STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455626	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakmont Guest Care Center	2712 Hurstview Dr Hurst, TX 76054

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety for the facility's only kitchen, reviewed for food and nutrition services. The facility failed to ensure:- food appliances, including the microwave, toaster, and steamer were clean and sanitized; - the kitchen floors were clean and free of dust and debris;- 3 large dry ingredient food containers were clean;- food preparation tables were clean and free of old food residue; - the dishwasher's wash cycle reached 120 degrees Fahrenheit to properly clean and sanitize dishware and utensils; and - all kitchen staff were educated on 03/18/26 regarding the facility's expectations for the kitchen. These failures could place residents at risk for cross-contamination and foodborne illness.Findings included: Observation on 06/08/26 from 9:15 AM to 9:55 AM in the facility's kitchen revealed: -The inside of the microwave had food stains and residue -The inside of the toaster had food residue, and the outside had food stains and rust. -The food steamer had a metal pan underneath with stagnant water that had buildup and white floating substances. -The floors had excessive dust and debris. -3 large containers that were filled with dry food ingredients had stains and old, sticky food residue.-The food preparation table had food stains and debris. -The dishwasher's wash cycle only reached a temperature of about 97 degrees Fahrenheit per digital stick thermometer and the thermometer on the machine; however, the chemical sanitizing solution concentration level was between 50-100 ppm. Record review of an in-service, dated 03/18/26, reflected that all kitchen staff were educated on completing temperature logs for the freezer, refrigerator, dishwasher, food temperatures, and department cleanliness. During an interview on 06/08/26 at 10:20 AM, the Dietary Manager revealed he worked at the facility since November 2024. He stated it was the responsibility of all kitchen staff to keep the kitchen clean and sanitized daily. The Dietary Manager stated he was responsible for ensuring that all cleaning tasks were completed, and he would do pop-ups during the weekend to ensure that the cleaning remained consistent. The Dietary Manager stated he was not at the facility this past weekend and did not have time to inspect the kitchen for cleanliness prior to surveyor entering. He acknowledged the surveyor's observations and stated it was unacceptable and did not meet his expectations regarding how the kitchen was supposed to be cleaned. The Dietary Manager stated he assigned tasks for each kitchen staff, and the last in-service on cleaning was a few months ago. He stated all food appliances and preparation tables should be cleaned after each use, and floors should be cleaned after each meal service. The Dietary manager stated deep cleaning was completed by the night staff at the end of each day. He stated the large containers that stored dry food ingredients should be cleaned once emptied and before being refilled. He stated that the pan underneath the food steamer collected water and should be emptied and cleaned daily and as needed to prevent bacteria from growing. The Dietary Manager stated the dishwashing staff were expected to test and accurately log the water temperature and chemical concentration for the mechanical dishwasher daily to ensure that it was in working order and the dishes were properly cleaned and sanitized. He stated he was unaware that the temperature was not reaching above 97 degrees Fahrenheit, and that they would immediately switch to manual dishwashing in a 3-compatrment sink where all dishes could be rinsed, washed, and (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	sanitized. The Dietary Manager stated not maintaining a clean and sanitized kitchen could place the residents at risk of food-borne illnesses, especially those with weakened immune systems due to age or conditions. Observation on 06/08/26 at 1:45 PM in the facility's kitchen revealed the kitchen staff were using the 3-compartment sinks to clean and sanitize the dishes. The water was maintained above 110 degrees Fahrenheit for washing and rinsing, and the sanitizing compartment had an appropriate chemical concentration level. Observation on 06/09/26 at 8:45 AM in the facility's kitchen revealed the mechanical dishwasher was fixed and the water temperature reached 120 degrees Fahrenheit. During an interview on 06/09/26 at 10:11 AM, Dietary Aide D revealed she worked at the facility since 10/2025. She stated all kitchen staff shared the responsibility of keeping the kitchen clean and sanitary, and they followed a schedule to ensure that all tasks were completed. Dietary Aide D stated general cleaning for the aides consisted of wiping down all counters and preparation tables after each meal service, cleaning all appliances after each use, cleaning and refilling containers as needed, sweeping the entire kitchen area after each meal