

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/11/2026
NAME OF PROVIDER OR SUPPLIER Texoma Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 US Highway 82 East 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)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure that a resident who needed respiratory care was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for two of ten residents (Resident #1 and Resident #14) reviewed for respiratory care. 1. The facility failed to ensure Resident #4's oxygen nasal canula and Nebulizer mask were properly stored when not in use on 07/11/26. 2. The facility failed to ensure Resident #1's nebulizer mask was properly stored when not in use on 07/11/26. 3. The facility failed to ensure Resident #3's nebulizer mask was properly stored when not in use on 07/11/26. These failures could place residents at risk of respiratory infection, respiratory complications, and not having their respiratory needs met. Findings Include 1. Record review of Resident #4's face sheet, dated 06/11/26, revealed an [AGE] year-old female who was admitted to the facility on [DATE]. The resident was diagnosed with the following: Chronic Obstructive Pulmonary Disease - COPD (a progressive, long-term lung disease that makes it hard to breathe), Respiratory Failure (your lungs or breathing system have long-term damage, making it hard to get enough oxygen into your blood or push out waste gases), Heart Failure (chronic, progressive condition in which the heart cannot pump blood efficiently enough to meet the body's needs). Record review of Resident #4's significant change in status MDS Assessment, dated 05/05/26, revealed a BIMS of 12 (moderate memory and thinking problems). The Quarterly MDS Assessment indicated the resident was on oxygen therapy. Record review of Resident #4's Comprehensive Care Plan, dated 11/25/25, revealed the resident had Emphysema (Air sacs in the lungs are damaged making it difficult to breathe) / COPD and oxygen therapy and one of the interventions was to give oxygen therapy as ordered by the physician. Record review of Resident #4's Physician's Order, dated 03/31/26, revealed Oxygen LPM: 2-4 Via: nc every shift related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION and Levalbuterol HCL Inhalation Nebulization Solution 0.63 MG/3ML (Levalbuterol HCL) 1 inhalation inhale orally via nebulizer every 8 hours as needed for Wheezing. During an interview and observation on 07/11/26 at 9:50 a.m. with Resident #4 revealed the oxygen tube connected to the oxygen tank was hanging on the wheelchair and her nebulizer mask was lying on the bedside table and not bagged while not in use. Resident #4 stated that no staff had told her it needed to be in a bag. She stated that she thought it should be bagged for health reasons to prevent germs from getting in them. She stated that if germs got into it she could catch something because she had COPD and her lungs were very bad. During an interview on 07/11/26 at 10:19 a.m. with CNA L, she stated that it was the facility policy for oxygen cannulas and nebulizer masks to be bagged. She stated that the CNAs and the nurses were responsible for making sure they were bagged when not in use. She stated that the canula and nebulizer mask should be bagged because of cross contamination. She stated that it could make the resident sick. She stated that she told h nurse when (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
--	-------	-----------

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 07/11/2026
NAME OF PROVIDER OR SUPPLIER Texoma Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 US Highway 82 East 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)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	she found the canula and nebulizer mask as not properly bagged, for them to change it. She stated she had been in-serviced on what to do when she finds a respiratory device not properly stored. 2. Record review of Resident #1's face sheet, dated 06/11/26, revealed a [AGE] year-old male who was admitted to the facility on [DATE]. The resident was diagnosed with the following: COPD, Acute Respiratory Failure (lungs suddenly cannot put enough oxygen into your blood or take enough carbon dioxide out), Pulmonary Hypertension (high blood pressure in arteries of the lungs) Record review of Resident #1's Physician Order dated 07/09/26 revealed an order for Budesonide Inhalation Suspension 0.5 MG/2ML (Budesonide (Inhalation)) 1 vial inhale orally via nebulizer every 12 hours for ARF with hypoxemia (abnormally low level of oxygen in the blood) related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED; SHORTNESS OF BREATH;ACUTE RESPIRATORY FAILURE WITH HYPOXIA; OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) Assess before & after a treatment During an interview and observation on 07/11/26 at 11:30 a.m. with Resident #1, revealed his nebulizer mask was sitting on his nightstand and not bagged. Resident #1 stated he did not know much about the machine, but that the nurses came and put the medicine in it and put the mask on. He stated that he was not sure if it should be bagged or not. Record review of Resident #3s face sheet, dated 07/11/26, revealed a [AGE] year-old male who was admitted to the facility on [DATE]. The resident was diagnosed with