| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676005 | A. Building<br>B. Wing | 04/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Park Place Nursing & Rehabilitation Center | 2450 E Fifth St<br>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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, were reported immediately, but not later than two hours after the allegations were made, if the events that caused the allegation involved abuse or resulted in serious bodily injury to the administrator of the facility and to other officials, including to the State Survey Agency, in accordance with State law through established procedures for one of five residents (Resident #1) reviewed for injury of unknown origin. The facility failed to report an injury of unknown origin until 6 hours after the incident occurred. This failure could place residents at risk of not receiving timely investigation into allegations of injury of unknown origin. The findings included: A record review of TULIP case details on 04/20/2026 at 3:32 PM indicated the report of injury of unknown origin was received by HHSC on 04/10/2026 at 10:30 PM. A record review of Resident #1's face sheet dated 04/22/2026 indicated a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included metabolic encephalopathy (a condition that could lead to confusion, memory loss, personality differences, and drowsiness), generalized muscle weakness, and cognitive communication deficit (a condition that could disrupt a person's ability to communicate effectively). A record review of Resident #1's admission MDS dated [DATE] indicated BIMS of 4, which indicated severe cognitive impairment. Section GG of Resident #1's MDS indicated Resident #1 required partial/moderate assistance in which the helper provided less than half the effort for most functional abilities. A record review of a nurses note dated 04/10/2026 at 4:30 PM indicated Resident #1 was heard calling for help from her room and was found by staff on the floor laying on her back with a deep laceration to the palm of her left hand that was actively bleeding. The note indicated Resident #1 was crying out and stated it hurt while her left arm was being assessed for injury. The note indicated Resident #1's laceration was cleaned and covered with a dry dressing and the bleeding was controlled. The note indicated the physician, the ADON, DON, and Resident #1's family member were notified of the incident. The note indicated 911 was called and Resident #1 was transferred to the hospital for further care. A record review of hospital records dated 04/10/2026 at 6:25 PM indicated an x-ray of Resident #1's left humerus (the bone of the upper arm) revealed a fracture. Hospital records indicated Resident #1 received sutures to the laceration on her left palm. An observation on 04/22/2026 at 9:15 AM indicated Resident #1's left arm was swollen, bruised, and she had sutures to her left palm. Resident #1 did not have any facial grimacing, groaning, or other indicators she was experiencing pain and stated her left hand only hurt if she messed with it. Resident #1's bedroom and bathroom did not have any observable tripping hazards or sharp objects. An attempt was made to interview Resident #1, but she was unable to appropriately answer questions and repeated I don't know. During a telephone interview on 04/22/2026 at 10:30 AM, LVN A indicated she was the nurse who assessed Resident #1 after a CNA notified her Resident #1 was on the floor. LVN A indicated she was unsure how the laceration on Resident #1's hand was obtained as there was nothing in the surrounding area she believed sharp enough to cause the laceration. LVN A indicated<br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676005 | A. Building<br>B. Wing | 04/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Park Place Nursing & Rehabilitation Center | 2450 E Fifth St<br>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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | she assessed and provided care for Resident #1 and then contacted the physician, ADON A, the DON, and Resident #1's family member. During a telephone interview on 04/22/2026 at 1:40 PM, CNA B indicated she heard Resident #1 call for help from her room, saw her on the floor, and immediately notified the nurse. CNA B indicated Resident #1 was crying and her left hand was bleeding. CNA B indicated she did not observe blood anywhere in the room other than on Resident #1's hand and Resident #1 had fragile skin. During an interview on 04/22/2026 at 2:50 PM, ADON A indicated she was contacted shortly after the incident occurred and notified Resident #1 had fallen and was being sent to the hospital due to the laceration on her left hand and the inability to move her left arm without showing signs of pain. ADON A indicated she was able to monitor when x-rays were completed through her computer at home. ADON A indicated she notified the DON at 7:08 PM on 04/10/2026 x-rays were completed and Resident #1 had a fracture to her left arm. ADON A indicated the DON relayed this information to the ADM who would complete a self-report to HHSC. ADON A indicated she was aware of the 2-hour time frame to notify HHSC of an injury of unknown origin. ADON A indicated she did not feel there was a risk to residents for not reporting timely in this instance as Resident #1 was receiving care at the hospital and upon her return to the facility. During an interview on 04/22/2026 at 3:03 PM, the DON indicated she was made aware of the incident immediately and she believed the ADM was notified when Resident #1 was sent to the hospital. The DON indicated she instructed ADON A to notify her when x-ray results were obtained and she believed it was at 6:06 PM on 04/10/2026 she was made aware of the fracture and notified the ADM in Training who was to let the ADM know so he could report it to HHSC. The DON indicated she was aware injury of unknown origin must be reported within 2 hours to HHSC. The DON indicated she did not know why the ADM would not report the injury of unknown origin outside of the 2-hour window. The DON indicated the facility utilized Provider Letter 2024-14 as their policy for reporting timelines. During a joint interview with the ADM and the ADM in Training on 04/22/2026 at 3:38 PM, the ADM indicated he was notified by the ADM in Training of Resident #1's fracture but could not recall at what time. The ADM indicated he was unsure of the timeframe in which injury of unknown origin was to be reported to HHSC. The ADM in Training indicated it was approximately 7:15 PM on 04/10/2026 when she received a call from the DON regarding the fracture and she immediately contacted the ADM. The ADM indicated he recalled the phone call, but he was doing yard work, showered, and then fell asleep. The ADM indicated he woke up later in the evening and remembered to report the injury of unknown origin to HHSC. Record review of the facility's policy titled Assessing Falls and Their Causes, last revised March 2018, indicated the following: Reporting:2. Report other information in accordance with facility policy and professional standards of practice. Record review of Provider Letter 2024-14 titled Abuse, Neglect, Exploitation, Misappropriation of Resident Property and Other Incidents that a Nursing Facility (NF) Must Report to the Health and Human Services Commission (HHSC) dated 08/29/2024 indicated the following: Type of Incident Do Report:Abuse (with or without serious bodily injury)An incident that results in serious bodily injury and that involves any of the following:NeglectExploitationMistreatmentInjuries of unknown sourceMisappropriation of resident propertyWhen to ReportImmediately, but not later than two hours after the incident occurs or is suspected. |