STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675922	A. Building B. Wing	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Manor Nursing and Rehabilitation	206 N Smith St Weimar, TX 78962

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131 Based on Observations & Interviews, the facility failed to ensure that residents had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents for 1 of 6 residents (Resident # 31) reviewed for call light. The facility failed to ensure Resident # 31's call light was within reach. This failure could place residents at risk of achieving independent functioning, dignity, and well-being. Findings include: Record review of Resident # 31's face sheet dated 7/30/24 revealed a 64 - year old female admitted to the facility on [DATE]. Resident # 31 had diagnoses that included Chronic obstructive pulmonary disease (lung disease that damages the airways or other parts of the lungs, making it difficult to breathe), Major Depressive Disorder (a severe mood disorder that can affect a person's thoughts, feelings, and ability to perform daily activities) and Paraplegia(is a term used to describe the inability to voluntarily move the lower parts of the body). Record review of Resident # 31's Admission MDS assessment dated [DATE] reflected a BIMS score of 13 which suggested intact cognition. under section G, G0300, option # 3, which stated that the patient was unsteady on their feet and required assistance X 2. Record review of Resident 31's care plan dated 7/09/24 did not address the use of call light. Observation and interview on 7/30/24 in Resident # 31's room at 9:45 AM revealed that the call light was found on the floor under the bed. Resident # 31 stated, I would be in a pickle if I need to call for help. Resident # 31 expressed that they did not know how the call light ended up on the floor. On 7/30/24 at 9:50 AM, during an interview, CNA A stated that she was the assigned nursing assistant for Resident #31. She mentioned that she did not know how Resident #31's call light ended up on the floor, but she picked it up and clipped it to Resident #31's bedspread. She also noted that if Resident #31 lacked access to the call light, it could potentially lead to a fall if Resident #31 needed assistance. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Manor Nursing and Rehabilitation	206 N Smith St Weimar, TX 78962

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the DON on 7/30/24, at 10:05 AM, she mentioned that she was the assigned nurse for Resident # 31. She emphasized the importance of ensuring that the call light was accessible to all residents, stating that the lack of accessibility to a call light for any resident could lead to a potential negative outcome if assistance is needed. The DON also mentioned that charge nurses currently monitored this task during their morning rounds daily, and she was responsible for overseeing this process. Record review of the facility policy Call System, Resident, dated 2001, revealed call lights are placed within reach of resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Parkview Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 206 N Smith St Weimar, TX 78962	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26869 Based on observations, interviews and record review the facility failed to ensure the resident has a right to a safe, clean, comfortable and homelike environment for 2 of 2 shower rooms, in that: 1. Shower room [ROOM NUMBER] had an area on tile that had soap scum and hard water stains, the shower mat was dirty with black stains, shower chair back rest had hard water stains, and under shower chair was dirty with reddish substance. 2. Shower room [ROOM NUMBER] had a tile missing, the shower chair under the seat had reddish substance. This failure could affect any resident and contribute to feelings of low self-esteem. The Findings were: 1. Observation on 8/01/2024 at 1:49 PM with Laundry/Housekeeper revealed in Shower room [ROOM NUMBER] had an area on tile that had soap scum and hard water stains, the shower mat was dirty with back stains, shower chair back rest had hard water stains, and under shower chair was dirty with reddish substance. Observation on 8/01/2024 at 2:03 PM with Maintenance Supervisor revealed Shower room [ROOM NUMBER] water temp was 96.8 Degrees Fahrenheit. Interview on 8/01/2024 at 1:50 AM with Laundry/Housekeeper stated Shower room [ROOM NUMBER] had an area on tile that had soap scum, and hard water stains, the shower mat was dirty with back stains, shower chair back rest had hard water stains, and under shower chair was dirty with reddish substance. The housekeeper stated staff clean the shower rooms, but the stains do not come off. Interview on 8/01/2024 at 2:17 PM with Maintenance Supervisor in Shower #1 stated an area on tile that had soap scum, and hard water stains, the shower mat was dirty with back stains, shower chair back rest had hard water stains, and under shower chair was dirty with reddish substance. Housekeeper stated staff clean the shower rooms, but the stains do not come off. Interview on 8/01/2024 at 2:04 PM with the Maintenance Supervisor stated the water temperature near shower #1 was 96.8 Degrees Fahrenheit. 2. Observation on 8/01/2024 at 1:55 PM with Shower room [ROOM NUMBER] had a tile missing, the shower chair under the seat had reddish substance. Observation on 8/01/2024 at 2:03 PM of Maintenance Supervisor (started 2 weeks ago) observed in Shower #2 revealed a tile missing, had tile had mildew build up on vent, the shower chair under the seat had reddish substance. The Maintenance Supervisor stated shower water temp was 96.8 Degrees Fahrenheit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Manor Nursing and Rehabilitation	206 N Smith St Weimar, TX 78962

