

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455573	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/21/2026
NAME OF PROVIDER OR SUPPLIER  Texoma Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Hwy 82 E Sherman, TX 75090	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure the services provided or arranged by the facility, as outlined by the comprehensive care plan, must meet professional standards of quality for 1 (Resident #19) of 10 resident reviewed for food and nutrition services. The facility failed to follow physician-ordered diet changes to ensure Resident #19's dessert was mechanical soft, and included crushed pineapple, as the meal ticket stated, and not wafer cookies. This failure could place residents at risk of becoming malnourished and choking. Findings included:Record review of Resident #19's face sheet revealed a [AGE] year-old man, with a primary diagnosis of dementia, unspecified severity, with psychotic disturbance (decline in cognitive function, with symptoms that may include hallucinations or delusions). Other pertinent diagnoses include dysphagia (difficulty swallowing) and unspecified protein-calorie malnutrition (body does not receive enough protein and calories). Record review of Resident #19's quarterly MDS (Minimum Data Set) assessment, dated 12/27/2025, reflected a BIMS (Brief Interview for Mental Status) score of 12, indicating moderate cognitive impairment. Record review of Resident #19's care plan, dated 12/30/2025, reflected:Resident #19 had a potential nutritional problem; staff were to monitor, document, report for signs and symptoms of dysphagia, with the goal to maintain adequate nutritional status. Resident #19 had a swallow problem related to dysphagia; staff were to monitor/document/report difficulty swallowing, holding food in mouth, prolonged swallow time, repeated wallows per bite, coughing, throat clearing, drooling, and pocketing food in mouth, and for the diet to be followed as prescribed. Goals included Resident #19 would have no choking episodes and no signs of aspiration. Resident #19 required the use of dentures.Record review of Resident #19's orders reflected: Order: Renal diet, Regular Texture, Regular consistency Status: Active Start Date: 6/7/2025. Order: Renal diet, Mechanical Soft Texture, Regular consistencyStatus: Discontinued Start Date: 1/8/2025.During an observation on 01/21/2026 at 11:40 A.M of meal tray preparations, in the facility's only kitchen, revealed Resident #19's diet order on the meal ticket reflected [Resident #19] Renal 80 gm Pro/Mechanical Soft. Dessert 1/2 C Crushed Pineapple. The meal tray included a cup of Nilla Wafer cookies as the dessert. The meal tray was given to RN A and then given to the activities director to give to Resident #19. An observation and interview on 01/21/2026 at 12:14 P.M. with Resident #19, revealed he did not have teeth. He said he could eat the Nilla Wafer cookies if he drank enough water when eating cookies. Resident #19 indicated he preferred to have the crushed pineapple that was on his meal ticket.During an interview with the Dietary Manager, he stated Nilla Wafers cookies were considered safe for mechanical soft diets when given with pudding. The Dietary Manager stated resident diet orders were communicated with dietary staff through nursing or speech therapy staff. He stated dietary staff only accepted diet order changes through the communication form, and it could be filled out by both nursing and speech therapy staff. He indicated he did not have a communication form for Resident #19, and the order would have been from before he started working at</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  455573	Facility ID:  455573  If continuation sheet Page 1 of 4

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the facility. During an interview on 01/21/2026 at 2:07 P.M. with the DOR, she stated Resident #19 was not currently on the speech therapy case load. She said that Resident #19 was referred to speech therapy for an evaluation on 01/06/2026 and he was on a regular (diet) with thin liquids, and the evaluation recommendations were regular (diet) with thin liquids. The DOR said speech therapy or nursing could write diet orders for the resident's chart. She further stated speech therapy did not communicate diet orders with the kitchen, and nursing staff were supposed to complete (diet order form) and give it to the kitchen. An interview on 01/21/2026 at 2:35 P.M. with RN A revealed she thought she looked at Resident #19's meal ticket. She said dietary staff told her Nilla Wafer cookies were mechanical soft. RN A indicated she was not aware Nilla Wafer cookies were considered safe for mechanical soft diets if they were served with pudding. She said it was important for residents to receive the right diet order to make sure they did not choke and they had the right diet. When asked about Resident #19's order for a regular diet in his chart, RN A indicated she did not know that there was an order for a regular diet. RN A said she did not know if Resident #19 could eat a regular (diet) because he did not have teeth; and residents who did not wear dentures, could not eat much (regular diet food items). When asked about the process of communicating diet orders in a resident's chart with the kitchen, RN A stated when nursing staff get the orders, they make a diet sheet for the kitchen and give it to the dietary staff (to adjust meal tickets to match diet orders). RN A said it was important to give correct diet orders so residents could actually eat their meals and not choke. During an interview on 01/21/2026 at 2:50 P.M. with RN B, she revealed she was the nurse for Resident #19. RN B stated Resident #19 could eat a regular diet but was supposed to be on mechanical soft diet. She said he did not like to use his dentures while eating, so he could eat a mechanical soft diet. RN B said the diet order should be mechanical soft, but it needed to be discussed with the resident because it was his right if he wanted a regular diet. RN B said she did not recall filling out a communication form regarding the regular diet order for