

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	

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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50444</p> <p>Based on observations, interviews, and record review the facility failed to ensure the right to receive services in the facility with reasonable accommodation of resident needs and preferences for 1 (Resident #12) of 10 residents reviewed for reasonable accommodation of needs.</p> <p>The facility failed to ensure the call light system in Resident #12's room was in a position that was accessible to Resident #12.</p> <p>This failure could place Resident#12 at risk of being unable to obtain assistance when needed and help in the event of an emergency.</p> <p>Findings included:</p> <p>Review of Resident #12's Face Sheet, dated 09/11/2024, reflected that Resident #12 was a [AGE] year-old female admitted on [DATE]. Resident #12 was diagnosed with hemiplegia (muscle weakness affecting one side of the body) affecting left non- dominant side.</p> <p>Review of Resident #12's Quarterly MDS (Minimum Data Set: tool to assess health and functional capabilities) Assessment, dated 08/29/2024, reflected that Resident #12 was cognitively intact with a BIMS (Brief Interview for Mental Status: tool used to evaluate cognitive impairment) score of 15. Resident #12 used a walker to ambulate and required assistance with some activities of daily living.</p> <p>Review of Resident #12's Comprehensive Care Plan, dated 08/26/2024, reflected that Resident #12 was at risk for falls due to unsteady gait, decreased balance, medications, poor safety awareness. Resident uses a mobility device. Requires assistance with transfers. One intervention is to provide assistance to keep area of ambulation free from clutter, trip, spill hazards.</p> <p>An observation and interview on 09/10/24 at 08:59 AM revealed that Resident #12 was sitting in a recliner in her room. Resident #12's walker was positioned in front of the recliner and slightly to the right. The call light was secured to the side of Resident #12's bed. It was placed on the side of the bed that faced where the Resident #12 was sitting. The bed was approximately 6 feet from where Resident #12 sat in her recliner. Resident #12 stated that she could not reach the call light and that sometime they don't put it where I can reach it. Resident #12 stated that she had to be careful when she walked to the bed to get her call light.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	
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)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with CNA B on 09/10/24 at 11:20 AM, she stated that the call light is the residents' lifeline and that it allowed them to call for anything that they needed. CNA B stated that having the call light in reach was also important because the residents felt more secure.</p> <p>During an interview with LVN B on 09/10/24 at 11:35 AM, he stated the call light should have been within Resident #12's reach in case she had a need for anything. LVN B stated that was important because it could help prevent the resident from getting up and potentially falling.</p> <p>During an interview with the ADON on 09/10/24 at 11:42 AM, she stated that the resident's call light should be in reach for their safety and to prevent falls.</p> <p>The facility's policy Use of Call Light, Procedure 230 reflected When providing care to residents be sure to position the call light conveniently for the resident to use. Tell the resident where the call light is and show him/her how to use the call light. Undated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45055</p> <p>Based on observations, interviews, and record review the facility failed to provide a safe, clean, comfortable, and homelike environment including but not limited to receiving treatment and supports for daily living safely for 5 (room [ROOM NUMBER], #2, #3, #4, and #5) of 12 resident rooms reviewed for cleanliness and sanitization.</p> <p>The facility failed to ensure that Resident Rooms #1, #2, #3, #4, and #5 were thoroughly cleaned and sanitized.</p> <p>This deficient practice could place residents at risk of living in an unclean and unsanitary environment which could lead to a decreased quality of life.</p> <p>Findings included:</p> <p>An observation on 09/10/24 at 10:33 AM of Resident room [ROOM NUMBER] reflected the floor in the resident's bathroom had dark orange stains circling the toilet and on the bottom of the toilet.</p> <p>An observation on 09/10/24 at 10:36 AM of Resident room [ROOM NUMBER] reflected the floor in the resident's bathroom had dark orange stains circling the toilet. The inside of the toilet had a long dark rust in color stain (approximately 3 inches in length).