service, and mopping at the end of the day. She stated she was trained upon hire regarding the expectations for cleanliness of the kitchen and in-serviced as needed. She could not recall when she last received an in-service. During an interview on 06/09/26 at 10:23 AM, Dishwasher E revealed it was his responsibility to keep the washroom area clean, test the water temperature and chemical levels for the dishwasher, and log it daily. Dishwasher E stated the mechanical dishwasher was working to his knowledge. He stated they used a digital thermometer to test the temperature and it reached 120 degrees Fahrenheit when he tested it. Dishwasher E stated any issues with the kitchen equipment had to be reported to the Dietary Manager. During an interview on 06/10/26 at 3:30 PM, the Administrator revealed the expectation was for the kitchen staff to follow policy and procedures to keep the kitchen clean and sanitized, and for the Dietary Manager to ensure that it was being done. The Administrator stated the kitchen would be inspected by management for cleanliness before kitchen staff left for the day. Record review of the facility's current General Kitchen Sanitation policy, dated 10/01/18, reflected in part the following: Policy: The facility recognizes that food-borne illness has the potential to harm elderly and frail residents. All Nutrition & Food service employees will maintain clean, sanitary kitchen facilities in accordance with the state and US Food Codes in order to minimize the risk of infection and food borne illness.Procedure:Clean and sanitize all food preparation areas, food-contact surface, dining facilities and equipment. After each use, clean and sanitize all tableware, kitchenware and food-contact surfaces of equipment, except cooking surfaces of equipment and pots and pans that are not used to hold or store food and are used solely for cooking purposes.Clean food-contact surfaces of grills, griddles and similar cooking devices and the cavities and door seals of microwave ovens at least once a day; except for hot oil cooking equipment and hot oil filtering systems.6. Clean non-food-contact surfaces of equipment at intervals as necessary to keep them freeof dust, dirt, and food particles and otherwise in a clean and sanitary condition.Further review of this policy reflected that it did not address the use of mechanical dishwashers. Record review of the U.S. Food and Drug Administration (FDA) Code (2022) reflected in part the following: 4-501.110 Mechanical Ware-washing Equipment, Wash Solution Temperature.(B) The temperature of the wash solution in spray-type ware-washers that use chemicals to SANITIZE may not be less than 49oC (120oF).4-602.12 Cooking and Baking Equipment. Food-contact surfaces of cooking equipment must be cleaned to prevent encrustations that may impede heat transfer necessary to adequately cook food. Encrusted equipment may also serve as an insect attractant when not in use. Because of the nature of the equipment, it may not be necessary to clean cooking equipment as frequently as the equipment specified in S 4-602.11. 4-602.13 Nonfood-Contact Surfaces. The presence of food debris or dirt on nonfood contact surfaces may provide a suitable environment for the growth of microorganisms which employees may inadvertently transfer to food. If these areas are not.6-501.12 Cleaning, Frequency and Restrictions. (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. (B) Except for cleaning that is necessary due to a spill or other accident, cleaning shall be done (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	during periods when the least amount of FOOD is exposed such as after closing. 6-501.13 Cleaning Floors, Dustless Methods. (A) Except as specified in (B) of this section, only dustless methods of cleaning shall be used, such as wet cleaning, vacuum cleaning, mopping with treated dust mops, or sweeping using a broom and dust-arresting compounds. (B) Spills or drippage on floors that occur between normal floor cleaning times may be cleaned: (1) Without the use of dust-arresting compounds; and (2) In the case of liquid spills or drippage, with the use of a small amount of absorbent compound such as sawdust or diatomaceous earth applied immediately before spot cleaning.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident on one of four medication carts (Hall 700/Hall 800 nurses' medication cart) and 2 of 2 Residents (Residents#10 and #24) reviewed for pharmacy services. 