Resident #19. She further stated speech therapy had never come to her regarding a diet order for Resident #19. RN B indicated it was important for residents to have the correct diet order for treatment, health, and their disease processes; medications can be given all day but adequate nutrition was important. During an interview on 01/21/2026 at 5:30 P.M. with the Regional Nurse, she revealed dietary staff were expected to check meal tickets and meals first, then nurses checked meal tickets, and then the meal trays were delivered to residents. She further indicated if speech initiated a diet order change, they should have entered it into the residents' orders in their chart; the nursing staff confirmed the orders and delivered it to dietary staff. Record review of the facility's Diet Manual, dated 2025 reflected: The next pages of information are designed for dietary employees to acquaint you with the rules and personnel procedures of this department. It is important that these be followed at all times in order to maintain the efficiency of the department and make this a pleasant place for you and others to work. The resident is the reason that we are here and our job in the residents' care plan is to serve attractive, appetizing, nourishing, and high-quality food to help keep them healthy. Your Food Service Management staff includes: Dietary Service Manager This person is responsible for scheduling of employees, supervising the department, and purchasing food and supplies. Consult with manager regarding the preparation of food items, tray assembly procedures, cleaning procedures, or any related questions. Inform the manager of any unusual situations. Preventing problems is everyone's responsibility.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, and handle food in accordance with professional standards for food safety in the facility's only kitchen. 1. The facility failed to ensure all hot and cold held food temperatures were taken and record on the Supper (dinner) temperature log for dates 12/29/2025, 01/02/2026, 01/05/2025, 01/07/2026, and 01/08/2026.2. The facility failed to ensure staff followed food safety and sanitation protocols to prevent cross contamination of raw chicken and ready to eat sliced cheese. 3. The facility failed to ensure the milk temperature was held at least 41 F or less. These failures could place residents at risk for foodborne illness and foodborne intoxication. Findings included: During an observation on 01/21/2026 at 8:31 A.M. of the facility's only kitchen, this surveyor requested to review temperature logs for hot and cold held food items. Record review at this time, revealed hot and cold held food temperatures were not thoroughly taken on 12/29/2025, 01/02/2026, 01/05/2025, 01/07/2026, and 01/08/2026. Temperatures were not recorded for food items including milk and juice beverages, side dishes of fruits and vegetables, and meat entrees. Interview at this time with the Dietary Manager revealed he acknowledged the incomplete temperature logs. He stated any food items in bold on the temperature log were supposed to have been temperature checked. The Dietary Manager stated the hot held food items must be 145 F and higher, and cold food items must be 41 F and lower. He stated the importance of taking temperatures was to prevent spread of illness and contamination. The Dietary Manager indicated he would train dietary staff on how to properly take temperatures. During an observation and interview on 01/21/2026 at 11:25 A.M. of the lunch preparation in the kitchen, [NAME] C took the temperatures of all food items. [NAME] C discussed to accurately take food temperature, she would place the thermometer in the center of the food item, and what the appropriate temperature for hot held food items was. Observation further revealed 2 lunch trays had cups of milk on them, and they were not held to maintain cold temperatures. Observation on 01/21/2026 at 12:01 P.M. revealed the Dietary Aide F put on new gloves to grab and place raw chicken tenders in the fryer. With the same gloves on, she then touched sliced cheese and placed the sliced cheese on a hamburger. The rest of the meal was assembled and was going to be given to the resident it was made for. When asked the risk of touching raw meat and then touching the sliced cheese, the diet aide stated it could get someone sick. During an observation and interview on 01/21/2026 at 12:10 P.M., this surveyor asked what the temperature of the cups of milk on the 2 tray were. The Dietary Manager proceeded to check the temperature of the milk. The temperature of the milk was 52.7 F. The Dietary Manager stated that he wanted to keep the milk under 40 F; he proceeded to discard the milks sitting on the trays and get new cups of milk. Record review of the facility's Daily Food Temperature Control, dated 04/09/2025, reflected: We will assure that food is served at a safe temperature. Temperatures of all hot and cold food shall be taken prior to every meal service and recorded on the Temperature Log. This is done to help ensure that food is safe and is served within acceptable ranges. Procedure: 1. There is a thermometer available for use in the department to test the temperature of foods which is sanitized between food testing. 2. Prior to meal service, the cook shall take the temperature of all hot and cold foods. 3. Temperatures are recorded on the Temperature Log or Production sheet form. 4. All hot foods shall be cooked and held for service at temperatures of 140 degrees F or above. 5. Any hot or cold food which does not meet the minimum acceptable temperature shall be heated to a temperature of 165 degrees F and held at least 15 seconds. These instances should be recorded on the HAACP form. 6. Cold foods shall be less than 41 degrees F. Record review of the U.S. FDA Food Code 2022 reflected: 3-304 Preventing Contamination from Equipment, Utensils, and Linens.</p> <p>(continued on next page)</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	3-304.15 Gloves, Use Limitation. (A) If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57 C (135 F) or above.(2) At 5 C (41 F) or less.		