

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER Peach Tree Place		STREET ADDRESS, CITY, STATE, ZIP CODE 315 W Anderson St Weatherford, TX 76086	
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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interviews and record review, the facility failed to ensure the use of a registered nurse for at least 8 consecutive hours a day, seven days a week for 6 of the last 12 months (October 2025, December 2025, January 2026, February 2026, May 2026, and July 2026) reviewed for Registered Nurse staffing. The facility failed to provide Registered nurse coverage for 8 hours on 10/22/2025, 12/27/2025, 12/28/2025, 1/4/2026, 2/8/2026, 2/22/2026, 2/28/2026, 5/16/2026, 7/6/2026 and 7/10/2026. These failures placed all residents at risk for delayed nursing assessments, changes in conditions not being promptly identified, and inadequate clinical oversight. Findings included: In a record review completed on 7/15/2026 of the facility's nursing schedule for Registered Nurse coverage, from 7/1/2025 through 7/12/2026 there were 10 days the facility did not provide 8 consecutive Registered Nurse hours on 10/22/2025, 12/27/2025, 12/28/2025, 1/4/2026, 2/8/2026, 2/22/2026, 2/28/2026, 5/16/2026, 7/6/2026 and 7/10/2026. In an interview on 7/16/2026 at 2:40pm with RCN (Regional Compliance Nurse) she stated her expectation was the facility had a Registered Nurse for 8 hours each day. She stated not having Registered Nurse coverage daily could increase the risk of residents' care being delayed. In an interview on 7/16/2026 at 3:00pm with ADO (Area Director of Operations), she stated her expectation was to have a Registered Nurse to work 8 hours a day, 7 days a week. She stated a negative outcome of not having the required Registered Nurse could result in an overall slower response to resident needs being met. In an interview on 07/16/2026 at 5:15PM, asked if there were any other information, evidence, or policies and procedures the facility would like to provide at which time the ADO stated no, she had no further information to provide.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 676148	Facility ID: 676148 If continuation sheet Page 1 of 10

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to provide a safe, clean, and comfortable homelike environment for 1 of 1 dining room reviewed for physical environment. The facility failed to repair an area of the ceiling in the dining room where a large section of paint had been damaged and peeled off. The facility failed to repair the attic cover in the dining room which was broken and open to the attic space. The facility failed to ensure the coax cable that was running across the ceiling in the dining room over to the TV was properly secured to the ceiling. This failure could place the residents at risk for decreased quality of life and infection due to unsanitary conditions. The findings included: During an observation on 07/14/2026 at 11:45am, the dining room had a white coax cable hanging down from the ceiling about 12 inches, to the right of the entry way, that was right above a dining table where residents were sitting. During an observation on 07/14/2026 at 11:50am, the dining room ceiling had a large section of paint that had been damaged and peeled off, to the right of the entry way above a dining table where residents were sitting, leaving bare sheetrock exposed. During an observation on 07/14/2026 at 11:52am, the dining room ceiling, in the middle of the dining room, had an attic access with cover which had a corner of the cover broken off and was open into the attic space. In an observation and interview on 07/14/2026 at 12:10pm with Resident #13, he was sitting in his wheelchair at the dining table directly below the area of the ceiling that needed paint. He was laughing with another resident at the table and pointing at the ceiling. Resident #13 stated that he sits at that table every day and the ceiling needed to be fixed. He stated he did not know what happened to it, the paint was just taken off, and did not know what happened with the attic cover or coax cable. In an interview on 07/16/2026 at 2:42pm with the MS (Maintenance Supervisor), he stated the missing paint area, and the broken attic cover was caused by an air conditioner leak that happened on a weekend. He stated he had not seen or been made aware of the coax cable that was hanging from the ceiling. The MS stated that the air conditioning unit had a clogged line and it leaked into the ceiling and that they were to repaint the area and replace the attic cover that week. He stated when State showed up other things took precedence, but he was going to take care of those issues now. The MS stated the expectation was to fix issues at the time they are reported or as soon as possible if a part or something needs ordered. He further stated there was not an actual negative outcome for the residents and that the air conditioner was never broken or not working. In an interview on 07/16/2026 at 3:40pm with the ADO (Area Director of Operations), she stated her expectation for tasks to be completed was as soon as possible. She stated the air conditioner leak happened on a weekend she believes a couple of weeks ago and that she had not noticed or been made aware of the coax cable that was hanging down. She stated her expectation was to keep a clean and safe environment for residents and a negative outcome could be placing the residents at risk for potential harm. The ADO stated she did not have a policy or procedure on maintenance issues, or homelike environments. In an interview on 07/16/2026 at 5:15pm, asked if there were any other information, evidence, or policies and procedures the facility would like to provide at which time the ADO stated no, she had no further information to provide.