1. The facility failed to ensure the Narcotic Log on the Hall 700/Hall 800 nurses' medication cart were accurate for administration of the narcotic pain medication hydrocodone/acetaminophen for Resident #24 and the narcotic pain medication oxycodone for Resident #10.2. LVN F failed to document the administration of narcotic medications in a correct and timely manner on the MAR and NAR for Residents #10 and #24. These failures could place residents at risk for drug diversion and not receiving the therapeutic dose of medication. Findings included:Record review of Resident #24's Quarterly MDS dated [DATE] reflected the resident was a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included fibromyalgia (a chronic disorder causing widespread musculoskeletal pain, fatigue, sleep problems, and cognitive difficulties), and she was on a scheduled pain management regimen. Resident #24's cognition was intact with a BIMS score of 14. Record review of Resident #24's care plan dated 04/01/26 reflected the resident has chronic pain rule out primary osteoarthritis (the most common form of arthritis. It occurs when the protective cartilage that cushions the ends of your bones gradually wears down, causing bones to rub against one another) and fibromyalgia. The plan reflected: Goal - Resident will not have an interruption in normal activities due to pain through the review date Interventions- Administer pain medications per order if non-medication interventions are ineffective. Administer analgesia Norco as per orders. Give 1/2 hour before treatments or care.Record review of Resident #24's order dated 02/15/26 reflected the following:Hydrocodone-Acetaminophen Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen) Give 1 tablet by mouth four times a day for pain .Record review of Resident #10's Quarterly MDS dated [DATE] reflected the resident was a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included diabetes mellitus (a chronic metabolic condition characterized by high blood sugar levels). The MDS reflected the resident received as needed pain medication. Resident #10's cognition was moderately impaired with a BIMS score of 12. Record review of Resident #10's care plan dated 06/08/26 reflected the resident was at risk for acute pain/chronic pain related to diagnoses of chronic pain and polyneuropathy. The care plan reflected: Goal - Resident will report satisfactory pain control through review date. Interventions- Administer prescribed medication before activity and therapy.Record review of Resident #10's order dated 05/04/26 reflected the following:Oxycodone HCl Oral Tablet 5 MG (Oxycodone [narcotic pain medication]). Give 2 tablet by mouth every 6 hours as needed for pain severe pain more than 7 on scale of 0-10 .Observation and record review on 06/09/26 at 10:58 AM of the Hall 700/Hall 800 nurses' medication cart, with LVN F revealed the following information:Resident #24's NAR log sheet for hydrocodone-acetaminophen 5/325 mg four times a day (narcotic pain medication) was last signed off on 06/08/26 for a one-tablet dose given at 9:00 PM, for a total of 57 pills. The blister pack had 56 pills remaining. The MAR reflected LVN F documented administering the hydrocodone-acetaminophen 5/325 to Resident #24 at 9:00 AM. Resident #10's NAR log sheet for oxycodone 5 mg 2 tablets every six hours as needed (narcotic pain medication) reflected it was last signed off on 06/08/26 for a two-tablet dose given at 9:00PM with a total of 94 pills remaining. The blister pack had 92 remaining. There was no documentation on the MAR reflecting the oxycodone had been administered. During an interview on 06/09/26 at 12:16 PM, LVN F revealed she gave Resident #24 and Resident #10 the medication. She said she was expected to administer, document on the MAR, and sign out on the NAR. She said she forgot to document on the MAR and sign it out on the NAR. She could not tell when she administered the medication. She said she knew she (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was supposed to sign-out on the narcotic count sheet after she administered narcotic medication and on the MAR, but she did not. She stated failure to document would cause the narcotic count sheet to show more of the medication on the next count, which could lead to a narcotics diversion. She said she had not done training since she was newly hired.During an interview on 06/10/26 at 2:39 PM, the DON revealed his expectation was for staff administering narcotic medications to follow the facility's medication administration policy. He stated he expected the nurses to document the medications when they were given to the resident on the MAR and to sign on the narcotic log. He stated management did spot checks during the day and reported the findings during the daily stand-up meeting every day at 4:00 PM. He stated failure to document medication administration on the MAR and sign-off on the NAR could lead to drug diversion . She had not done training she was newly hired. Facility started training.Record review of facility's current Medication Administration Controlled Substances policy, dated 2007, reflected the following: . 4. When a controlled medication is administered, the licensed nurse administering the medication immediately enters the following information on the accountability record when removing dose from controlled storage: (Note: Refer to state regulations forparticulars regarding Scheduled Classes and proper storage.)a.Date and time of administrationb.Amount administeredc.Signature of the nurse administering the dose.