

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  12/30/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 1 of 8 residents (Resident #1) reviewed for ADLs. The facility failed to ensure staff provided consistent showers/baths for Resident #1. The facility failed to ensure Resident#1 fingernails were cleaned and trimmed. These failures could place residents at risk of not receiving needed hygiene care which could cause skin breakdown, infection, a loss of dignity and self-worth. Findings included: Record review of Resident #1's quarterly MDS assessment, dated 12/15/25, reflected an [AGE] year-old female who was admitted to the facility on [DATE]. She had a BIMS score of 07, which indicated her cognition was severely impaired. Her diagnoses included cancer (a group of diseases characterized by uncontrolled, abnormal cell growth that can invade nearby tissues or spread [metastasize] to distant parts of the body), Non-Alzheimer's Dementia (forms of cognitive decline not caused by Alzheimer's disease), Depression, and pain disorder with related psychological factors. Functional ability-Personal hygiene: Partial/moderate assistance, and Shower/bathe self: Substantial/maximal assistance. Resident required assistance with ADLs. Record review of Resident #1's care plan, initiated on 12/24/25, reflected, Problem-Category: ADLs Functional Status/Rehabilitation Potential Resident experiences differences in ability to perform ADL. Goal: Resident will complete ADL during morning or evening with use of limit assistive thru the Next review date. Approach: Provide assistance for ADL as eating -supervision x1 , toileting extensive x1, bathing dependent x1, dressing extensive assist, transfer x1 . Resident requires hospice R/T disease process. Record review on 12/30/25 of Doctor order summary dated 04/23/24 revealed admitted to Founders Plaza with hospice. Record review of Resident #1's encounter notes by the hospice agency staff member dated 12/22/25, 12/23/25, 12/24/25, 12/29/25 and 12/30/25 revealed no documentation for Resident#1 ADLs. Review of the hospice agency and the facility communication file for Resident#1 revealed no indication of Resident#1 receiving or refusing shower/bed bath. Review of Resident#1' nurses progress notes revealed no indication of resident refusing shower/bed bath, and nail care. In an interview and observation with Resident #1 on 12/30/25 at 09:49 a.m., The resident was observed lying in bed, covered with a blanket. Her hair was uncombed; had an unpleasant body odor. Resident#1 had approximately a 1/5 inch of facial hair on her chin, her fingernails on both hands were long approximately 1/4 inches in length, with brown matter underneath. Resident#1 stated she was not getting her showers. She stated she could not remember the last time she had her shower and stated it had been weeks since she had one. When asked if she was getting a bed bath, she replied no. Resident#1 stated she did not care about the facial hair, but would like to get shower, have her fingernails cleaned and trimmed. In observation and interview on 12/30/25 at 10:45 a.m., CNA A looked at Resident#1 fingernails and stated they were long and needed to be cleaned. CNA A stated Resident#1 was on hospice services and the hospice aides came in daily to visit Resident#1 ADLs Mondays through Fridays. CNA A stated the hospice aides were supposed to do Resident#1 ADLs including showers and fingernails care. CNA A stated she saw HA B visiting Resident#1 this morning but did not know which kind of care was given to the Resident. CNA A asked Resident#1 if she had a shower or bed bath by HA B on 12/30/25; 12/29/25, 12/26/25 and 12/25/25 and the Resident replied no. CNA A asked Resident#1 when was the last time she received shower/bed bath and Resident#1 stated it had been weeks. CNA A stated it was the responsibility of the CNAs to make sure Resident#1 received proper care, and report to the nurses in charge if the residents refused the care. CNA A stated risk to residents loss of dignity, skin break down, scratching self, and development of infection. In a telephone interview on 12/30/25 at 12:53 p.m., CNA C stated she worked weekends, and she offered Resident#1 shower on Saturday 12/27/25, but Resident#1 refused, and she washed her waist down in the bathroom while helping her with incontinent care, and changed her clothes. She stated for residents on hospice services the CNAs only offer them shower/bed bath, because they are supposed to have shower during the hospice Aides visits on the weekdays (Monday through Friday). She stated she did not notify the charge nurse about the refusal of shower for Resident #1. In an interview over the phone on 12/30/25 at 02:12 p.m., HA B stated her last visit with Resident#1 last week was on 12/24/25 and there was another hospice Aide that visit the resident on 12/25/25, 12/26/25. HA B stated during her visits on 12/29/25 and 12/30 Resident#1 refused shower, and she only washed her down. When asked to be more specific she repeated the same. She stated she did not notify the charge</p>		