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety in one of one kitchen reviewed for food service. The facility failed to store dishware in a clean, dry location and not exposed to splashes, dust, or other contamination, covered and/or inverted. The facility failed to ensure that utensils/equipment/flooring were cleaned and maintained to prevent contamination. The facility failed to ensure dinnerware were clean and in good condition (e.g., not cracked or chipped). The facility failed to follow a cleaning schedule for the kitchen and food service equipment. These failures could place residents at risk of foodborne illness. The findings include: In an observation of the 1 kitchen on 7/14/26 from approximately 11:45am to 1:00pm revealed crumbs, dirt, and debris under the metal clean dishware shelf in addition to crumbs, dirt and debris on the floor between the shelf and the wall. crumbs accumulated on the stainless-steel steam table pans. the binder in the kitchen with labeled tabs included a sheet titled weekly cleaning schedule in which the paper was dated 4/5/26 - 4/11/26. The remainder of the pages within that tabbed section were blank. The next tab revealed a sheet titled monthly cleaning schedule 2026 and revealed that January, February and March had a single vertical line through the entire column. April, May and June columns were incomplete(blank). The remainder of the pages within that tabbed section were blank. In an observation of the 1 kitchen on 7/15/26 from approximately 4:30pm to 4:45pm revealed a soiled reusable beverage container sitting on a tray in the clean dishware area. a stack of red plastic woven baskets placed upright revealing dust and food debris accumulated. The tray under the baskets revealed a thick residue and food particles accumulated. food debris and a thick black substance that was stuck to the floor between the two stainless steel prep tables. a chipped clear plastic cup containing milk and sitting on the stainless-steel prep table. a waste receptacle lid leaned against the clean dishware metal shelf. approximately 35 white oblong glassware bowls located on the lowest rack of the clean dishware metal shelf. They were unstacked and some were not inverted. the white oblong glassware bowls located on the lowest rack of the clean dishware metal shelf revealed thick dust, food debris and stuck on dried yellow substance resembling scrambled eggs. the tray under the white oblong glassware bowls located on the lowest rack of the clean dishware metal shelf revealed thick dust, food debris and stuck on dried yellow substance resembling scrambled eggs. In an interview on 7/14/26 at 1:16pm Dietary [NAME] A stated he had been an employee with the company for approximately 2 years. He stated that he received training for his position. He stated that he cleaned the kitchen each day. He stated that he did not always remember to write in the binder when he cleaned. He had been educated on infection control measures. He stated that the kitchen is deep cleaned every couple of months. In an interview on 7/14/26 at 1:25pm Dietary Staff B stated he had been an employee for a few months. He stated that he would clean what he was told to, and he did not use a list when cleaning. He had been educated on infection control measures. He was unaware of when monthly cleaning was performed. In an interview on 7/15/26 at 4:48pm Dietary [NAME] C stated this (7/15/26) was her first day back in the kitchen. She stated that she had been with the facility for about 3-4 months. She primarily worked in laundry, but she was scheduled to cook on this date. She did not recall the cleaning schedule and was unaware of the monthly schedule. In an interview on 7/15/26 at 4:53pm, Dietary Staff D stated that he did not use a cleaning list and did not recall performing a monthly cleaning list. In an interview on 7/15/26 at 5:09pm with the Dietary Manager, she stated that her expectations for the kitchen staff were for them to clean every shift and (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	between meals as necessary. She stated that after the evening meal the staff would meet and deep clean the kitchen. She stated that she reviewed the weekly and monthly cleaning list in the binder to verify that the tasks were completed. She was unaware that the dates in the binder were not up to date. She stated that she would try to locate the papers. She was unable to recall the last time they performed an evening deep clean. She stated that her expectation was that the floors would be cleaned and any visible food debris was removed each shift. She also expected that any broken dishware would be removed and given to her, so it was no longer used. She stated that soiled reusable beverage containers were not supposed to be in the clean dishware area or