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of two residents (Resident #4) reviewed for infection control, in that: The facility failed to ensure after Resident #4 readmitted to the facility with rhinovirus (a type of virus that is one of the most common causes of the common cold) that physician orders were obtained for the resident to be placed on droplet precautions, which are infection control measures to prevent the spread of infection through respiratory droplets. This failure could place residents at risk for exposure to a contagious disease, infection, and possible hospitalization.Findings included:Record review of Resident #4's admission MDS Assessment, dated 05/28/26, which revealed he was a [AGE] year-old male who originally admitted to the facility on [DATE]. He had a BIMS score of 11 which indicated mild cognitive impairment. His active diagnoses included hypertension (high blood pressure), malnutrition (lack of proper nutrition), and diabetes mellitus (a condition that occurs when the body cannot properly use blood sugar). Record review of Resident #4's Order Summary Report, dated 06/08/26, did not reflect an order for droplet isolation precautions. Record review of Resident #4's care plan, initiated 06/04/26, reflected the following: Focus: [Resident #4] admitted with Respiratory Infection (rhinovirus) & Sepsis r/t recent hospitalization; he remains on droplet precautions.Interventions/Tasks: Continue droplet isolation precautions as indicated. Record review of Resident #4's Progress Notes reflected RN A wrote on 06/05/26 at 1:43 PM the following: Patient remain on isolation for Rhino virus [sic]. Observation and interview on 06/09/26 at 11:45 AM, revealed Resident #4 was in his room resting in his bed with his eyes closed. Resident #4 did not open his eyes while the surveyor was talking to him. Outside of Resident #4's room, there was a sign posted, which reflected: Contact & Droplet Precautions. During an interview on 06/09/26 at 2:40 PM, RN B said he was caring for Resident #4 who had been on droplet isolation precautions since the resident returned from the hospital last week. RN D said he was not sure how long Resident #4 should be on droplet isolation precautions because the doctor decided that. RN D said there should be an order in Resident #4's chart that he was on droplet isolation precautions for the condition that he had. RN D said he was not sure what his condition was that caused him to be on droplet isolation precautions. RN D said he was not sure who was supposed to contact the doctor for the order for a resident to be on droplet isolation precautions. During an interview on 06/09/26 at 2:45 PM, CNA C said this was his first time caring for Resident #4. CNA C said he was only told Resident #4 was on droplet isolation precautions but was not aware of why. CNA C said he was also not sure how long Resident #4 was supposed to be on droplet isolation precautions or how long he had been on droplet isolation precautions. During an interview on 06/09/26 at 3:18 PM, the IP said she had been in the role since November 2025. The IP said Resident #4 was on droplet isolation precautions because he came back from the hospital with rhinovirus. The IP said all orders came from the doctor and would also include the timeframe for when the resident would be on droplet isolation precautions and the reason why. The IP said she was not sure when Resident #4 was supposed to come off droplet isolation precautions. The IP said after a resident admitted to the facility she usually went through their orders to make sure all the necessary orders were in the chart but she did not do that for Resident #4. The IP said if she had caught the missing order she would have called the doctor for the order. The IP said the purpose of Resident #4 having an order to be on droplet isolation precautions was to ensure the prevention of the condition to be spread through the facility. The IP said if there was not an order for droplet isolation precautions, the staff caring for that resident may not know why they were on precautions or what their condition was. During an interview on 06/10/26 at 2:08 PM, the DON said Resident #4 was on droplet isolation precautions for rhinovirus. The DON said Resident #4 came back (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	from the hospital on Thursday of last week (06/04/26) and he had rhinovirus from the hospital. The DON said that was when his isolation started and the doctor would decide when he would come off isolation precautions after that. The DON said there should have been an order in Resident #4's chart for him being on droplet isolation precautions. The DON said the purpose of that was for informational purposes so that staff were aware of why the resident was on droplet isolation precautions and for how long he was to be on those isolation precautions. The DON said the IP was responsible for ensuring the order was in the chart after the resident was admitted . Record review of the facility's current Isolation- Categories of Transmission-Based Precautions policy, revised September 2022, reflected: Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection, and is at risk of transmitting the infection to other residents.