</p> <p>An observation on 09/10/24 at 10:42 AM of Resident room [ROOM NUMBER] reflected the floor in the resident's bathroom had dark orange stains circling the toilet and on the bottom of the toilet.</p> <p>An observation on 09/10/24 at 10:54 AM of Resident room [ROOM NUMBER] reflected the floor in the resident's bathroom had dark orange stains circling the toilet and on the bottom of the toilet.</p> <p>An observation on 09/10/24 at 11:24 AM of Resident room [ROOM NUMBER] reflected the floor in the resident's bathroom had dark orange stains circling the toilet and in the corners of the floor.</p> <p>In an interview on 09/12/24 at 11:00 AM, the Housekeeping Supervisor stated she had been at the facility for [AGE] years. She stated the staff were to clean the entire room, including the resident bathroom. She was shown the concerns observed in Resident room [ROOM NUMBER], #2, #3, #4, and #5. She stated housekeeping were to clean the areas observed and they just hired a floor tech to assist in cleaning the bathroom floors around the toilets, which were heavily stained. She stated the risk of the areas not being cleaned would not be good for the resident and she would not like the stains in her bathroom.</p> <p>In an interview on 09/12/24 at 11:08 AM, Housekeeping J stated she had been at the facility for over [AGE] years. She stated she cleaned rooms on hall 100 and 600. She stated she deeps cleans the room once a day, including the bathroom. She was shown pictures of the concerns observed in the Resident room [ROOM NUMBER], #2, #3, #4, and #5, and she stated they were responsible for cleaning the areas mentioned. She stated they had tried to scrub the areas in the bathroom around the toilet but had been unable to get it cleaned. She stated the risk to the resident was that they would not like it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 09/12/24 at 11:20 AM, the Administrator stated she had not been made fully aware of the concerns observed in the resident rooms. She was shown pictures of the concerns observed in resident room [ROOM NUMBER], #2, #3, #4, and #5. She stated that she would follow-up with the housekeeping supervisor to ensure these concerns were addressed. She stated her expectation was for housekeeping to ensure they were thoroughly cleaning resident rooms. She stated the risk of not thoroughly cleaning resident rooms could result in infections and it was not good for their dignity.</p> <p>Review of the facility's policy on Internal Environmental Services (undated) reflected:</p> <p>Assure that the resident remains a pleasant, clean, and safe place to live.</p> <p>Procedure:</p> <p>The residence will be kept clean and well maintained. This will be accomplished through a regular cleaning schedule, a preventive maintenance program, and repair the or enhancement of existing structures, systems, equipment, and fixtures.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	
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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50444</p> <p>Based on observations, interviews, and record review, the facility failed to ensure that residents, who needed respiratory care, were provided care consistent with professional standards of practice for 7 (Resident #24, Resident #25, Resident #12, Resident #31, Resident #54, Resident #17, and Resident #16) of 10 residents reviewed for Respiratory Care.</p> <ol style="list-style-type: none"> The facility failed to ensure that Resident #24's nasal cannula (flexible tube used to deliver oxygen to the nose through two prongs) was properly stored. The facility failed to ensure that Resident #25's nebulizer (machine that turns liquid medication into a mist and breathed directly into the lungs) face mask was properly stored. The facility failed to ensure that Resident #12's CPAP (continuous positive airway pressure: machine used to deliver pressurized air through a mask to keep airways open) was stored properly. The facility failed to ensure that Resident #31's nebulizer face mask was properly stored. The facility failed to ensure resident #54's nebulizer face mask was properly stored. The facility failed to ensure that Resident #17's CPAP was properly stored. The facility failed to ensure that Resident #16's nebulizer face mask was properly stored. <p>These failures could place the residents at risk for respiratory infection and not having their respiratory needs met.</p> <p>Findings included:</p> <p>Resident #24</p> <p>Review of Resident #24's Face Sheet, dated 09/16/2024, reflected that resident was an [AGE] year-old female admitted on [DATE]. Resident #24 was diagnosed with COPD (Chronic Obstructive Pulmonary Disease: lung disease that blocks airflow and makes it difficult to breathe).