

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2025
NAME OF PROVIDER OR SUPPLIER Park View Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 W Ave J Muleshoe, TX 79347	

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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>Based on interview and record review, the facility failed to ensure the governing body of the facility appointed an administrator, who was licensed by the state, to be responsible for the management of the facility and reported to the governing body for 1 of 1 facility reviewed for governing body. The facility had not had an administrator since 09/02/2025. This could place residents at risk of decreased quality of life and quality of care due to lack of staff oversight and monitoring of care. The findings included:</p> <p>Record review on 12/16/25, of the former Administrator's undated Disciplinary Action Form revealed that the ADM was terminated on 09/02/25 due to violation of personnel policies.</p> <p>During an interview on 12/16/25 at 9:49 a.m., an entrance conference was conducted with the Corporate RN who stated there was not a full time ADM for the facility at this time. She stated she fired the full-time ADM on 09/02/25 for not having a current license and was currently acting on behalf of the facility to hire a new ADM. The Corporate RN stated there was an interim ADM in October 2025, who stayed about two weeks, and they recently offered the position to a new ADM starting on 01/05/26. She stated she is currently the Abuse Coordinator for the facility. The Corporate RN stated she is not the facility Administrator.</p> <p>During an interview on 12/16/25 at 10:49 a.m. CNA A stated the facility did not have a full-time administrator. She stated a possible negative outcome for not having an ADM could be that nobody would be in charge and staff would not know who to report things to.</p> <p>During an interview on 12/16/25 at 10:52 a.m. LVN B stated he worked at the facility for three days. He stated that there was not a full time ADM working at the facility at this time. LVN B stated a possible negative outcome for not having an ADM could be that there would be lack of leadership and staff would not know who to report issues to.</p> <p>During an interview on 12/16/25 at 11:26 a.m. the BOM stated there was no full-time ADM for the facility. She stated there was an Interim who worked for a couple weeks in October. The BOM stated that she heard that a new ADM was hired and supposed to start on 01/06/26, but she had not seen any paperwork for this new ADM or had not performed any background checks for this person. She stated a possible negative outcome for not having a full-time ADM could be that there would be no oversight for all the departments.</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
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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 12/16/25 at 11:32 a.m. The DON stated she worked at the facility for four weeks. She stated there was not a full-time ADM working at the facility. The DON stated she thought the last time they had an ADM was in September 2025. She stated a possible negative outcome for not having a full-time ADM could be no oversight of everything from maintenance staff to nursing. The DON stated that the biggest issue with not having an ADM was that there was no oversight concerning regulations.</p> <p>Record review of facility's Job Description for Title: Administrator, not dated, revealed .</p> <p>Qualifications:</p> <p>2. Must have a current Texas Administrator's License.</p> <p>Record review of a facility policy titled Administrator with revised date of March 2021 revealed the following.</p> <p>A licensed Administrator is responsible for the day-to-day functions of the facility.</p> <p>1. The governing board of this facility has appointed an Administrator who is duly licensed in accordance with current federal and state requirements</p> <p>i. Maintaining his/her license on a current status as required by law, and maintaining a copy of such license or registration on premises.</p>