

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2025
NAME OF PROVIDER OR SUPPLIER Park Valley Inn Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17751 Park Valley Drive Round Rock, TX 78681	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, which included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs for one (Resident #1) of four residents reviewed for care plans. The facility failed to ensure Resident #1's care plan intervention for needing assistance with eating was implemented on 08/06/25. This failure could place residents at risk of not receiving the appropriate care to meet their needs. Findings included: Review of Resident #1's undated face sheet reflected an [AGE] year-old male who was admitted to the facility from 08/05/25 - 08/06/25 with a diagnosis including fractures of nasal bone and his vertebra (spine). Review of Resident #1's EMR, on 08/09/25, reflected an admission MDS assessment had not been completed. Review of Resident #1's initial care plan, dated 08/05/25, reflected he had an ADL self-care performance deficit with an intervention of requiring one staff member's assistance to eat. During a telephone interview on 08/08/25 at 7:54 PM, Resident #1's RP stated he needed assistance with feeding and was not able to feed himself. She stated when she went to visit him around 6:38 PM on 08/06/25, his dinner tray was on his bedside table untouched. During a telephone interview on 08/09/25 at 12:55 PM, CNA A stated he worked the 6:00 PM - 6:00 AM shift on 08/06/25 and worked the hall that Resident #1 was on. He stated he remembered delivering him his dinner tray. He stated he did not assist him with dinner because he was able to feed himself. He stated he knew how to look up how much assistance residents needed with care in Kardex (documentation system), but he did not believe he did for Resident #1 that night. During an interview on 08/09/25 at 2:46 PM, the DON stated the admitting nurses were responsible for the initial comprehensive care plan. She stated they would review hospital paperwork or obtain information from the family to enter the assistance the resident needed required for care. She stated the care plan was the plan of care for each resident. She stated the care plans were always changing based on the residents' needs and it was like a guide. A potential outcome of not following the residents' care plan could be harm. She stated if a resident needed assistance with feeding, her expectations were that the aides followed that requirement. She stated a resident could get sick, health could decline, or they could become malnourished. Review of the facility's undated Comprehensive Care Plans Policy reflected the following: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</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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