STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676443	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Center at Grande	3219 East Grande Boulevard Tyler, TX 75707

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, were reported immediately, but not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials, including to the State Survey Agency, in accordance with State law through established procedures and report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident for one of seven residents (Resident #88) reviewed for misappropriation. The facility failed to report Resident #88's allegation of misappropriation reported on 04/06/2026 within 24 hours and did not report to the State Agency until approximately 54 hours after the incident was reported. The facility failed to submit the Provider Investigation report of an investigation of misappropriation within 5 working days as required until 7 working days after the incident was reported. This failure could place residents at risk of not receiving timely investigation into allegations of misappropriation. The findings included: A record review of TULIP case details on 5/18/2026 at 9:00 AM indicated the report of misappropriation alleged by Resident #88 was received by HHSC on 04/08/2026 at 2:29 PM. The PIR Submission Date was received 04/15/2026. A record review of Resident #88's face sheet dated 05/20/2026 indicated a [AGE] year-old male admitted to the facility on [DATE]. Resident #88 had diagnoses which included atherosclerotic heart disease of native coronary artery without angina pectoris (a condition characterized by the buildup of plaque in the coronary arteries, which supply blood to the heart) and acute on chronic systolic heart failure (a situation where a person with a history of chronic heart failure experiences a sudden worsening of symptoms). A record review of Resident #88's Discharge MDS dated [DATE] indicated a BIMS of 12, which indicated moderate cognitive impairment. The MDS indicated Resident #88 did not present inattention, disorganized thinking, or an altered level of consciousness. During a telephone interview on 05/19/2026 at 1:00 PM Resident #88 stated he was missing money during his stay and he originally thought it to be in the sum of $1500, but then believed it to be $1800. Resident #88 was unable to give a timeframe in which the event occurred or when he reported it. Resident #88 stated the BOM and a case manager assisted him in searching for the money and filing a police report. A record review of a witness statement by the BOM dated 04/08/2026 in the facility's PIR indicated on 04/06/2026 Resident #88 reported to her he was missing $1500 from his bedside drawer. The BOM indicated she immediately notified the case manager and they assisted him in investigating the alleged misappropriation on 04/06/2026 and 04/07/2026. An interview with the BOM on 05/20/2026 at 11:50 AM stated Resident #88 reported to her on 04/06/2026 he was missing $1500. The BOM stated Case Manager A assisted her in investigating the alleged misappropriation. The BOM stated that an allegation of misappropriation was to be reported to the State Survey Agency within 24 hours of the report being made. The BOM stated she mentioned the report of alleged misappropriation to the ADM on 04/06/2026 and notified the ADM of the findings she had obtained 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	04/07/2026. During an interview on 05/20/2026 at 1:27 PM, Case Manager A stated she could not recall specific dates, but knew Resident #88 reported to the BOM he was missing a lump sum of money and she had assisted in the investigation. Case Manager A stated she and the BOM reported the alleged misappropriation to the ADM as soon as they were aware of it. Case Manager A stated she believed the timeframe for reporting misappropriation to the State Survey Agency to be less than a week. During an interview on 05/20/2026, the ADM stated she was aware she did not report the alleged misappropriation or the results of the investigation within the required timeframes. The ADM stated she was responsible for reporting the allegation as she was the Abuse Coordinator. The ADM stated she did not report the alleged misappropriation within the required timeframes due to other priorities arising. The ADM stated she did not feel there was a risk to Resident #88 as it was not an issue of abuse or neglect and the facility was thoroughly investigating the alleged misappropriation. A record review of facility policy dated January 2018 titled Abuse and Neglect Prohibition indicated the following: PolicyEach resident has the right to be free from abuse, neglect, mistreatment, injuries of unknown origin, misappropriation of resident property, exploitation, corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.Abuse Prevention CoordinatorThe facility administrator is the Abuse Prevention Coordinator.Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.Reporting and ResponseState Reporting Obligations: The facility will report all allegations and substantiated occurrences of abuse, neglect, exploitation, mistreatment including injuries of unknown origin, and misappropriation of property to the administrator, State Survey Agency, and law enforcement officials and adult protective services (where state law provides for jurisdiction in long-term care facilities) in accordance with Federal and State law through established procedures. Timeline for reporting is as follows:If the events that caused the allegation involve abuse or result in serious bodily injury, a report is made not later than 2 hours after the management staff becomes aware of the allegation; or If the events that cause the allegation do not involve abuse and do not result in serious bodily injury, a report is made not later than 24 hours after the management staff becomes aware of the allegation.