Unspecified Foreign Body in Bronchus Causing Asphyxiation, Initial Encounter (object blocking the main lung tube). Record review of Resident #3's Quarterly MDS Assessment, dated 07/02/2026, revealed the resident had moderate impairment with a BIMS score of 09. The Comprehensive MDS Assessment indicated the residents had heart failure, pneumonia and pulmonary hypertension. Record review of Resident #3's Physician's Order date 07/01/26 revealed and order for Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083% (Albuterol Sulfate) 1 vial inhale orally via nebulizer every 6 hours related to UNSPECIFIED FOREIGN BODY IN BRONCHUS CAUSING ASPHYXIATION, INITIAL ENCOUNTER Assess before & after a treatment During an observation and interview on 07/11/26 at 11:37 a.m. with Resident # 3, it was observed that his nebulizer mask was on his nightstand and not bagged while not in use. The available bag in the room was dated 07/03/26. He stated that he thought it should be bagged to keep germs out, but was not sure why the nurses did not bag it and he never asked. During an interview on 07/11/26 at 11:55 a.m. with LVN B, she stated that the nebulizer mask was supposed to be stored in a bag and dated. She stated that the mask and bag were changed weekly. She stated that if nebulizer mask was dirty or soiled, they changed them in less than a week. She stated that bagging and changing the mask weekly helped to keep respiratory infections down and prevented it from happening. She stated the charged nurse were responsible for making sure the mask and bag were both changed weekly. She stated that the night shift is usually responsible for changing the mask and bag, she stated that any nurse giving the breathing treatment should also note if the mask was changed or not. During an interview on 07/11/26 at 12:05 p.m. with LVN K, she stated that the facility policy states that oxygen tubing and the nebulizer mask should be dated and be in a dated bag when not in use. She stated that it was to prevent bacteria from growing in them especially since it went into the resident's mouth and nose. She stated that since they inhale both the treatment from the nebulizer and the oxygen, any bacteria that could get in their lungs can make them sick. She stated that they had educated on making sure she bags her oxygen tube when not in use since she transfers herself. She stated that that the nurses on the floor were responsible and the nurse giving the nebulizer should make sure the nebulizer mask was bagged after treatment is completed. She stated that every employee, both CNs and admin staff also made rounds and let the nurse know to fix any issues found. She stated that they would continue to educate and reinforce with Resident #3 to make sure she kept her oxygen tube and (continued on next page)		

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 07/11/2026
NAME OF PROVIDER OR SUPPLIER Texoma Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 US Highway 82 East 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)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	in the designated bag, and that the nurse giving the nebulizer treatment will be more proactive to make sure she gets to the resident before the treatment is completed. During an interview on 07/11/26 at 12:23 p.m. with CNA S, she stated that the facility policy was that the oxygen tube and nebulizer mask should be bagged when not in use. She stated that they should be bagged for infection control. She stated that if the oxygen tube and the nebulizer mask were not bagged, it could cause a respiratory infection for the resident. She stated that she checks on and other residents often to care for their needs and make sure that they are met. She stated that the CNAs and nurses are responsible for making sure the oxygen tube and nebulizer mask are both bagged. During an interview on 07/11/26 at 12:32 p.m. with the DON, she stated that oxygen tubes and nebulizer mask should be bagged when not in use. She stated that the bags, oxygen tube and nebulizer mask should be changed weekly and dated. She stated that she will do a walk through and conduct in services to make sure every staff member is on board with the policy. She stated that will be completed in the next 3 days. She stated that the rationale for the policy is for infection control since most of the residents who use oxygen and nebulizer have respiratory issues and we don't want it to get worse. She stated that the nurses are primarily responsible since they give the treatments and the CNAs are trained to alert the nurse if they are not bagged. Record review of the facility's Nursing Policy and Procedure Manual 2003 Oxygen Administration revealed: Goals1. The resident will maintain oxygenation with safe and effective delivery of prescribed oxygen.2. The resident will maintain an effective breathing pattern with administration of oxygen.3. The resident will be free from infection.10. Change the tubing (including any nasal prongs or mask) that is in use on one patient when itmalfunctions or becomes visibly contaminated. Record review of the facility's Nursing Policy and Procedure Manual Aerosolized Hand-Held Nebulizer revealed: 13. Rinse the nebulizer and mouthpiece shake and store in a plastic bag the is labeled withthe patient's name and room number.		