</p> <p>Review of Resident #24's Quarterly MDS Assessment, dated 08/28/2024, reflected that Resident #24 had an intact cognition with a BIMS (Brief Interview for Mental Status: test used to measure cognitive decline) score of 15. Resident #24 was administered oxygen therapy.</p> <p>Review of Resident #24's Comprehensive Care Plan, dated 08/05/2024, reflected that Resident #24 was at risk for shortness of breath, respiratory distress, increased anxiety due to DX COPD . An intervention was to observe for shortness of breath, respiratory distress, increased anxiety and implement appropriate ordered interventions. Notify medical doctor if interventions were not effective.</p> <p>An observation 09/10/24 at 08:49 AM revealed Resident #24's nasal cannula was hanging over the back of Resident #24's wheelchair. The nasal cannula was not stored properly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	

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)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #25</p> <p>Review of Resident #25's Face Sheet, dated 09/16/2024, reflected that Resident #25 was an [AGE] year-old female admitted on [DATE]. Resident #25 was diagnosed with Asthma (chronic lung disease) and OSA (Obstructive Sleep Apnea: sleep-related breathing disorder).</p> <p>Resident #25 had severe cognitive impairment with a BIMS score of 04. Resident #25 was treated for chronic respiratory failure.</p> <p>Review of Resident #25's Comprehensive Care Plan, dated 07/01/2024, reflected that Resident #25 had altered respiratory status and difficulty breathing related to Asthma and OSA. An intervention was to educate resident/family/caregivers regarding side effects and overuse of inhalers and nebulizers.</p> <p>An observation on 09/10/24 at 08:56 AM revealed that Resident #25's nebulizer mask was hanging from the bed controller that was on Resident #25's bedside table. The nebulizer mask was not stored properly.</p> <p>Resident #12</p> <p>Review of Resident #12's Face Sheet, dated 09/11/2024, reflected that Resident #12 was a [AGE] year-old female admitted on [DATE]. Resident #12 was diagnosed with Asthma and OSA.</p> <p>Review of Resident #12's Quarterly MDS Assessment, dated 08/29/2024, reflected that Resident #12 was cognitively intact with a BIMS score of 15. Resident #12 used a non-invasive mechanical ventilator (delivers oxygen to lungs).</p> <p>Review of Resident #12's Comprehensive Care Plan, dated 08/26/2024, reflected that Resident #12 was at risk for complications of Asthma. One intervention was monitor vital signs, skin color, pulse oximetry, airway functioning and degree of restlessness which may indicate hypoxia.</p> <p>An observation on 09/10/24 at 08:59 AM revealed Resident #12's CPAP face mask was on Resident #12's bedside table and was not stored properly.</p> <p>Resident #31</p> <p>Review of Resident #31's Face Sheet, dated 09/16/2024, reflected that the resident was a [AGE] year-old male admitted on [DATE]. Resident #31 was diagnosed with COPD.</p> <p>Review of Resident #31's Quarterly MDS Assessment, dated 07/22/2024, reflected that Resident #31 was cognitively intact with a BIMS score of 15. Resident #31 had shortness of breath when lying flat.</p> <p>Review of Resident #31's Comprehensive Care Plan, dated 08/08/2024, reflected that Resident #31 was at increased risk for shortness of breath, respiratory distress and increased anxiety related to COPD. The interventions were to educate resident/family/caregivers regarding side effects and overuse of inhalers and nebulizers and to monitor vital signs, skin color, pulse oximetry, airway functioning and degree of restlessness which may indicate hypoxia.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	
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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on 09/10/24 at 09:02 AM revealed that Resident #31's nebulizer mask was on the table next to Resident #31's bed and was not stored properly.</p> <p>Resident #54</p> <p>Review of Resident #54's Face Sheet, dated 09/16/2024, reflected that the resident was a [AGE] year-old female admitted on [DATE]. Resident #54 was diagnosed with cerebral infarction (also known as a stroke: a serious condition that occurs when blood flow to the brain is blocked), dysphagia (difficulty swallowing), and spastic hemiplegia (muscles on one side of the body are in a constant state of contraction) affecting the left non-dominant side.</p> <p>Review of Resident #54's Order Summary Report, dated 09/12/24, reflected an order on 09/03/24 for Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (Ipratropium-Albuterol) 1 inhalation inhale orally every 6 hours for cough/congestion.</p> <p>Review of Resident #54's Quarterly MDS Assessment, dated 08/15/2024, reflected that Resident #54 was cognitively intact with a BIMS score of 13. The Quarterly MDS Assessment indicates that Resident #54 did not experience shortness of breath or symptoms of a swallowing disorder.