanser/dry/apply xeroform/apply Abd pad/apply kerlix gauze roll every day shift for non-pressure wound; Right lateral Foot: cleanse wound cleanser/dry/apply xeroform/apply Abd pad/apply kerlix gauze every day shift for unstageable DTI; Right medial ankle: cleanse wound cleanser/dry/apply xeroform/apply Abd pad/apply kerlix gauze every day shift for arterial wound; and Right medial foot cleanse w wound cleanser/dry/apply xeroform/apply Abd pad/apply kerlix gauze roll every day shift for stage 4 pressure injury. Record review of R69's treatment record revealed on 04/04/26 and 04/05/26, the treatments record for all six orders were blank, indicating the treatments were not completed. The nurse that administered medications to R69 on 04/04/26 and 04/05/26 and should have completed the treatments was LVN2. LVN2 no longer worked in the facility. Observation and (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview on 04/08/26 at 11:17 AM revealed R69 had a cushioned boot on the right lower extremity that was elevated on a pillow. R69 stated he was not certain what was wrong with his foot, but it had a sore on it that was painful. He stated they had just finished treating it. Observation and interview on 04/09/26 at 11:35 AM with PTA1 revealed he had worked at the facility for 2.5 years. PTA1 stated he started providing treatments to R69 about a week ago, and he did not complete the treatments on the weekends. He stated when R69 was on skilled services, nursing would complete the treatments. During an interview on 04/09/2026 at 12:43 PM with PTA1, he was asked how he communicated with the nursing department regarding R69's treatment. He stated he had spoken with the charge nurse last week. PTA1 confirmed he did not attend the morning meeting with the leadership. He added that his director did that. PTA1 stated the Director of Rehab would fill them in if there was anything brought up in the morning meeting. When asked where the treatments PTA1 completed were documented, he stated it was in NextHealth. PTA1 confirmed therapy did not complete any treatments on the weekends. He stated the nurse was responsible for treatments on the weekends. Interview on 04/09/26 at 1:20 PM with the DON, she revealed the treatment nurse was not available. The DON was asked how nursing and therapy worked together when providing treatment to R69. The DON stated we do not have a plan to how we are going to work with Therapy. She added that everything would have to be revamped. Review of a policy for Wound Care, dated May 2007, provided by the DON as the current policy, reflected, .document treatment given.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and record review, the facility failed to ensure menus were followed to meet nutritional needs of residents in accordance with established national guidelines for two sampled residents (R50 and R8) reviewed for menus, in that: The facility failed to utilize therapeutic menu extensions for carbohydrate-controlled diets for R50 and R8. The facility failed to follow portion sizes for all diets for two days. These failures had the potential to affect resident's dependent on the facility kitchen for their nutrients as well as 22 residents who had ordered carbohydrate-controlled (CC) diet, placing them at risk of spikes or drops in blood glucose levels and/or weight loss or weight gain Findings included: 1. Review of R50's quarterly MDS with an ARD of 03/30/26 revealed an admission date of 03/07/25 and a BIMS score of five out of 15, indicating R50 was severely cognitively impaired. R50 received a therapeutic diet and had diagnoses of hypertension, hyperlipidemia, and obesity, class three. Review of R50's Diet Order dated 03/07/25 revealed NAS [no added salt]/CC diet, regular texture, thin liquids consistency. Review of R50's Care Plan revised 11/12/25 revealed, Has nutritional problem or potential nutritional problem r/t [related to] obesity, chronic illness, therapeutic diet. An intervention included Provide, serve diet as ordered. Monitor intake and record q [every] meal. Review of R50's Nutrition- Quarterly Evaluation, dated 03/11/26 revealed, Diet Order 2. No Added Salt, 3. Restricted Concentrated Sweets (RCS). Observation on 04/07/26 at 11:50 AM revealed R50 was sitting in the dining room feeding herself lunch. R50 was served a piece of cornbread and a cup of