

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455675</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PLUM CREEK HEALTHCARE RESIDENCE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5601 PLUM CREEK DR AMARILLO, TX 79124</b>	
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 0921  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interviews, it was determined the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public, in that: - there were 4 broken windows on the west side of the building. - there was one window pane so badly rotted away that when it rained, water would come in the resident's room. These failures could result in more water damage to the building's structure and cause the building to have an unpleasant appearance, unsound structural integrity and exposure of the residents to unsafe weather and elements. The evidence is as follows: During a confidential interview on 9/3/2020 at 4:00 p.m., it was said that water comes in the window in resident's room when it rains and goes all over the floor because the wood was all rotted out. During an interview on 9/4/2020 at 8:15 a.m., the Administrator stated they do have some broken windows on the west side of the building from families trying to come into the facility. The Administrator stated families have ripped the screens off of the windows and were touching residents and passing food into the resident's rooms. An observation on 9/4/2020 at 10:20 a.m. in room [ROOM NUMBER] on 1 B West revealed the middle window pane wood was rotted out and was easily indented with a fingernail. An observation on 9/8/2020 at 8:00 a.m. of the outside of the building on the west side revealed 4 broken windows. Two broken windows were close to the sidewalk and 2 were located by the roadside.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.