</p> <p>Review of Resident #54's Comprehensive Care Plan, dated 05/16/2024, reflected that Resident #54 required a pureed diet and thickened liquids related to cerebral infarction and dysphagia. One intervention was to observe for signs of aspiration to include but not limited to: choking, gagging, sinus drainage, gurgling, wet vocal quality.</p> <p>An observation on 09/10/24 at 09:07 AM revealed Resident #54's nebulizer mask was on the table next to Resident #54's bed and not stored properly.</p> <p>Resident #17</p> <p>Review of Resident #17's Face Sheet, dated 09/16/2024, reflected that the resident was a [AGE] year-old female admitted on [DATE]. Resident #17 was diagnosed with Sleep Apnea (interrupted breathing during sleep).</p> <p>Review of Resident #17's Quarterly MDS Assessment, dated 08/21/2024, reflected that Resident #17 was cognitively intact with a BIMS score of 15 and used a CPAP at bedtime.</p> <p>Review of Resident #17's Comprehensive Care Plan, dated 05/16/2024, reflected that Resident #17 had altered respiratory status/Difficulty Breathing r/t related to chronic respiratory failure and wears a CPAP at bedtime. One intervention was to monitor/document/report abnormal breathing patterns to MD: increased rate, decreased rate, periods of apnea</p> <p>An observation 09/10/24 at 09:15 AM revealed Resident #17's CPAP tubing was draped over the side of the bed rail and the mask was lying on the resident's bed. It was not stored in a bag.</p> <p>Resident #16</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	
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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #16's Face Sheet, dated 09/11/2024, reflected that the resident was a [AGE] year-old female admitted on [DATE]. Resident #16 was diagnosed with myocardial infarction (heart attack: blockage of blood flow to the heart) and combined systolic and diastolic heart failure (types of heart failure that affect the heart's ability to pump blood).</p> <p>Review of Resident #16's Quarterly MDS Assessment, dated 08/21/2024, reflected that Resident #16 had moderate cognitive impairment with a BIMS score of 08. Resident #16 was administered oxygen therapy.</p> <p>Review of Resident #16's Comprehensive Care Plan, dated 05/16/2024, reflected that Resident #16 had oxygen therapy related to shortness of breath. One intervention was to monitor for signs of respiratory distress and report to MD PRN: Respirations, Pulse oximetry, Increased heart rate, Restlessness, Diaphoresis.</p> <p>An observation on 09/10/24 at 10:56 AM revealed Resident #16's nebulizer mask was on the table next to Resident #16's bed and not stored properly.</p> <p>During an interview with the Staffing Coordinator on 09/10/24 at 11:04 AM, he stated that he was a CNA. The Staffing Coordinator stated that the residents' nasal cannulas should have been bagged, when not used, to prevent contamination. The Staffing Coordinator stated that the nebulizers and CPAP machines should have also been stored in bags, when not in use, so they do not get contaminated.</p> <p>During an interview with LVN B on 09/10/24 at 11:38 AM, he stated that the nebulizer masks and oxygen tubing should have been in a bag unless the resident was using them. LVN B stated it was important to keep these items clean and prevent infection.</p> <p>During an interview with the DON, on 09/11/24 at 08:17 AM, she stated when not in use, oxygen tubing, nebulizer masks, and CPAP masks should have been placed in bags. The DON stated it was important to prevent infection and that she would not want to put a nasal cannula in her nose that was not covered. The DON stated that the staff member who had removed the resident's nasal cannula should have placed it in a bag.</p> <p>Review of the facility's policy Breathing Therapy Devices, undated, reflected to wash with soap and water, rinse, and air-dry all reusable equipment and store in a clean plastic bag for future use.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49459</p> <p>Based on observations, interviews, and record review the facility failed to ensure food was stored, prepared, distributed, and served in accordance with professional standards for food service safety for the facility's only kitchen, reviewed for food storage, labeling, dating, and kitchen sanitation.</p> <ol style="list-style-type: none"> The facility failed to ensure the tea was covered with a lid. The facility failed to ensure expired foods in the facility's refrigerator and freezer were discarded according to guidelines. The facility failed to ensure foods in the refrigerator and freezer were properly sealed from air-borne contaminations. The facility failed to ensure hairnets were worn while in the kitchen, while breakfast was being prepared and served, in the kitchen area. The facility failed to clean the food storage bins in the dry food storage area. <p>These failures could place residents at risk for cross contamination and other air-borne illnesses.