

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER The Plaza at Richardson		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 Richardson Dr Richardson, TX 75080	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on 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, are reported immediately for 1 of 4 residents (Resident #1) reviewed for reporting, in that:</p> <p>The facility failed to report the allegation of neglect for Resident #1 to the State Agency within required reporting timeframes.</p> <p>This failure could place residents at risk ongoing abuse or neglect.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet dated 05/13/2025 revealed an [AGE] year-old female admitted to the facility on [DATE] with a readmission on [DATE]. Admitting diagnosis of other fracture of lower end of the left femur, subsequent encounter for closed fracture with routine Healing (bone breaks, but there is no break in the skin over the injury; cast change or removal of external or internal fixation device, medication adjustment, other aftercare, and follow-up injury treatment); unspecified dementia mild, with other behavioral disturbances (dementia that doesn't fit into a specific type by has a mild severity and presents with other behavioral issues); and essential (primary) hypertension (high blood pressure where the underlying cause is unknown).</p> <p>Record review of Resident #1's Annual MDS (Minimum Data Sheet) dated 04/12/2025 revealed Resident #1 BIMS (Brief Interview for Mental Status) score was noted to be 02/15 indicating severe cognitive impairment. Resident #1 required total assistance with all ADL care including bed mobility and transfers.</p> <p>Record review of Resident #1's progress notes revealed the following:</p> <p>* 01/09/2025 revealed Resident #1 c/o pain on the left knee to LVN A and upon assessment the knee looks swollen. 2 Tylenol 325 mg administered for pain, vital signs taken, physician was notified and gave an order for x-ray on the left knee. Order updated in the system and waiting for the technician. DON and ADON were notified.</p> <p>*01/10/2025 results of x-ray received and sent to NP for review. Orders given for Resident #1 to be transferred to hospital for further evaluation.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*01/15/2025, Resident #1 returned to facility from hospital with diagnosis of unspecified fracture of head of left femur with unremovable dressing, following a surgery.</p> <p>Record review of Resident #1's x-ray results taken on 01/10/2025 of the left knee by [company] in-house at the facility revealed a chronic fracture of distal femur (a fracture of the lower part of the thigh bone that has not healed properly or is failing to heal after a significant period of time).</p> <p>Record Review of Resident #1's x-ray results taken on 01/10/2025 of the left hip, left knee and left femur by [name] Hospital revealed acute oblique distal left femoral diaphyseal fracture with extension to patellar articulating surface (the patient has a new broken bone in the thigh which runs at an angle across the bone, located near the end of the femur, in the main shaft of the femur, and extends into the knee joint). Surgical procedure that was performed was a ORIF (Open Reduction and Internal Fixation) of left femur (surgical procedure used to repair a broken femur (thigh bone), specifically in the left leg).</p> <p>On 05/13/2025 at 3:45 pm interview with DON revealed when Resident #1 complained to nurse about her knee hurting, the facility contacted the physician and obtained orders to complete an x-ray. Resident #1 was sent to hospital for an evaluation. DON revealed the x-ray report states it was due to her age and Osteopenia. The fracture of her left femur was chronic, not acute. DON revealed that this was why the incident was not reported to the state.</p> <p>On 05/13/2025 at 4:00 pm interview with ADM revealed that he did not complete the Provider Investigation Report due to the changes in the Long-Term Care Provider Letter dated 08/29/2024 r/t reporting incidents. ADM revealed Resident #1 was diagnosed with an acute fracture of the femur which could be noted as an old fracture that had not healed. ADM referred to the statement in the letter and stated : A NF is not required to report to CII: o serious bodily injury or other injury that is NOT suspicious or of unknown source and that is NOT related to abuse; serious bodily injury or other injury that is NOT suspicious or of unknown source and that is NOT related to neglect, exploitation, or mistreatment.</p> <p>Record review of the facility's Abuse policy revised 03/29/2018 revealed in part: Facility Employees must report allegations of abuse, neglect, exploitation, mistreatment of residents, misappropriation of resident property or injury of unknown source to the facility administrator. The facility administrator or designee will report to HHSC all incidents that meet the criteria of Provider Letter 19-17 dated 07/10/19. If the allegations involve abuse or result in serious bodily injury, the report is to be made within 2 hours of the allegation. If the allegation does not involve abuse or serious bodily injury, the</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>report must be made within 24 hours of the allegation.</p> <p>Review of Provider Letter PL 2024 - 14, issued 08/29/2024, revealed, .required reporting timeframes .neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, that results in serious bodily injury .immediately, but not later than two hours after the incident occurs or is suspected. An incident that does not result in serious bodily injury but involves .neglect, exploitation, a missing resident, misappropriation of resident property, drug theft, fire, emergency situations that pose a threat to resident health and safety, a death under unusual circumstances, and communicable disease situation that pose a threat to resident health and safety.</p>		