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 07/11/2026
NAME OF PROVIDER OR SUPPLIER Texoma Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 US Highway 82 East 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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide treatment and care in accordance with the comprehensive person-centered care plan and in accordance with professional standards of practice for one of seven residents (Resident #2) reviewed for quality of care. The facility failed to ensure that Resident #2's wound dressing on pressure ulcer on left plantar foot (bottom sole of left foot) was dated and signed on 07/11/26. The failure could place residents at risk for worsening pressure injuries and could result in a decline in health. Findings included: Record review of Resident #2's face sheet dated 07/11/26 revealed an [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses: Sepsis (the body's extreme, dangerous response to an infection), Dementia (A progressive loss of memory, reasoning and communication skills). Record review of Resident #2's MDS dated [DATE] revealed that the resident had a BIMS score of 05 (severe cognitive impairment) and was at risk of pressure-ulcers. The MDS revealed that Resident #2 was admitted to the facility with one stage III pressure ulcer (ulcer exposing all the outer skin layers and exposes the layer of fat underneath), one unstageable pressure ulcer (also called a bed sore that is a deep wound covered by thick, dead tissue. The dead tissue hides the bottom of the wound. Doctors cannot see how deep the wound goes). Record review of Resident #2's current physician's order revealed an order dated 07/07/26 for WOUND CARE: UNSTAGEABLE: LEFT PLANTAR FOOT: Cleanse with wound cleanser, pat dry, apply medical grade honey and cover with silicone bordered superabsorbent dressing every day shift every Tuesday, Thursday, Saturday for Wound Treatment and PRN. Record review of Resident #2's care plan dated 06/26/26 revealed the resident had a pressure ulcer to: COCCYX (tail bone) UNSTAGEABLE LEFT PLANTAR FOOT STAGE III with intervention to follow facility policies/protocols for the prevention/treatment of skin breakdown. Wound care observation and interview on 07/11/26 at 11:15 a.m. to 10:50 a.m., with RN K revealed Resident #2's wound dressing on the left planter foot was not dated and initialed. RN K stated that the facility policy was that all wound dressings needed to be dated and initialed by the treating nurse. She stated that dating the wound dressing was to make sure of the time it was last completed and that it was done in a timely manner. She stated that the nurses were responsible for making sure that the wound dressing was dated and initialed. She stated that if it was not dated and initialed, no one would know when it was completed and that the dressing could be on past when it needed to be changed. She stated this could result in infections or sepsis. She stated that not dating the dressing and initialing could interrupt continuity of care. She stated that the undated dressing must have been a PRN dressing after she completed the last dressing on Thursday 07/09/26 for Resident #2. During an interview on 07/11/26 at 12:32 p.m. with the DON, she stated that the policy was that the wound dressings should be dated and signed and that she planned to in-service the nurses on how important it was to make sure they were dating and initialing the wound dressing when it was done. She stated that they had a wound doctor and nurse practitioner that rounded every Tuesday. She stated the undated dressing on Resident #2's right plantar foot must have been a PRN dressing that was done and the nurse forgot to date it. She stated that all the nurses who did wound care should make sure that the wound dressing was intact and dated as per policy. She stated that not dating the wound dressing could delay the wound healing and the wound could get worse and delay any kind of treatment they need. Record review of the facility's policy Pressure Injury: Prevention, Assessment and Treatment Wound Care Policy & Procedure Manual Revised 5/5/25 revealed: Procedure:1. Nursing personnel will continually aim to maintain the skin integrity, tone, turgor and circulation to prevent (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/11/2026
NAME OF PROVIDER OR SUPPLIER Texoma Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 US Highway 82 East 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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	breakdown, injury and infection.3. Upon assessment and identification of a pressure sore the staff nurse will notify the treatmentnurse/designee. The treatment nurse/designee will:1. Notify the physician of pressure sore and obtain and follow any orders as directed by thephysician.2. Notify family and dietary department. Document Notification		