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 02/26/2026
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)
F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to establish and maintain an effective system of accounting and record keeping according to generally accepted accounting systems, for 2 of 5 residents (Resident #1, 2) reviewed for trust fund accounting. The facility failed to: Ensure residents with a trust fund were given a full and complete recording of their trust fund transactions when requested (Resident #1)Maintain an accurate running ledger for each resident (Resident #1 and #2)Ensure residents were provided with a financial record of purchases and a quarterly statement at least quarterly or upon request.(Resident #1) These failures could place all residents who had a facility trust fund account at risk of financial misappropriation. Findings included: Findings included:Resident #1 was a 65-y o male admitted to the facility on [DATE] with diagnoses of dementia, Bell's Palsy, depressive disorders and Parkinson's disease. A Care Plan dated 12/23/25 documents resident had tremors, dental issues and was independent in ADLs. A Quarterly MDS dated [DATE] documented a BIMS score of 15 out of 15 which indicates cognition was intact. Resident #2 was a 52-y o female admitted to the facility on [DATE] with diagnoses of multiple sclerosis, congestive heart failure, heart failure and chronic pain. A Care Plan dated 12/9/25 documents resident is dependent on staff for some ADLs and was at risk for pain and falls. A Quarterly MDS dated [DATE] documented a BIMS score of 15 out of 15 which indicates cognition was intact. In an interview on 2/25/26 at 10:15 am, the ADM stated she was not aware of any issues with the resident trust fund accounts. She stated she had switched the shopping duties from the former AD to the former BOM. She stated she did not remember the date of the switch. She stated there were only 2 residents had trust fund accounts. In an interview and record review on 2/25/26 at 2:20 pm Resident #1 stated in December he requested the BOM purchase Christmas presents for various people. He stated he did not see the receipts and did not sign the receipts but stated the main things he wanted were purchased. He stated he was not given any receipts for purchases in Jan or Feb and he was not sure he got all of the items he ordered. He stated he had asked for cokes to be purchased and had not gotten any receipts for that purchase. He stated the BOM had purchased a phone for him as his phone had broken. He stated he did not get a receipt for the phone, and he did not know how much the phone cost. He stated he had to wait for 3 weeks after requesting a new phone and the BOM kept giving him excuses about why she could not get him a phone. He stated she finally did give him a phone, but he did not know where she got it or how much it cost. He stated he did not sign a receipt. He stated this week he had asked for an account statement but had not been provided with a statement since November 2025. He stated he had to ask for a statement from the BOM about his account. He stated he had to ask for the only one he had ever gotten was in November and he had to ask for it He stated he had not gotten any other statements for the trust fund account. He stated he had never seen any accounting of the purchases made or what the receipts said. In an interview on 2/26/26 at 9:00 am the former BOM stated it had been brought to her attention by Resident #1 that (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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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #1 was missing cokes, and the AD had gone shopping for him. The BOM stated Resident #1 had asked for money to purchase several large cartons of cokes to be bought so it would last him all month. She stated Resident #1 had been keeping the Cokes in the activity director's office so the Cokes would not disappear from his room. She stated at some point during the month when Resident #1 asked the AD for a coke, the AD stated he did not have any cokes left. The BOM stated Resident #1 had not been made to sign a receipt and she was not given a receipt for the purchases. The former BOM stated when she gave money out, she had the resident sign a receipt. She stated she had always had the residents sign the receipts for purchases. She stated she did not know where the receipts were for the residents' trust fund accounts as she was no longer employed by the facility. In an interview on 2/26/26 at 11:00 am the former AD stated she had never bought items for Resident #1 and had not kept any receipts for any trust fund purchases. In an interview on 2/26/26 at 12:00 pm, Resident #2 stated she had a trust fund account. She stated she was aware she had money in her account and used it as needed but had never gotten an accounting of what was spent or a quarterly statement. In an interview on 2/26/26 at 2:50 pm, the Corporate CEO stated when the former BOM left there were several zippered pouches with random 10.00 bills and little notes. She stated there were no receipts other than the few she had furnished. She stated she did not feel like the BOM had stolen anything, but she did have sloppy documentation. She stated the residents should be able to get a balance and access their trust fund at any time. She stated the facility should be able to produce an accounting of residents' money and what was spent on o monthly basis. She stated she hand the ADM had looked and could not find any further information on trust fund accounts. Record review of the facility bank statement for the month of January 2026 did not reveal any separate purchases for residents with trust fund accounts. The facility trust fund account for Resident #1 for the month of December 2025 did not have receipts or itemized purchase information. Record review of the Resident receipts produced by the facility for Resident #1's purchases included 1 undated receipt for cell phone for 120.00 with no signature of resident, 1 receipt for 60.00 for prepaid phone dated 1/30/26 and one receipt for 66.00 for prepaid phone, dated 1/9/26, 1 receipt for snacks and cokes dated 1/8/26. Review of the signatures for the residents appeared to be different to this writer. Review of Resident Trust fund did not list these amounts in the trust fund paperwork from the facility.Record Review of the facility policy titled Management of Resident Personal Funds dated April 2017 revealed .Should the resident elect to have the facility manage his funds the facility will act as a fiduciary of the resident funds and hold safeguard manage and account for the personal funds of the resident.The resident will be informed in advance of any charges to his personal fund. A copy of all financial transactions will be filed in the resident's permanent record.

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure conveyance of resident funds within 30 days of discharge for 1 of 1 resident (Resident #3) reviewed. The facility failed to ensure Resident #3's funds were conveyed after death within 30 days. This failure could affect residents by not giving them access to funds in a timely manner. Findings include: Resident #3 was an 87-y o female admitted to the facility on [DATE] with diagnoses of unspecified dementia, chronic kidney disease, convulsions, depression, atrial fibrillation and anemia. A Care Plan dated [DATE] documented resident was incontinent, at risk for falls, and had complaints of pain. A Quarterly MDS dated [DATE] documents a BIMS score of 8 out of 15 which indicates cognition was moderately impaired. Review of Resident #3's admission packet did not reveal any family members listed or a power of attorney. Nurse's notes dated [DATE] revealed Resident#3 had a seizure during peri care and was sent to the hospital. Hospital records reviewed indicated Resident #3 had a hemorrhagic stroke and expired in the hospital on [DATE]. In an interview on [DATE] at 2:50 pm the Corporate CEO stated she was aware Resident #3 had a balance in her account, and it had not been conveyed. She stated Resident#3 had not had any visitors and stated she had no family. At the time of her death on [DATE], the former BOM suddenly stated Resident #3 had family and the money needed to go to them. The Corporate CEO stated the facility had no information on the family and had decided to send the money back to the state. She stated the facility had not had time to send the money back. She stated she was aware there was a 30-day period of time in which to send the money back. When asked what the consequences would be she had no answer. Record review of Resident #3's trust fund account statement dated [DATE] revealed a balance of 13,946.81 in her account. Record review of the facility policy titled Refunds dated [DATE] revealed within 30 days of death or discharge, the facility will refund the residents personal funds and provide a final accounting of those funds to the resident, the residents representative or the residents estate.