in the kitchen at all. She did not have any of the [NAME] Glove (a company form for ensuring kitchen cleanliness and sanitation) forms. She gave them to the Administrator and from there she was unaware of what happened to them. She stated that she would complete the [NAME] Glove sheet monthly. She stated that a negative outcome from the kitchen not being cleaned properly was illness to the residents. She did not use the CMS Kitchen Observation form to audit compliance. During an interview on 7/16/26 at 2:21pm with ADO, she stated that the [NAME] Glove program was facility specific. She stated that she expected the kitchen staff to clean the kitchen and dining room according to the facility policy and schedule. She stated that she expected the kitchen staff to uphold a clean environment for the residents. She stated that she was unaware of the location of the previous [NAME] Glove forms during the previous Administrator's time at the facility. She stated that the DSM was responsible for making sure that the cleaning schedule was followed. She stated that a negative outcome could possibly be illness to the residents. Record Review of Dietary Services Policy and Procedure manual dated 2012 revealed [in part]; Infection Control IC 00-1.0 policy - We will ensure that all employees practice infection control in the Dietary Services Department and maintain sanitary food preparation. All dietary service employees will follow Infection Control Policies as established and approved by the Infection Control Committee.Procedure-5. Equipment Sanitationa. All kitchenware and food contact used in the preparation and/or serving of food are cleaned and sanitized before use and cleaned after each meal preparation. Sanitizing agents are used for cleaning all surfaces.b. After cleaning, equipment and utensils are stored to prevent contamination. Equipment Sanitation IC 00-6.0 Policy- We will provide clean and sanitized equipment for food preparation. The facility will clean all service equipment in a sanitary manner.Procedure-Equipment must be thoroughly sanitized between use in different food preparation tasksAll cracked, chipped, or broken dishes will be discarded.Cleaning Schedules IC 00-13.0 Policy- the dietary department and all equipment in the dietary department will be cleaned on a regular scheduled basis.Procedure-It is the responsibility of the Dietary Manager to prepare the daily, weekly, and monthly cleaning schedules.Cleaning schedules are posted at the beginning of each month in the kitchen.It is the responsibility of all employees to follow the cleaning schedule, and to initial by their assignments when completed.See cleaning schedule forms in the appendixCleaning schedules are to be individualized to the facility, and it is the responsibility of the DSM to ensure that the assigned tasks are completed when assigned, and in a thorough manner. The cleaning schedules should be updated routinely to include area that are noted as needing additional cleaning by the white glove inspection check list, the RD sanitation check, DSM or administrator walk through inspections, as well as the CMS kitchen observation audit form that is performed monthly by the dietary manager. Cleaning the Floor IC 00-20.0 Policy:the floors are to be mopped when a spill occurs and at the end of each shift. Wet floor signs are to be placed at the edges of the wet area to warn people of the wet floor.Procedure-After each mealSweep the floor and dispose of dirt particles. Sweep under the equipment. Move the equipment, if mobile, in order to sweep under it.Fill mop bucket with water and floor cleaner per instructions as cleaner.Mop water is to be kept clean/changed as (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	needed. Apply liberally with wet mop. Mop vigorously to remove food spills and stains. Be sure to mop under equipment. Move equipment, if mobile, in order to mop underneath. Floor ledges and baseboards should have special attention to prevent soil build-up. [NAME] Glove Sanitation IC 00-23.0 Policy: the dietary department and all equipment in the dietary department will be cleaned on a regular scheduled basis. The DSM will monitor this by using the [NAME] Glove Form weekly. Procedure- The DSM will weekly go through the kitchen and dining room using the [NAME] Glove form. The DSM will document any problem areas using the form and report those issues to the dietary employees, Maintenance, or the Administrator and then will take the report to the QA clinical subcommittee monthly. The DSM will take the results to the [NAME] Gove and use the information to modify the cleaning schedules accordingly. It is the responsibility of the DSM to ensure that the [NAME] Glove forms are completed weekly and in a thorough manner. The DSM will keep all [NAME] Glove forms for three months. Kitchen Compliance Audit IC 00-24.0 : Procedure- The DSM will go through the kitchen area using the CMS Kitchen Observation form monthly. This form is to be used in conjunction with the white glove form to monitor the sanitation practices used by the dietary department, and to ensure that the state and federal regulations are being followed. The DSM will take the results of the CMS Kitchen Observation form to the Clinical Sub Committee monthly. These forms are to be kept on file for six months.		

