STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676005	A. Building B. Wing	04/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Place Nursing & Rehabilitation Center	2450 E Fifth St Tyler, TX 75701

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 0791 Level of Harm - Actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to provide or obtain necessary emergency dental services for 1 of 9 residents reviewed for dental services (Resident #1).The facility failed to timely complete and follow up on a dental referral after becoming aware of Resident #1's dental concerns on 3/3/26. The referral was not submitted until 3/12/26, resulting in the resident developing right-sided facial swelling, pain, and infection, requiring transfer to the emergency room on 3/12/26.This failure placed residents at risk for delayed dental treatment, increased pain, infection, and decline in condition.Findings included:Record review of an admission record dated 04/03/26 indicated Resident #1 was a [AGE] year-old male who initially admitted to the facility on [DATE] and readmitted on [DATE] with a cellulitis and abscess of mouth (serious, often interconnected dental emergencies resulting from bacterial infections, typically arising from untreated tooth decay or gum disease. Dental Abscess: A pocket of pus at the root of a tooth, causing sharp pain, heat sensitivity, and localized swelling. Facial Cellulitis: Spreads from an abscess, causing widespread facial swelling, redness, high fever, chills, and intense pain.) with new onset date of 3/3/26.Record review of quarterly MDS assessment dated [DATE] indicated Resident #1 had clear speech, was able to make self-understood and had the ability to understand others. He had BIMS score of 14 out of 15 indicating he was cognitively intact. The MDS assessment indicated Resident #1 did not exhibit rejection of care. The MDS assessment indicated Resident #1 was independent with ADLs. The MDS assessment indicated Resident #1 had no mouth or facial pain, discomfort and no oral or dental problems.Record review of Resident #1's nursing progress notes from March 2026 indicated the following:-3/3/26 at 9:56am completed by DON - Spoke to [Resident #1's family member] regarding [Resident #1] inquiring about dental concerns. SW consulted and will follow up for dental referral.-3/3/26 at 12:55pm completed by LVN B - [Resident #1] c/o tooth pain with blood and puss coming from back of right mouth. NP notified. N.O. Amoxicillin 1g today then Amoxicillin 500mg TID x 3 days.-3/12/26 at 1:40pm completed by LVN C - [Resident #1] that shift present with swelling to right side of face. [Resident #1] report pain 8/10, constant and aching, afebrile, vs stable WNL, notified MD, ordered to transfer [Resident #1] to local ER for evaluation and treatment.-3/12/26 at 7:09pm completed by LVN C - [Resident #1] returned from the local ER at 5:00pm via facility van transport. Discharge orders are as followed from the local ER: 1. AUGMENTIN 875-125 MG - ONE TAB PO BID X 7 DAYS. 2. PERIDEX 0.12% - ADMINISTER 15 ML PO (SWISH AND SPIT) PO BID X 14 DAYS. Facial swelling had decreased and not warm to the touch.Record review of an emailed dental referral dated 3/12/26 at 11:33 a.m. from SW to the [Name of in house Dental provider] indicted SW initiated a new patient dental referral for Resident #1.Record review of Resident #1's social service progress note indicated the following:-3/12/26 at 12:21pm completed by SW - SW sent Dental referral.Record review of after visit summary dated 3/12/26 indicated Resident #1 was in the ER for dental pain due to toothache. Resident #1 was discharged with new two new medications: amoxicillin 875-125mg (take 1 tablet by my mouth every 12 hours for 7 days); and chlorhexidine 0.12% solution (apply 15 mL to the mouth or throat two times per day for 14 days). Also, instructed to follow up with a dentist for re-evaluation. Unable to interview or observe Resident #1 during the visit as the resident was out on pass for the (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0791 Level of Harm - Actual harm Residents Affected - Few	holidays.During a telephone interview on 4/3/26 at 4:46 p.m., the dental office representative stated that Resident #1's dental referral was received on 3/12/26 and Resident #1 was seen by the facility's dentist on 3/17/26. The representative reported that the new patient referral packet included a face sheet, medication list, and financial status form, along with a physician-signed form; however, the attending physician signed Resident #1's paperwork on 3/3/26, while SW submitted Resident #1's dental referral on 3/12/26.During an interview on 4/4/26 at 1:12 p.m., the DON stated that Resident #1's family member notified her on 3/3/26 of the need for a dental referral. The DON reported she initiated the dental consult for SW to follow up and expected timely follow-up, although no specific timeframe was provided. The DON stated she was unaware Resident#1's dental referral had not been completed until 3/12/26. She further reported that Resident #1 had been receiving antibiotics during that time and, although the Resident#1's room was near her office, Resident #1 did not report any mouth-related concerns to her. The DON said they did not have a dental policy.During an interview on 4/4/26 at 1:20 p.m., SW stated she was hired in January 2026 as the facility's SW and, shortly after starting, identified multiple residents in need of dental referrals. SW reported she was responsible for completing new patient referrals for the in-house dental provider. SW stated Resident #1 had a dental consult dated 3/3/26; however, she delayed submitting the referral and sent it on 3/12/26 with other new patient referrals. SW said she did not follow up on the 3/3/26 consult until 3/12/26, because she did not believe it would be an issue due to the resident being prescribed three days of antibiotics. SW reported the in-house dental provider evaluated Resident #1 on 3/17/26.During an interview on 4/4/26 at 2:13 p.m., LVN C stated she was the charge nurse on the right side of North Hall during the 6 a.m. to 2 p.m. shift. She reported that on 3/12/26, Resident #1 complained of mouth pain and right-sided facial swelling. The nurse stated the resident reported no swelling the night prior; however, upon waking the morning of 3/12/26, the right side of his face was swollen, and he was experiencing toothache-related pain and Resident #1 was sent to the ER for evaluation.During a telephone interview on 4/4/26 at 3:32 p.m., LVN B stated she was the charge nurse for the right side of North Hall during the 6 a.m. to 2 p.m. shift and that Resident #1 was assigned to her hall. She reported that on 3/3/26, Resident #1 complained of right-sided mouth pain and stated he had to gargle his mouth prior to her assessment. The nurse stated she assessed the resident's mouth and did not observe or feel swelling or drainage at that time; however, she notified the physician, who ordered a three-day course of antibiotics. She further reported that during the 3/3/26 morning meeting, she notified the DON and SW of Resident #1's condition, and SW indicated awareness and reported awaiting completion of the dental referral process. The nurse stated she did not follow up further after being informed that SW was completing the referral.Record review of SW job description signed 12/12/25 indicated, .Position Summary: The purpose of the Director of Social Services position was to enable the community to identify the personnel and medically related psycho-social, socio-economic and emotional needs of the residents. To act to meet those needs through individual and family assessments and counselling as well as other social services interventions. This position also promotes residents' potential, rights and quality of care during their stay.Record review of undated Quality Assessment and Assurance Committee: Social Services policy and procedure indicated: Duties and responsibilities.4. Referring residents/families to appropriate social services agencies when the facility does not provide the services or needs of the resident.