STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675305	A. Building B. Wing	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Healthcare and Rehabilitation Cent	1525 Pleasant Valley Rd Garland, TX 75040

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to ensure all treatment and care was provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for one (Resident #1) of 7 residents reviewed for quality of care. LVN B, LVN C and LVN E failed to ensure Resident #1's change of condition of a rash on his extremities was followed up on 12/16/25, 12/17/25 and 12/18/25; subsequently no plan of care orders was obtained until Treatment Nurse F called NP G on 12/18/25 at 1:23 pm, for nystatin and Benadryl orders for moisture related dermatitis. This failure could cause all residents with skin conditions to be at risk of not getting properly assessed and treated in a timely manner, which could result in worsening skin conditions, decreased health and psycho-social well-being. Findings included: Record review of Resident #1's Quarterly MDS dated [DATE] revealed, a [AGE] year old male who admitted [DATE] with a BIMS Score of 09 (moderate cognitive impairment). He had no behaviors or rejection of care, used a wheelchair and required helper assist for most ADLs . He was frequently incontinent with urinary continence and always incontinent with bowel incontinence. His primary medical condition was stroke. He had diagnoses of hypertension (high blood pressure), renal insufficiency (Kidney insufficiency), septicemia (blood stream infection), diabetic mellitus (high blood sugar level), Cerebrovascular Accident (stroke), non-Alzheimer's dementia (cognitive deficit), hemiplegia (one sided weakness), malnutrition (imbalance or deficit in nutrients), anxiety (persistent worry or fear) and depression (persistent sadness). He was at risk of developing pressure ulcers and he did not have any pressure injuries or other skin problems. He also needed to have skin applications of ointments/medications applied to areas other than to his feet. (He had no diagnosis of psoriasis - chronic non-contagious autoimmune skin condition causing thick red and itchy patches). Record review of Resident #1's December 2025 Order Summary Report by his Physician dated 12/18/25 revealed, Order Benadryl Allergy Oral Tablet 25 MG (Diphenhydramine HCl) Give 1 tablet by mouth at bedtime for itchiness for 3 Days at bedtime (12/18/2025 - 12/21/2025). Nystatin-Triamcinolone Cream 100000-0.1 UNIT/GM- % Apply to per additional directions topically two times a day for moisture related dermatitis (skin inflammation from bodily fluids) x 10 days for 10 Days apply to BUE and BLE (There were not any treatment orders for his rash prior to 12/18/25). Record review of Resident #1's December 2025 MAR revealed he was given 25 mg Benadryl at bedtime on Thursday 12/18/25 at night. And 100000-0.1 Unit/GM-% Nystatin-Triamcinolone cream was given one time at bedtime Thursday 12/18/25 at night and the morning of Friday 12/19/25. Record review of Resident #1's Care Plans printed 12/18/25 revealed, at risk for impaired cognition/dementia or impaired thought processes related to CVA (stroke), due to psychiatric impairment. Had a potential for mood problem related to new diagnosis major depressive, anxiety, insomnia. He had a primary dementia diagnosis from 2024 and potential impairment of skin integrity related to itching (date initiated 10/17/24). He had potential for pressure ulcer development related to limited mobility and had seizures related to stroke and bowel/bladder incontinence related to neurological impairment. He had ADL self-care performance deficit related to weakness and took anti-anxiety and depressive medications. Record review of Resident #1's Change of condition dated 12/16/25 at 1:57 pm by LVN C revealed, No new medications changes, status of evaluation was for a rash: New skin issues #001) front axilla (under shoulder joint) wound acquired in-house, #002) below right elbow wound acquired in-house, #003) front left thigh wound acquired inhouse, #004) Right Achilles (heel). (all areas were unmeasurable). Skin issues note: Resident has rash like areas over various areas of skin. Resident statesareas [sic] itch. The primary care provider feedback: was blank for recommendations, new testing orders and new intervention orders . (There were no orders to monitor). Record review of Resident #1's Nurse Progress note dated 12/16/25 at 2:22 pm by LVN C revealed, Resident's skin assessment performed. Resident noted with itchy rash like areas over extremities. Resident states this has occurred before but unsure of past treatment. [NP G]notified via telephone message. No orders received at this time. [FM] notified. (There were no orders to monitor). Record review of Resident #1's Nurse Progress note dated 12/17/25 at 2:25 am by LVN B revealed, Rash all over extremities Day 2. (The Doctor/NP was not called). Record review of Resident #1's Nurse Progress note dated 12/18/25 at 1:01 am, by LVN E revealed, Change of condition day 3/3 for rash on extremities. NARN . Continuing current treatment orders. (The Doctor/NP was not called and there were no treatment orders