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record reviews the facility failed to provide medically related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident for 1 (resident #18) of 12 residents reviewed for behavioral health services. The facility failed to follow up on referral for a transfer to another facility before and after the SW was terminated. These failures could result in a delay of behavioral health services and care for the residents. The findings include: In an interview on 7/14/26 at 11:40am AHRs stated that the facility did not have a SW. The HR/MR was present during the interview and stated that the previous SW was terminated on 5/28/26. She stated that the new SW would start on 8/03/26. Record review of electronic Facesheet for Resident #18 dated 07/16/26 revealed: a [AGE] year-old female admitted to the facility on [DATE]. Diagnoses included Alzheimer's Disease with early onset, unspecified depression, generalized muscle weakness, repeated falls, schizoaffective disorder bipolar type, bipolar disorder current episode mixed moderate, unspecified anxiety disorder, Parkinson's disease without dyskinesia. Record review of BIMS evaluations for Resident #18 revealed: BIMS V-2 form completed on 3/30/26 completed by DOR with a result of 13, meaning no cognitive decline. BIMS V-2 form completed on 4/8/26 completed by DOR with a result of 6, meaning severe cognitive decline. BIMS V-2 form completed on 7/7/26 completed by DOR with a result of 15, meaning no cognitive decline. Record review of Resident #18's Social Services Quarterly assessment dated [DATE] revealed it was incomplete and only revealed 1 of 13 questions answered on the assessment. Record Review of Social Service progress notes from 3/31/26 to 4/30/26 Social Service note dated 4/30/26 at 4:29pm the SW sent the corrected Release of Information (ROI) to the psychiatry office with a request for immediate processing and release of records to support transfer coordination to another secured unit. SW provided an update to the resident's via email, including reassurance of continued follow-up and advocacy due to prior delays in communication. previously expressed frustration regarding coordination and urgency of placement; SW continues to provide support and maintain communication. SW will continue to monitor the status of record release and follow up with the psychiatry office and receiving facility to facilitate timely placement. Social Services Note dated 4/30/26 at 4:18pm the SW Received a call from the resident's regarding the status of transfer to another secured unit. expressed frustration related to delays in the coordination of required psychiatry records and verbalized concern that the current arrangement is not feasible due to distance, stating she does not want to feel as though she is abandoning . SW provided active listening, emotional support, and validation of concerns. SW reported follow-up with the psychiatry office, where it was determined delay was due to an incomplete Release of Information (ROI), as the receiving facility was not listed; a corrected ROI was required to proceed. verbalized understanding and stated she would complete and submit the updated ROI promptly. SW also communicated ongoing attempts to coordinate with the pending referral regarding bed availability and status. was informed that SW will continue to advocate for placement and follow up with involved parties due to communication barriers. SW will continue to monitor and assist with the coordination of records and placement as needed. Social Services Note dated 4/23/26 at 11:56am Followed up with the resident's regarding potential transfer to another secured facility. inquired about who would initiate contact regarding admission/transfer status. Informed that the [other facility] staff would typically reach out directly; however, offered to contact the [other facility] today to obtain an update and provide follow-up. voiced understanding and appreciation. Will follow up with once additional (continued on next page)		

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	information is obtained. Social Services note dated 4/22/26 at 11:46am SW contacted the resident's via phone to discuss the coordination of care related to the pending discharge to [another facility] SW inquired about the consent to send a Release of Information (ROI) form to obtain records from the resident's prior psychiatric provider, which are needed to support continuity of care and facilitate timely admission. verbalized understanding and agreement with the plan. SW informed that the [other facility] is working to arrange transfer as early as this week, and expressed agreement with this timeline. SW advised that the ROI form will be sent via email for review and signature. agrees to complete and return the documentation to allow the records to be forwarded to the [other facility]. SW will follow up to ensure receipt of the signed ROI and coordinate with the prior psychiatry office upon completion. Social Services note dated 4/20/26 at 4:35pm SW spoke with the resident's regarding the status of referral to [another facility] as part of ongoing discharge planning efforts. requested an update on the referral process and next steps. The was informed that initial contact had been made and that a referral had been submitted for review. SW advised that additional clinical documentation will be forwarded to support evaluation and level-of-care determination. It was also communicated that the receiving facility has requested physician and psychiatry notes; however, due to the resident's recent admission, the current facility does not yet have established physician documentation, and psychiatry services were not initiated, given the anticipated short stay and discharge planning focus. SW informed that contact information for the resident's previous primary care provider and psychiatrist was shared with the receiving facility to assist with continuity of