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 8/1/2024 at 2:16 PM with the Maintenance Supervisor of the water heater unit 1 outside near Shower #2 was at 125 Degrees Fahrenheit. Observation of the 2nd water heater, near kitchen was at 100 Degrees Fahrenheit. Interview on 8/01/2024 at 2:17 PM with the Maintenance Supervisor in Shower #2 had tile missing, had mildew build up on vent, shower room water temp was 124.1 Degrees Fahrenheit. The Maintenance Supervisor stated that was too hot, would like it no more than 110 Degrees Fahrenheit Interview on 8/01/2024 at 3:25 PM with the Maintenance Supervisor stated he had not gone in the resident showers. Interview on 8/02/2024 10:45 AM with the HSK D stated she did not lift or clean the mat on floor to clean it and does not clean the tile floor or tiled walls. Interview on 8/02/2024 at 11:21 AM with the ADM/DON stated no residents had any injuries of burn skin due to shower water being too hot. no water temperature logs for the building. The ADM stated the Maintenance Supervisor started 2 weeks ago. Record review of policy Resident Rights revision date 11/28/2016 revealed Safe environment-The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Parkview Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 206 N Smith St Weimar, TX 78962	

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 46131 Based on interviews and record review, the facility failed to have sufficient nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for one of four quarters in 2024 (Quarter 2) reviewed for sufficient nursing staff. According to the PBJ report for Quarter 1 2024 (January 1 through March 31), the facility did not have sufficient weekend staff. This failure could place residents at risk of diminished quality of life and quality of care. Findings: Record review of the CMS PBJ report for Quarter 2 2024 (January 1,2024 through March 31,2024) indicated the facility had excessively low weekend staffing. Record review of the RN staffing hours for January 1, 2024, to March 31, 2024, revealed that there was no RN coverage on 2/10/24, 2/11/2024, 2/25/24,3/23/24,3/24/24,3/30/24, and 3/31/24. August 1, 2024, interview at 11:50 AM: The Director of Nursing (DON) stated that the shortage of weekend RN coverage 2/10/24, 2/11/24, 2/25/24,3/23/24,3/24/24,3/30/24, 3/31/24.was due to the facility's remote location; she added that lack of weekend RN coverage can lead to possibly increased readmission rates. Interview on 8/01/24 at 12:18 PM, with the Administrator stated that no RN coverage was available on 2/10/24, 2/11/24, 2/25/24,3/23/24,3/24/24,3/30/24, and 3/31/24 because the staffing agency contracted could not provide a weekend RN. She stated she currently had an RN weekend position posted, but no one has applied due to the facility's location. Record review of facility policy Departmental Supervision, 2001, revised August 2006, revealed an RN/LPN is on duty 24 hours per day, seven days a week.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Parkview Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 206 N Smith St Weimar, TX 78962	

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46677 Based on observation, interview and record review revealed the facility did not provide special eating equipment and utensils for residents who need them for 1 of 1 Residents (Resident #37) who were observed during meal service. Staff failed to ensure Resident #37 had a built-up spoon and a straw. Based on observation, interview and record review revealed the facility did not provide special eating equipment and utensils for residents who need them for 1 of 1 Residents (Resident #37) who were observed during meal service. Staff failed to ensure Resident #37 had a built-up spoon and a straw. This failure could affect residents who depended on assistive devices and infringe on the resident's dignity and feeding independence. The findings were: Record review of Resident #37's face sheet, dated 7/30/24, revealed Resident #37 was an [AGE] year-old female who was originally admitted to the facility on [DATE]. Resident #37 was diagnosed with muscle wasting and atrophy and feeding difficulties. Record review of Resident #37's care plan, dated 07/30/2024, revealed Resident #37 has a swallowing problem r/t Dysphasia. Resident #37's care plan also notes all meals to be served on a divided plate. Drinks to be in mug with no ice and a straw. Res. to have built up spoons for all meals. Record review of Resident#37's meal ticket dated 07/30/2024, revealed resident was to receive a built-up spoon and straw with meal tray. Dining observation of the facility's dining room on 07/30/2024 at 11:44 AM revealed Resident #37 was presented her lunch but was not provided a straw or built-up spoon. Resident #37 was provided a regular fork. Interview with Resident #37 on 07/30/2024 at 1:56 PM revealed resident was not provided a built-up spoon or straw at lunch. Resident #37 stated that the built-up spoon was uncomfortable to use, and she did not need a straw anymore. Resident #37 stated she had asked to be given a regular fork a few days before and the facility had not provided the built-up spoon since. Interview with the Dietary Manager on 08/01/2024 at 1:45 PM revealed Resident #37 had requested to get a regular fork instead of the built-up spoon but could not recall the date. The Dietary Manager stated by not providing Resident #37 a built-up spoon or straw Resident #37 could have a difficult time eating and drinking. (continued on next page)