</p> <p>Findings included:</p> <p>Observations on [DATE] from 8:39 AM to 9:00 AM in the facility's main kitchen reflected:</p> <p>Cook A was observed in the kitchen area during breakfast service, not wearing a hairnet covering.</p> <p>One large tea dispenser filled with tea, located in the kitchen area near the entry into the kitchen, was uncovered and exposed to air-borne contaminants.</p> <p>The findings in the kitchen freezer included the following:</p> <p>One large bag of frozen chicken patties was not dated, and no visible expiration date was observed.</p> <p>One large tray of oatmeal and sugar cookies was not sealed, undated, and exposed to air-borne contaminants.</p> <p>One large bag of meat (roast) with no expiration date and covered in frost.</p> <p>One large bag of frozen chicken unlabeled and undated.</p> <p>One large bag of corn empanadas unlabeled and undated.</p> <p>One large box of premade hamburger patties, not properly sealed, and exposed to air contaminants.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>One large bag containing Black beans covered in frost.</p> <p>One large bag of sliced seasoned potatoes not properly sealed and exposed to air contaminants.</p> <p>One large bag of tater tots not properly sealed and exposed to air contaminants.</p> <p>One large bag of French fries covered in frost, was not dated, and no visible expiration date was observed.</p> <p>One large bag of whole celery, located in the freezer, was not sealed, and was exposed to air-borne contaminants.</p> <p>The findings in the dry food storage area included the following:</p> <p>Three large bins containing sugar, flour, and powdered onion, had one lid cracked, covered in a brownish and blackish dirt stains on the top portion of the bins.</p> <p>One large bag of chips, not properly sealed, and exposed to air contaminants.</p> <p>In an interview with Dietary Manager on [DATE] at 8:55 AM, was advised of the concerns observed in the kitchen area. The DM stated the expectation of the kitchen staff was to make tea an hour before the meal service and the tea dispenser was supposed to be covered during and after the brewing process. The DM stated the tea was prepared by her staff that day around 6:30 AM, and it was not covered. The DM agreed regarding the concerns observed in the kitchen and stated preparing tea and not covering the tea dispenser may cause cross contamination and could lead to sickness among residents.</p> <p>In a follow up interview with Dietary Manager on [DATE] at 10:00 AM, she stated she was the person overall responsible for ensuring the kitchen was meeting guidelines for food storage and kitchen sanitization. She was shown images of all the concerns observed in the kitchen. The DM advised she spoke with staff about ensuring the tea was covered once it was prepared. The DM was advised of a staff member being observed not wearing the proper head covering. The DM advised this has been an ongoing issue and it has been addressed but that she will address it again. She did a full in-service of food rotation and storage pertaining to what the proper procedures were dealing with food rotation, storage. Further they completed a customer satisfaction training in reference to resident rights, and options on the food items. The DM advised a full in-service was done regarding proper labeling and cleaning logs, of food items. The DM stated the proper procedure would be to make sure the facility stores, prepare, distribute, and serve food in accordance with professional standards for food service safety. The DM stated these failures could affect residents who received their meals from the facility's only kitchen, by placing them at risk for food-borne illness if consumed, and food contamination.</p> <p>In an interview on [DATE] at 12:50 PM, the Administrator was advised there were concerns observed in the kitchen. She was advised of these concerns and has spoken with the DM. She advised that the issues could cause food contamination and this matter would be resolved. She stated the risk of all these concerns observed in the kitchen could result in residents getting sick.</p> <p>Follow up interview with the DM on [DATE] at 10:00 AM she stated everyone in the kitchen, including herself, were responsible for dating and labeling items in the kitchen.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record Review of the Facility's undated policy, titled Dietary/Food Services undated, revealed: Policy: Storage of Food in Refrigeration</p> <p>Procedure:</p> <p>- all containers must be labeled with the contents and date food item was placed in storage.