care and collateral information. verbalized understanding and remained in agreement with the plan. Resident/family preference for placement in the area was acknowledged and incorporated into the discharge planning process to support transition to the least restrictive and most appropriate environment. No concerns were voiced during this interaction. Plan: Continue discharge planning process, coordinate with the [other facility] submit available documentation, provide collateral provider information as needed, and maintain communication with resident/family regarding referral status and next steps. Social Services Note dated 4/14/26 at 9:20am S (Subjective): The resident's called to follow up on the NOMNC appeal status and provided additional updates. O (Objective): reported the appeal process initiated and inquired about medical records transmission. Social Services confirmed the fax number was provided to the requesting party. and SW also discussed the resident's temporary room setup, including the lack of TV access, and plans to bring a TV during the upcoming visit. Additionally, the reported hiring a Medicaid attorney to assist with the application and stated the Business Office has been notified. A (Assessment): actively involved in the resident's care, discharge/appeal process, and financial planning. Ongoing coordination needed across departments. P (Plan): Will monitor for receipt of records and updates regarding the appeal. Continue to support communication with family and coordinate with the Business Office and IDT as needed. Social Services Note dated 4/13/26 at 4:52pm SW contacted the resident's /POA to provide notification of the NOMNC determination. Informed POA that Medicare will no longer cover skilled services, with the last covered day identified as 04/16/26. POA was educated on appeal rights and provided with appropriate contact information to initiate the appeal process. POA verbalized understanding and stated intent to proceed with the appeal. During the conversation, POA inquired about the transfer process following the resident's isolation status, expressing interest in relocating the resident to a facility in closer to her residence. SW encouraged POA to contact the preferred facility to confirm bed availability. Education provided regarding the transfer process, including coordination of medical records, medications, and clinical documentation, either initiated by the receiving facility or the current facility upon request. POA also questioned whether to proceed with the transfer during the (continued on next page)		

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	appeal process. SW provided general guidance, indicating it may be beneficial to await the appeal outcome before initiating transfer; however, the final decision is left to POA. POA agreed to proceed with the appeal first and revisit transfer planning thereafter. Before this call, SW provided contact information for a sister facility in and offered ongoing support with coordination as needed. SW also informed POA that a copy of the NOMNC will be provided for her records.SS Note dated 4/8/26 at 12:57pmSW met with the resident and at the bedside. reported recently completing POA documentation with a notary. Resident voiced complaint of stomach discomfort during visit; SW notified nursing/ADON for follow-up. SW discussed bringing the resident's home medications for facility review; retrieved medications and provided them to ADON. Environmental concern addressed regarding missing TV remote; SW acknowledged and will assist with resolution. SW also discussed discharge planning, including potential transfer to area. SW provided information for a sister facility in and offered assistance with referral coordination. Response: The was engaged and receptive throughout the interaction. She verbalized understanding of the medication review process and plan for nursing follow-up regarding the resident's reported discomfort. The expressed interest in the identified facility and confirmed it was previously considered. No concerns voiced regarding information provided. Plan: SW to follow up on TV remote replacement and continue to support discharge planning needs. SW to assist with referral coordination as requested and remain available for ongoing communication with and IDT. Social Services note dated 4/8/26 at 11:10amIntervention: SW met with the notary on-site to assist with the facilitation of POA documentation for the resident, before the arrival. SW and the notary met with the resident to assess understanding and ability to participate in decision-making. SW engaged the resident in a discussion regarding a prior conversation about appointing a decision-maker for medical and financial needs in the event she is unable to speak for herself. The resident was alert and able to engage in conversation, demonstrating understanding of the purpose of POA. SW discussed the potential designation of the as POA; the resident was agreeable to this arrangement. SW informed the notary that the was in route to the facility to complete the process. Response: The resident was cooperative, calm, and able to participate in the discussion. She appeared to understand the concept of POA and verbalized agreement with her serving in this role. No distress or confusion noted during interaction. Plan: SW to remain available to support completion of POA process upon arrival and coordinate with notary and IDT as needed.Social Service note dated 4/7/26 at 11:47amSW contacted the resident's to follow up regarding the establishment of a Power of Attorney (POA). reported that , who is an attorney, does not handle POA-related matters. SW provided education that an attorney is not required for POA completion and that documents may be finalized with a notary. SW consulted with the Business Office Manager (BOM) to confirm the process and relayed information to the . agreed to obtain and print appropriate POA documentation (Texas forms). SW coordinated