Printed: 10/31/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675922	A. Building B. Wing	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Manor Nursing and Rehabilitation	206 N Smith St Weimar, TX 78962

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of facility's policy named Adaptive Eating Devices dated 2012 revealed dietary department: sanitizes the utensils after each use and places the devices on the resident's tray as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Parkview Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 206 N Smith St Weimar, TX 78962	

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. 46677 Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for 1 of 1 kitchen observed for food service. The facility failed to ensure that items stored in the walk-in in refrigerator were labeled after opened or prepared. In dry storage a dented can of tomatoes, received date 07/16/24, observed on 07/30/24 on rack with all other can goods to be used. This failure affects the residents who received meals from the kitchen and place them at risk for foodborne illness. Findings included: Observation of the facility's only kitchen on 07/30/2024 at 10:08 AM revealed the facility's dry storage had a can of dented tomatoes, dated 07/16/24, on rack with all other cans. Three trays of unlabeled drinks were observed in the walk-in refrigerator. Milk jug, small jar of jalapeno, small jar of mayonnaise and small squeeze bottle of mayonnaise, all opened, were also observed in the walk-in refrigerator unlabeled with open dates. Interview with the Dietary Manager on 08/01/2024 at 1:45 pm revealed all open foods in the walk-in refrigerator were to be labeled with the date opened. The Dietary Manager also stated that any foods or drinks prepared and then stored in the refrigerator were to be labeled with the date prepared. The Dietary Manager stated that all staff were responsible to label all items before storing them in the refrigerator. The Dietary Manager stated cans were inspected when they were received, and any dented cans were placed on a shelf designated for dented cans. Dented cans were returned to the vendor for credit. The Dietary manager stated that whoever puts the delivery away was responsible to identify any dented cans, but one must have been missed. The Dietary Manager stated, by not labeling open items in the refrigerator or using the dented cans, there could be an increased risk for food born illness. Record review of the policy named Food receiving and storage dated 2022, revealed 1. All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date) and 3. Dry foods and good are handled and stored in a manner that maintains the integrity of the packaging until they are ready to use Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, on 04/24/2024, states 3-101. 11 Safe, Unadulterated, and Honestly Presented. Depending on the circumstances, rusted and pitted or dented cans may also present a serious potential hazard.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Parkview Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 206 N Smith St Weimar, TX 78962	