</p> <p>Review of the facility's undated policy titled Employee Hygiene , revealed: Procedure:</p> <p>-Employees must keep hair from contacting exposed food, clean equipment, utensils, and linens.</p> <p>All food handling and safety must comply with the Texas Food Establishment Rules (TFER) and the CMS and Texas Health and Human Services Commission (HHSC).</p> <p>Review of the U.S. Food and Drug Administration (FDA) Code (2022) revealed, PACKAGED FOOD shall be labeled as specified in LAW, including 21 CFR 101 FOOD Labeling, 9 CFR 317 Labeling, Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S ,d+[DATE].18. FOOD shall be protected from contamination that may result from a factor or source not specified under Subparts ,d+[DATE] - ,d+[DATE].</p> <p>Review of TITLE 21--FOOD AND DRUGS CHAPTER I--FOOD AND DRUG ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> <p>SUBCHAPTER B - FOOD FOR HUMAN CONSUMPTION PART 110 -- CURRENT GOOD MANUFACTURING PRACTICE IN MANUFACTURING, PACKING, OR HOLDING HUMAN FOOD</p> <p>(6) Wearing, where appropriate, in an effective manner, hair nets, headbands, caps, beard covers, or other effective hair restraints.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50444</p> <p>Based on observations, interviews, and record review, the facility failed to maintain an infection control program designed to provide a sanitary environment and to help prevent the development and transmission of communicable diseases and infections for 1 (Resident #50) of 4 residents observed for Infection Control.</p> <p>The facility failed to ensure that CNA B changed gloves and performed hand hygiene while providing incontinent care to Resident #50.</p> <p>These failures could place the residents at risk of cross-contamination and development of infections.</p> <p>Findings included:</p> <p>Review of Resident #50's Face Sheet, dated 09/11/24, reflected that Resident #50 was a [AGE] year-old female admitted on [DATE]. Resident #50 was diagnosed with atrial fibrillation (irregular heart rate that can prevent the heart from pumping blood properly), myocardial infarction (also known as heart attack: blockage of blood flow to the heart muscle) and arthritis (joint pain and stiffness).</p> <p>Review of Resident #50's Quarterly MDS Assessment, dated 08/14/24, reflected that Resident #50 was cognitively intact with a BIMS score of 15. Resident #50 was incontinent of bowel and bladder.</p> <p>Review of Resident #50's care plan, dated 09/05/24, reflected that Resident #50 is currently incontinent of bladder/ bowel. At risk for altered skin integrity. Resident is total dependent on staff for transfers and toileting.</p> <p>An observation on 09/11/24 at 09:30 AM revealed that CNA B provided incontinent care to Resident #50. CNA B entered Resident #50's room and told her she was going to do peri care. CNA B went to the resident's restroom and washed her hands. CNA B put on gloves and opened the resident's brief. CNA B cleaned each side of the peri area, then down the middle, using a different wipe for each pass. CNA B removed her soiled gloves but did not wash her hands before putting on a clean pair of gloves. Resident #50 rolled to her right side. CNA B wiped each side of resident's bottom, then the rectal area, using a clean wipe with each pass. She removed the soiled gloves and put on clean gloves without washing her hands. She placed a clean brief under the resident. Resident #50 rolled to her back and CNA B fastened her brief. CNA B removed her gloves but did not wash her hands before pulling up Resident #50's top sheet to cover her. CNA B washed her hands in the resident's restroom before leaving the room.</p> <p>In an interview on 09/11/24 at 09:40 AM, CNA B stated she should have washed her hands each time she removed her dirty gloves. CNA B stated she was nervous and forgot to. CNA B stated it was important to wash her hands or use hand sanitizer so that she did not spread germs. CNA B stated that she wanted to protect her residents and herself when she provided care to the residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 E 13th Ave Belton, TX 76513	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/11/24 at 9:50 AM, the DON stated that CNA B should have used hand sanitizer or washed her hands each time she removed soiled gloves. The DON stated that performing hand hygiene prevented cross contamination and spreading bacteria.</p> <p>In an interview on 09/11/24 at 09:55 AM, the ADON stated that CNA B was supposed to use sanitizer or wash hands after removing soiled gloves and before CNA B had put on clean gloves. The ADON stated this prevents infection and cross contamination. The ADON stated that proper hand hygiene also protects the staff.</p> <p>The facility did not provide a policy for infection control or hand hygiene before exit.</p>		