

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2026
NAME OF PROVIDER OR SUPPLIER  Park Manor Bee Cave		STREET ADDRESS, CITY, STATE, ZIP CODE  14058 Bee Caves Parkway, Bldg B Bee Cave, TX 78738	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</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 the right to reside and receive services in the facility with reasonable accommodation of needs and preferences for one (1) of five (5) residents (Resident #1) reviewed for reasonable accommodation of needs. The facility failed to ensure CNA C was not wearing earbuds while working on the floor on 02/10/2026 and failed to assist Resident #1 to bed when requested. This failure had the potential to place all residents at risk of not having their needs met timely and decreased dignity. Findings include: Record review of Resident #1's Face Sheet, dated 02/19/2026, reflected the resident was an 86-year-old female who admitted on [DATE] and readmitted on [DATE]. Diagnoses included morbid severe obesity; type 2 diabetes mellitus with diabetic neuropathy (nerve damage due to prolonged high blood sugar levels); generalized anxiety disorder; monoplegia of the upper limb (type of paralysis that affects one arm); other abnormalities of gait and mobility; and need for assistance with personal care. Record review of Resident #1's Quarterly MDS Assessment, dated 12/18/2025, reflected moderate cognitive impairment with a BIMS score of 12 and that Resident #1 required assistance for self-care and mobility needs. Record review of Resident #1's Comprehensive Care Plan, undated, reflected the resident had an ADL self-care performance deficit related to limited mobility, with interventions listing requires substantial/maximal x 1 assistance of staff for transfers and transfer chair to bed transfer. During an interview on 02/19/2026 at 10:15 a.m., Resident #2 stated he had been sitting at a dining table with Resident #1 on 02/10/2026 after lunch when Resident #1 said she was tired and wanted to return to bed. Resident #2 stated he attempted to get Resident #1 help and he repeatedly asked CNA C for assistance, but CNA C had earbuds in and appeared to be talking on her cell phone. He stated CNA C told him, I hear you, you don't have to keep hollering. I heard what you said. I'll get to her (Resident #1) when I get to her, and then walked off without assisting Resident #1 or coming back to help. Resident #2 stated he found another staff, CNA D, to help after waiting with Resident #1 for approximately 35 minutes to one hour without assistance. Resident #2 stated he felt mad and ignored by CNA C because he could see she had earbuds in and talking on her phone. He further stated he had frequently seen CNA C fail to assist Resident #1 when requested as his room was on the same hallway as Resident #1. During an interview on 02/19/2026 at 10:15 a.m., Resident #1 stated she recalled sitting at the dining room table with Resident #2 on 02/10/2026 but did not recall asking for help to go to bed. She stated she had seen a CNA on her hallway wear earbuds and stated she did not like it because the CNA could not hear her requests for help and it made her feel ignored and not good. Resident #1 did not know the name of the CNA. During an interview on 02/19/2026 at 10:31 a.m., LVN A stated staff were not allowed to use personal cell phones or wear earbuds while working on the floor. She stated earbuds were sometimes worn on breaks but not while providing care. She stated CNA staff needed more training. During an interview on 02/19/2026 at 10:49 a.m., the MA stated she did not know the facility's policy but stated she would not wear earbuds while working</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676373
		If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2026
NAME OF PROVIDER OR SUPPLIER  Park Manor Bee Cave		STREET ADDRESS, CITY, STATE, ZIP CODE  14058 Bee Caves Parkway, Bldg B Bee Cave, TX 78738	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>because she would not be able to hear residents' requests for help and her focus should be on her residents. During an interview on 02/19/2026 at 10:53 a.m., the RN stated she was the MDS coordinator and was not sure if the facility had a policy prohibiting earbuds, but she did not allow staff to wear them. She stated there had recently been in-service training about cell phone and earbud use not being allowed while working. During an interview on 02/19/2026 at 11:38 a.m., LVN B stated he had worked at the facility since 2018 and staff could not use personal cell phones or earbuds while working. During an interview on 02/19/2026 at 11:47 a.m., CNA E stated she had been trained that personal cell phones and earbuds were not allowed on the floor because they could interfere with resident care. During an interview on 02/19/2026 at 12:15 p.m., the SC stated she had been trained that personal cell phones and earbuds were not allowed on the floor because they could interfere with resident care. During an interview on 02/19/2026 at 12:34 p.m., CNA C stated she had not received training on cell phone or earbud use. She stated she used earbuds on the floor, particularly in the mornings to help her wake up. She denied taking calls using her earbuds and stated her phone was on vibrate. She stated she might have been in a resident's room with earbuds in but whatever she was listening to would have been paused. She stated the earbuds or headphones might have been around her neck when assisting residents. She denied yelling at a resident or refusing assistance but stated it was possible she had told a resident Give me a minute if she had been assisting someone else. During an interview on 02/19/2026 at 1:25 p.m., CNA D stated she had seen CNA C wear earbuds all the time and had seen her not respond to residents' requests for assistance because she was talking on her cell phone. CNA D stated that on or about 02/10/2026 after lunch, she was walking towards the dining room and Resident #2 came up to her and asked for assistance with Resident #1. Resident #2 told CNA D that he had requested help from CNA C, but CNA C told him, I'll get to her in a second. I'll get to her later, but did not help Resident #1. CNA D stated she assisted Resident #1 back to bed and Resident #1 told her she had been asking for help for a while but could not say how long she had waited. She stated she had told CNA C several times not to wear earbuds, but CNA C ignored her and walked off. She stated she reported this to a nurse but did not know the nurse's name, but nothing happened. She stated it was important for staff not to wear earbuds or talk on personal cell phones because doing so could prevent staff from hearing residents, which could result in residents falling, choking, being in pain, or needing a nurse without being able to get help. During an interview on 02/19/2026 at 2:17 p.m., the DON stated the facility did not have a direct policy about earbuds but stated she would ask staff to remove them if she saw them. She stated personal cell phone use was not allowed on the floor. She stated earbuds could prevent staff from hearing residents' requests for help and would not meet her expectations for customer service. She stated she had never seen CNA C wearing earbuds but noted CNA staff arrived at 6 a.m. and management arrived around 8 a.m. She stated she was not aware of the incident involving CNA C and that the CNA would have been terminated had the DON known. During an interview on 02/19/2026 at 2:44 p.m., the ADM stated the facility had a cell phone policy prohibiting personal cell phone use while working on the floor but did not address earbuds or Bluetooth devices. He stated the facility did not allow staff to use personal cell phones or earbuds unless approved. He stated CNA C did not have approval to use earbuds and he was not aware she was wearing them while working on the floor. The ADM stated earbuds could cause distractions, possible HIPAA violations, and could affect the care being provided. The ADM stated he viewed the behavior as malicious intent to violate rules and stated he would be terminating CNA C. He stated he had already begun in-service training regarding the cell phone policy and no earbuds on the floor. Record review of the facility policy titled Personal Cell Phone/Electronic Communication Device Use By Employees dated</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2026
NAME OF PROVIDER OR SUPPLIER  Park Manor Bee Cave		STREET ADDRESS, CITY, STATE, ZIP CODE  14058 Bee Caves Parkway, Bldg B Bee Cave, TX 78738	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>01/01/2024 and 02/01/2025 reflected that use of personal cell phones or electronic communication devices was prohibited while employees were working unless approved by administration. Record review of the facility policy titled Resident Rights revised 02/2025 reflected residents had the right to be treated with consideration, respect, and full recognition of his or her dignity and individuality. Record review of the facility in-service training titled Earbuds dated 02/19/2026 reflected, Earbuds/headphone are not allowed while on the hall or in patients rooms while providing care.</p>		