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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131 Based on observation, interview, and record review the facility failed to maintain and ensure safe and sanitary storage of residents' food items for 1 (refrigerator in resident room [ROOM NUMBER]-A) of 3 residents' refrigerators reviewed in that: The personal refrigerators in one residents' rooms contained food items which were unlabeled and undated. This failure could place residents at risk of foodborne illness due to consuming foods which are spoiled. The findings were: Observations on 7/30/24 at 9:45 A.M. revealed that the personal refrigerator in resident room [ROOM NUMBER]-A contained sliced summer sausage in an unlabeled and undated zip-lock bag. Further observation on 07/30/2024 at 11:34 a.m. revealed sliced summer sausage in an unlabeled and undated zip-lock bag was still present. During an interview with CNA C on 07/30/24 at 9:50 a.m., CNA C confirmed that the personal refrigerator in resident room [ROOM NUMBER]- A contained sliced summer sausage in an unlabeled and undated zip-lock bag. During an interview with the Director of Nursing on 7/30/24, at 1:20 p.m., the DON confirmed that perishable food and drinks in residents' personal refrigerators should be labeled and dated to prevent residents from consuming spoiled foods. The DON stated that the night shift nurses were responsible for overseeing this task, but currently, this was not being monitored. Record review of the facility policy, Foods Brought by Family/Visitors, dated 2001, revised October 2017, revealed, .Perishable foods must be stored in a resealable container tightly fitting lids in refrigerator, container will be labeled with Residents name, the item and use by date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Parkview Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 206 N Smith St Weimar, TX 78962	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26869 Based on interview and record review the facility failed to ensure Medical records in accordance with accepted professional standards and practices, were complete and accurately documented for 1 of 5 (Resident #25) residents, in that: Resident #25's care plan meeting was documented as a DNR status and order was a full code status. This failure could result in residents' records not accurately documenting the administration of medications and could result in a decline in heath. The Findings were: Record review of Resident #25' Admission Record dated 8/1/2024 revealed she was admitted on [DATE], re-admitted in 12/28/2022 with a full code status. Record review of Resident # 25's consolidated orders for August 2024 revealed an order for a full code status. Record review of Resident # 25's care plan dated 7/6/2024 revealed she was a full code status. Record review of Resident # 25's care plan conference dated 6/8/2024 revealed she was a DNR. Interview on 8/01/2024 at 12:12 PM with the ADM stated maybe an error on the care plan conference with the MDS signature. no policy on record accuracy. Interview on 8/1/2024 at 1:00 PM with the MDS revealed she lead the care plan conferences and was a mistake. The MDS stated the risk was low to residents because the charge nurses look at code status book for all residents and get updated. The MDS stated the charge nurses look at the orders not the care plan conferences.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Manor Nursing and Rehabilitation	206 N Smith St Weimar, TX 78962

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26869 Based on observations, interviews and record review the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents for 2 of 2 shower rooms, in that 1. Shower room [ROOM NUMBER] water temperature was 96.8 Degrees Fahrenheit. 2. Shower room [ROOM NUMBER] water temperature was 124.1 Degrees Fahrenheit. 3. No water temperature logs were kept. This failure could affect any resident and contribute to feelings of low self-esteem. The Findings were: 1. Observation on 8/01/2024 at 2:03 PM with the Maintenance Supervisor revealed Shower room [ROOM NUMBER] water temp was 96.8 Degrees Fahrenheit. Interview on 8/01/2024 at 2:04 PM with the Maintenance Supervisor stated the water temperature near shower #1 was 96.8 Degrees Fahrenheit. 2. Observation on 8/01/2024 at 2:03 PM with the Maintenance Supervisor (started 2 weeks ago) observed in Shower #2 water temperature was 96.8 Degrees Fahrenheit. Observation on 8/1/2024 at 2:16 PM with Maintenance Supervisor of the water heater unit 1 outside near Shower #2 was at 125 Degrees Fahrenheit. Observation of the 2nd water heater, near kitchen was at 100 Degrees Fahrenheit. Interview on 8/01/2024 at 2:17 PM with Maintenance Supervisor in Shower #2 had shower room water temperature was 124.1 Degrees Fahrenheit. The Maintenance Supervisor stated that was too hot,would like it no more than 110 Degrees Fahrenheit Interview on 8/01/2024 at 3:25 PM with Maintenance Supervisor stated he had not gone in the resident showers to take water temperatures. Interview on 8/02/2024 at 11:21 AM with ADM/DON stated no residents had any injuries of burn skin due to shower water being too hot. The ADM stated no water temperature logs for the building. ADM stated the Maintenance Supervisor started 2 weeks ago and was still training. Asked for policies. ADM stated the Maintenance Supervisor was getting trained today. Record review of the incident reports, grievances, and resident council minutes for 6 months revealed no concerns with hot water or cold water during showers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Manor Nursing and Rehabilitation	206 N Smith St Weimar, TX 78962

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the policy, Bath, Tub/shower [NAME] dated 2003 revealed 7. run water in the tub and test the temperature with the thermometer to obtain in rand of 98-104 degrees Fahrenheit or run water into the shower and test on the inner arm for comfortable, temperature. Record review of Hot water systems dated [NAME] 2003 revealed 1. The hot water system will be checked weekly for temperature variants. The temperature [NAME] be recorded on the water temperature log weekly and maintained by the Maintenance Supervisor. The facility will be responsible for maintaining at least twelve months of water temperatures logs for review. 3. The following area wills be checked and logged weekly: c. shower temperature. 6. Water temperatures should be maintained at 100 Degrees Fahrenheit, and 110 Degrees Fahrenheit fat maximum. Record review of the policy Resident Rights revision date 11/28/2016 revealed Safe environment-The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.