STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676429	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carrara	4501 Tradition Trail Plano, TX 75093

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to coordinate assessments with the PASRR program for 1 of 5 residents (Resident #55) reviewed for PASRR assessments. The facility failed to ensure Resident #55 was referred to the appropriate state-designated mental health authority for review when she received a new diagnosis of schizoaffective disorder, bipolar disorder and anxiety disorder. This failure could place residents at risk of not being evaluated and receiving PASRR services needed. Findings included: Record review of Resident #55's quarterly MDS Assessment, dated 05/21/2026, reflected the Resident #55 was a [AGE] year old female who was admitted to the facility on [DATE]. Resident #55 had active diagnoses of bipolar disorder (mental health condition characterized by extreme, dramatic shifts in mood, energy, and activity levels, alternating between intense highs (mania or hypomania) and lows) and anxiety (a natural human emotion characterized by feelings of worry, nervousness, or unease, typically about an event with an uncertain outcome), and the resident had moderate cognitive impairment with a BIMS score of 08. Record review of Resident #55's care plan, undated, reflected Focus: Behavior Problem: Resident has a behavior problem as related to feelings of shame. Goal: Resident will maintain psychosocial well-being. The Residents will express triggered stresses and verbally share concerns and goals. Interventions/Task: Refer to Behavioral Health Professional, Psychiatric consult, Notify MD of any changes in mood or behavior, Assess resident for suicidal or homicidal ideations. Record review of Resident #55's PASRR Level 1 Screening, dated 05/09/25, reflected the screening did not indicate Resident #55 had primary diagnosis of dementia, did not have a mental illness. During an interview on 05/07/2026 at 12:11 p.m., the MDS Nurse stated she was the facility's PASRR Coordinator. The MDS Nurse stated that if a resident admitted to the facility with a mental health, intellectual disability, or a developmental disability diagnosis the resident's PL1 mental illness should have been checked yes. The MDS Nurse pulled up Resident #55's medical chart and reviewed her medical chart and stated Resident #55 had a diagnosis of bipolar disorder and anxiety disorder on 05/09/25. She pulled up Resident #55's PL1 and stated it was completed on 05/09/2025 the day Resident #55 admitted to the facility. She stated Resident #55's PL1 was negative, and she did not know how Resident #55 had no marked for mental health diagnoses. The MDS Nurse stated she was unable to state why the facility did not draft a new PL1 once diagnoses were found. She stated failure to perform screening and involving the authority, the resident failed to get required assessments and that could lead to her not receiving services that could have benefited her. The MDS Nurse stated there were limited risks to Resident #55 since she was already on medication, had psychiatric services, but she would have missed the local authority's visitation. During an interview on 06/25/26 at 04:04 p.m., the DON stated the facility would not accept a resident without a PASRR. The DON stated that the MDS Nurse was responsible for reviewing the PASRR for accuracy. The DON stated that if there was a discrepancy or the resident was not screened, the facility would have to submit a PL1. The DON stated that she did not know why Resident #55's PL1 was incorrect and not resubmitted with accurate mental health diagnoses. The DON stated Resident #55 could be missing out on services by not having the correct information on (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	her PL1. During an interview on 06/25/2026 at 1:12 p.m., the ADM stated that it was his expectation that the MDS Nurse ensured residents had a PASRR completed prior to the resident's admission to the facility and to review for accuracy; and if errors were found then to send it back to the facility for them to fix. The ADM stated that if any resident, while in the facility, received a new MI the facility MDS Nurse was responsible for creating a PL1 to submit to the local authorities. Record review facility policy titled Resident Assessment - Coordination with PASRR Program dated December 2025 revealed, This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs.All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening.The facility will only admit individuals with a mental disorder or intellectual disability who the State mental health or intellectual disability authority has determined as appropriate for admission.A record of the pre-screening shall be maintained in the resident's medical record.If a resident who was not screened due to an exception above and the resident remains in the facility longer than 30 days:The facility must screen the individual using the State's Level I screening process and refer any resident who has or may have MD, ID or a related condition to the appropriate state-designated authority for Level II PASARR evaluation and determination.