STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675915	A. Building B. Wing	10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Place Care Center	121 Fm 971 Georgetown, TX 78626

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949 Based on interview and record review, the facility failed to immediately notify the resident's representative(s) when there was a significant change in the resident's physical status for one (Resident #2) of five residents reviewed for changes in condition. The facility failed to notify Resident #2's RP of a metacarpal fracture until ten days after receiving the results of the x-ray. This failure could put residents at risk of not having their care needs and health changes communicated and addressed with their responsible party. Findings included: Review of Resident #2's undated face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including age-related physical debility, muscle weakness, cognitive communication deficit, and history of falling. Review of Resident #2's quarterly MDS assessment, dated 08/18/24, reflected a BIMS of 2, indicating a severe cognitive impairment. Section J (Health Conditions) reflected she had no falls since admission/entry or since the prior assessment. Review of Resident #2's quarterly care plan, dated 08/12/24, reflected she was at risk for falls and had a recent fall related to poor safety awareness with an intervention of educating the resident/family/caregivers about safety reminders and what to do if a fall occurred. Review of Resident #2's progress notes, dated 07/18/24 at 1:36 PM and documented by LVN A, reflected the following: X ray left hand and wrist complete to assess the fracture and healing - one time only for fracture for 1 day. Review of Resident #2's progress notes, dated 07/23/24 at 1:47 PM and documented by LVN B, reflected the following: (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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[Resident #2] received an order for (orthopedic), (doctor) to eval and treat. Diagnosis: left wrist 5th metacarpal fracture. Review of Resident #2's progress notes, dated 07/29/24 at 11:09 AM and documented by the SW, reflected the following: Notified [RP C] (Resident #1's) has an Ortho appointment on 07/31/24, [RP C] stated it will need to be rescheduled . During a telephone interview on 10/15/24 at 10:42 AM, RP C stated she was not notified of Resident #1's hand fracture in July (2024) until 07/29/24, ten days after it happened. She stated she was not even told how it happened. She stated she was not happy with that situation. Telephone interviews were attempted on 10/15/24 to LVNs A and B. Phone calls were not returned prior to exiting. During an interview on 10/15/24 at 12:45 PM, the DON stated it was her expectation that resident RPs be notified immediately of any change-in-condition such as fractures or falls and it was part of their protocol. She stated all entities involved in the resident's care should be notified and aware. She stated it was important for the RP to know what was going on and be involved in the care of the resident. Review of the facility's undated Resident Rights Policy reflected the following: 1. Notification of changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s), when there is- a. An accident involving the resident which results in injury and has the potential for requiring physician intervention; b. Significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949 Based on interview and record review, the facility failed to ensure that residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record for one (Resident #1) of five residents reviewed for unnecessary medications. The facility failed to ensure Resident #1 had a preexisting mental illness for which an antipsychotic medication (Zyprexa) would be warranted. This failure could place residents at risk for unnecessary psychotropic drug use. Findings included: Review of Resident #1's undated face sheet reflected an [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including unspecified dementia, anxiety, depression, and age-related cognitive decline. Review of Resident #1's quarterly MDS assessment, dated 09/24/24, reflected a BIMS of 7, indicating a severe cognitive impairment. Section E (Behavior) reflected physical behavioral symptoms had not been directed towards others but verbal behavioral symptoms had been directed towards others. Review of Resident #1's admission care plan, dated 08/26/24, reflected she was at risk of falls related to psychoactive drug use with an intervention of ensuring she was wearing appropriate footwear when ambulating. Review of Resident #1's physician order, dated 10/08/24, reflected Zyprexa Intramuscular Solution - Inject 2. 5 mg intramuscularly as needed for agitation related to other specified anxiety disorders. Review of Resident #1's physician order, dated 10/08/24, reflected Zyprexa oral tablet 2.5 MG - Give 1 tablet orally at bedtime for mood disorder with agitation related to unspecified dementia. Review of Resident #1's October 2024 MAR, on 10/15/24, reflected she was administered Zyprexa from 10/08/24 - 10/14/24. During a telephone interview on 10/15/24 at 11:57 AM, the Psychiatrist stated Resident #1's indication for her prescribed Zyprexa was aggression. He stated it was an acceptable diagnosis when someone was a potential danger to someone else (other residents). (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/15/24 at 12:45 PM, the DON stated an appropriate diagnosis for Zyprexa would be bipolar disorder, schizophrenia, or psychosis. She stated aggression would not be an appropriate diagnosis. She stated the importance of ensuring medications were ordered for proper diagnoses was to ensure they were only administering medication for symptom management. Review of the facility's Psychotropic Drugs Policy, revised 10/25/17, reflected the following: A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic The facility must will ensure that- 1. Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record .