sherbet as the dessert with her meal. Review of the facility's order listing report for diets, dated 04/10/26, provided by the facility, revealed 22 residents were ordered a carbohydrate-controlled (CC) diet. 2. Review of R8's quarterly MDS with an ARD date of 04/01/26 revealed an admission date of 05/16/23 and a BIMS score of one out of 15, indicating R8 was severely cognitively impaired. R8 received a therapeutic diet and had diagnoses of malnutrition, diabetes mellitus, and dysphagia. Review of R8's Care Plan revised 01/02/26 revealed, Has potential nutritional problem R/T obesity, risk for malnutrition identified by completed MNA [mini nutritional assessment], DMII [diabetes mellitus type two], GERD [gastroesophageal reflux disease], bariatric surgery status, therapeutic diet, mechanically altered diet. Review of R8's Diet Order dated 01/07/26, revealed NAS/CC diet, mechanical soft texture, thin liquids consistency. Review of R8's Nutrition-Quarterly Evaluation, dated 03/11/26, revealed, Diet Order 2. No Added Salt, 3. Restricted Concentrated Sweets (RCS), texture 22. Mechanical Soft. Observation on 04/07/26 at 11:56 AM revealed R8 was sitting in the dining room feeding herself lunch. R8 was served a piece of cornbread and a cup of sherbet as the dessert with her meal. Review of the Menu Item Substitution Log, dated 04/07/26, provided by the facility, revealed sherbet was substituted for Butter Bars. The RD approval section was blank. Review of the week two Fall/Winter 2025 Menus Extensions, provided by the facility, revealed CC mechanical soft diets were to receive a half square of a Butter Bar and were not to receive cornbread for that meal. During an interview on 04/10/26 at 12:43 PM, the Certified Dietary Manager (CDM) was asked why the menu extensions that were provided did not have CC diets listed when many residents had diet orders for a CC diet and their MDS triggered for therapeutic diets. The CDM stated, That's because their diets are liberal diets. The CDM deferred to the Registered Dietitian (RD), who was on the phone. The RD stated there should be CC menu extensions and said she would not have signed them without CC diets. The RD then gave the CDM instructions on how to find the CC extensions and print the menus from the computer. During a follow up interview on 04/10/26 at 3:30 PM, the CDM was asked about the portion sizes on the menu extensions that were not followed because of not using the CC diet extensions for lunch on 04/09/26. CDM stated she was not aware that the serving sizes differed for the different diets. 3. Observation on 04/09/26 at 11:41 AM, Dietary Aide (DA) 1 was observed to be plating lunch on the tray line in the kitchen. DA1 was asked how she knew what portion sizes to serve. DA1 stated she checked her book and then pointed to the menu (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	binder. DA1 used an 8-ounce (oz) scoop with a cream-colored handle for the regular entree and 4-oz scoops with green-colored handles for the side dishes and pureed items. Record review of the Fall/Winter 2025 Menu Extensions with the portion sizes revealed:The portion size for the regular/mechanical soft textured chicken spaghetti casserole was 5.3 oz, but 8 oz was served.The portion size for the regular/mechanical soft textured CC chicken spaghetti casserole was 5.3 oz, but 8 oz was served.The portion size for regular pureed meat was 5.3 oz, but 4 oz was served.The portion size for CC pureed meat was 5.3 oz, but 4 oz was served.The portion size for regular/mechanical soft textured CC green peas was 2 oz, but 4oz was served.The portion size for regular pureed peas was 3.25 oz, but 4 oz was served.The portion size for CC pureed peas was 1.25 oz, but 4 oz was served. During a follow up interview on 04/10/26 at 3:30 PM, the CDM was asked about the portion sizes on the menu extensions that were not followed. The CDM stated she was not aware that the serving sizes differed for the different diets. Review of the undated facility policy titled, Section G: Menu Policies, revealed Therapeutic diets, including textured-modified diets, as ordered by the physician and/or Speech Language Pathologist are preplanned by Registered Dietitian Nutritionist (RDN)s and prepared and served using safe, sanitary food practices . 4. The menu change is extended to all therapeutic diets.