with notary services, and an appointment has been scheduled for tomorrow at 11:00 AM at the facility for the completion of POA documents. Discharge Planning: Establishment of POA is essential to support ongoing discharge planning discussions and decision-making. Discharge plan remains in progress pending completion of POA. Social Services will follow up to ensure completion and update the record accordingly.Social Service noted dated 4/7/26 at 9:51amDischarge plan is currently TBD. During the recent care plan conference, the resident's expressed interest in relocating the resident to the area to be closer to family. Final discharge disposition is pending the establishment of a Power of Attorney (POA). Social Services will continue to follow up with the family and provide support with planning and coordination as updates become available.Social Service note dated 3/31/26 at 2:40pm Social Services contacted the resident's via telephone to notify them of the scheduled care plan conference on 4/2/26 at 11:30 am. (continued on next page)		

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Responsible party confirmed telephonic participation. The responsible party was asked if they had any questions, updates, or concerns they would like addressed during the meeting. The responsible party voiced that she had a lot of questions, but did not have time to discuss them as she was at work. SW reassured her that we could discuss them later, either before or during the care plan meeting, at a time that is more convenient for her. In an interview on 7/14/26 at 11:08 am Resident #18 was sitting on the side of her bed in the room. She stated she that she wanted to go to an ALF. She stated that the staff at the facility were nice to her. She must utilize a walker to ambulate. She stated she used to have therapy at the facility, and it really helped her. She stated that her visited every couple of weeks She lived alone prior to being admitted to the hospital and the facility. She had a friend that was her neighbor that helped her with going to doctor appointments and the store. In an interview on 7/15/26 at 3:10pm Resident #18's secondary contact stated that Resident #18 did not need to be in a locked unit, she just needed some assistance. Secondary Contact stated that Resident #18 would be able to transfer to an ALF. In an interview on 7/16/2026 at 2:00pm ADON stated she started working at this facility in March. She stated when a referral for an outside service was requested, it should be completed as soon as it was received. She stated that if the receiving office did not respond within a few days a follow-up correspondence with the provider office would need to occur. ADON stated that she had absorbed extra duties since the SW was terminated. These added duties included processing referrals, completing social histories and quarterly social assessments. She stated that Physical therapy and AD assisted with absorbing other tasks as well. She stated that she was unaware of the referral to another facility for Resident #18. In an interview on 7/16/26 at approximately 2:15pm a transfer policy was requested from the RCN. She provided the admission/readmission policy and the discharge planning process policy. She stated that she did not have a transfer policy. In an interview on 7/16/2026 at 2:40 PM RCN stated the facility not having a SW or someone providing social services had not caused any negative outcomes. She stated the facility Interdisciplinary team had worked together to ensure social service needs were being met. Resident's needs were discussed during stand up meeting each morning and the interdisciplinary team worked together to follow up on those needs. She was unaware of the referral for transfer sent in April of 2026 for Resident #18. In an interview on 7/16/2026 at 3:45 PM ADO stated Social Service needs were being managed by the Interdisciplinary team. She stated that she was unaware of any resident having social service needs that were not addressed. She denied any delay in services. She stated that the role of SW was delegated and there have not been any negative outcomes. She stated that the ADMN would absorb the SW email but was unable to verify that communication occurred between the previous ADMN and SW. She stated a gap in care could result from the facility not having a social worker. She stated she was aware of the regulation to have a social worker on staff at a certified Alzheimer's facility. Record Reviewed of the facility policy labeled Discharge Planning Process undated revealed [in part]; STANDARD: Nursing Facility must complete discharge planning when discharge is anticipated to a private residence, Assisted Living, another Nursing Facility, or another type of residential location.Guidelines:Assess the residents' continuing care needs, including:Consideration of the residents' and family/caregiver's preferences for care.How services will be accessed; andHow care should be coordinated among multiple caregivers, as applicable.Include regular re-evaluations of the resident to identify changes that require modification of the discharge plan.The discharge plan must be updated, as needed to reflect these changes.3. Initiate and maintain collaboration between the Nursing Facility and:a. The local contact agency to support the residents transition to community living, as applicable, includes making referral to the local contact agency under the process established by the State; andb. Assisting the resident and (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER Peach Tree Place		STREET ADDRESS, CITY, STATE, ZIP CODE 315 W Anderson St Weatherford, TX 76086	
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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	family/caregivers in locating and coordinating post-discharge services.5. A post-discharge plan of care will be developed with the participation of the resident, and with resident's consent, the resident representative(s).		