

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676248	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Founders Plaza Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 721 S Hwy 78 Wylie, TX 75098	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that residents, who needed respiratory care, were provided such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for one (Resident #1) of 4 residents reviewed for respiratory care. The facility failed to ensure Resident #1's nebulizer mask (device used to deliver medication in a mist form through the mouth) was stored in a bag when not in use on 10/30/2025. This failure could place residents at risk of respiratory infection and not having their respiratory needs met. Findings include: Record review of Resident #1's Face Sheet, dated 10/30/2025, reflected the resident was a [AGE] year-old male who admitted on [DATE]. Resident #1 had diagnoses which included hypertension (elevated blood pressure), atrial fibrillation (irregular heart rhythm), and COPD (chronic inflammatory lung disease that causes obstructed airflow from the lungs). Record review of Resident #1's MDS (tool used to measure health status) Quarterly Assessment, dated 09/08/2025, reflected moderately impaired cognition with a BIMS (tool used to measure cognitive status) score of 10. Section I (Active Diagnoses) reflected Resident #1 was treated for COPD. Record review of Resident #1's Comprehensive Care Plan, dated 08/28/2025, reflected the resident received nebulizer treatments related to COPD. One intervention was to provide breathing treatments as ordered. Record review of Resident #1's Physician's Orders, dated 07/02/2025, reflected to administer Albuterol Sulfate (medication that makes it easier to breathe) inhalation solution 2.5 milligrams/3 milliliters every four hours as needed for COPD. During an observation and interview on 10/30/2025 at 11:49 AM, Resident #1's nebulizer with tubing attached to a face mask was on top of a small refrigerator on the resident's bedside table. The face mask was not stored in a bag. Resident #1 was sitting in a wheelchair next to his bed. Resident #1 replied no when asked if he had a breathing treatment that day. He stated he did not receive a breathing treatment every day. During an interview on 10/30/2025 at 1:51 PM, the ADON stated Resident #1's nebulizer mask should have been in a bag to prevent it from getting dirty. He stated it was unsanitary to leave it uncovered. The ADON stated it was important to prevent infection. During an interview on 10/30/2025 at 2:11 PM, the DON stated Resident #1's nebulizer mask should have been stored in a bag. She stated the facility did not have a policy specifically about storing respiratory items when not in use. The DON stated the facility had already begun in-service training on storing respiratory items. She stated it was an important measure to help prevent infection. During an interview on 10/30/2025 at 1:34 PM, LVN B stated Resident #1's nebulizer mask should have been in a bag. She stated the facility had an in-service the previous Friday about storing respiratory items in a bag when not in use. LVN B stated she had already replaced the nebulizer mask and tubing and bagged the items. She stated it was important to prevent contamination and infection. Record review of the facility's policy Respiratory Policies and Procedures: Small Volume Nebulizer, revised 02/12/2024, did not reflect how to store respiratory items when they were not in use.</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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