

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455893 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>01/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Grace Care Center of Henrietta |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>807 W Bois D Arc<br>Henrietta, TX 76365 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|---|--|
| <p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>46641</p> <p>Based on record review and interviews, the facility failed to use the services of a registered nurse (RN), for at least 8 consecutive hours a day, 7 days a week for 3 of 12 months (October 2024, November 2024, December 2024) reviewed for RN coverage.</p> <p>The facility failed to ensure that an RN worked 8 consecutive hours a day, seven days a week for 34 days of 92 days in October 2024, November 2024, and December 2024.</p> <p>This failure could place residents at risk for not having decisions made that would have required an RN to make in the management of the residents' healthcare needs and in managing and monitoring of the direct care staff.</p> <p>Findings included:</p> <p>Record review of the PBJ Staffing Data Report, (payroll-based journal nurse staffing and non-nurse staffing datasets provide information submitted by nursing homes including rehabilitation services on a quarterly basis) FY Quarter 1, 2025 (October 1, 2024 - November 30, 2024, December 31, 2024), run date 01/6/25, revealed no evidence of RN coverage for 34 of 92 days:</p> <ol style="list-style-type: none"> <li>1. 10/26/2024 with no RN coverage.</li> <li>2. 10/27/2024 with no RN coverage.</li> <li>3. 11/3/2024 with no RN coverage.</li> <li>4. 11/5/2024 with no RN coverage.</li> <li>5. 11/13/2024 with no RN coverage.</li> <li>6. 11/16/2024 with no RN coverage.</li> <li>7. 11/20/2024 with no RN coverage.</li> <li>8. 11/21/2024 with no RN coverage.</li> </ol> <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 |
|---|-------|-----------|
|---|-------|-----------|

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455893 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>01/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Grace Care Center of Henrietta |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>807 W Bois D Arc<br>Henrietta, TX 76365 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|---|--|
| <p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>9. 11/22/2024 with no RN coverage.</p> <p>10. 11/25/2024 with no RN coverage.</p> <p>11. 11/26/2024 with no RN coverage.</p> <p>12. 11/27/2024 with no RN coverage.</p> <p>13. 11/28/2024 with no RN coverage.</p> <p>14. 11/29/2024 with no RN coverage.</p> <p>15. 12/2/2024 with no RN coverage.</p> <p>16. 12/3/2024 with no RN coverage.</p> <p>17. 12/4/2024 with no RN coverage.</p> <p>18. 12/5/2024 with no RN coverage.</p> <p>19. 12/6/2024 with no RN coverage.</p> <p>20. 12/9/2024 with no RN coverage.</p> <p>21. 12/10/2024 with no RN coverage.</p> <p>22. 12/11/2024 with no RN coverage.</p> <p>23. 12/12/2024 with no RN coverage.</p> <p>24. 12/13/2024 with no RN coverage.</p> <p>25. 12/16/2024 with no RN coverage.</p> <p>26. 12/17/2024 with no RN coverage.</p> <p>27. 12/18/2024 with no RN coverage.</p> <p>28. 12/19/2024 with no RN coverage.</p> <p>29. 12/20/2024 with no RN coverage.</p> <p>30. 12/23/2024 with no RN coverage.</p> <p>31. 12/26/2024 with no RN coverage.</p> <p>32. 12/27/2024 with no RN coverage.</p> <p>(continued on next page)</p> |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455893 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>01/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Grace Care Center of Henrietta |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>807 W Bois D Arc<br>Henrietta, TX 76365 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>33.12/30/2024 with no RN coverage.</p> <p>34. 12/31/2024 with no RN coverage.</p> <p>In an interview and record review on 01/02/2025 at 2:30pm, the Human Resource (HR) provided the timecard reports for the months of October 2024, November 2024, and December 2024. The HR verbally confirmed there was no RN coverage or a full 8 hours of RN coverage for the dates of :</p> <p>10/26/2024, 10/27/2024, 11/3/2024, 11/5/2024, 11/13/2024, 11/16/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/25/2024, 11/27/2024, 11/28/2024, 11/29/2024, 12/2/2024, 12/3/2024, 12/4/2024, 12/5/2024, 12/6/2024, 12/9/2024, 12/10/2024, 12/11/2024, 12/12/2024, 12/13/2024, 12/16/2024, 12/17/2024, 12/18/2024, 12/19/2024, 12/20/2024, 12/23/2024, 12/26/2024, 12/27/2024, 12/30/2024, 12/31/2024.</p> <p>10/26/2024, 10/27/2024, 11/3/2024, 11/5/2024, 11/13/2024, 11/16/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/25/2024, 11/27/2024, 11/28/2024, 11/29/2024, 12/2/2024, 12/3/2024, 12/4/2024, 12/5/2024, 12/6/2024, 12/9/2024, 12/10/2024, 12/11/2024, 12/12/2024, 12/13/2024, 12/16/2024, 12/17/2024, 12/18/2024, 12/19/2024, 12/20/2024, 12/23/2024, 12/26/2024, 12/27/2024, 12/30/2024, 12/31/2024.</p> <p>In an interview on 01/02/2025 at 9:35am, the facility's CNO D said her understanding of the facility policy was an RN was to be on staff 8 hours a day. The CNO D stated the facility has weekend coverage for RN hours, and at this point the CNO D stated she can be reached by facility 24/7 by phone if needed.</p> <p>Record review of a policy statement was provided that states A registered nurse provides services at least eight (8) consecutive hours every 24 hours, seven (7) days a week.</p> |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455893 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>01/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Grace Care Center of Henrietta |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>807 W Bois D Arc<br>Henrietta, TX 76365 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46641</p> <p>Based on observation, interview, and record review, the facility failed to handle, store, process, and transport linens so as to prevent the spread of infection for 1 of 1 laundry carts observed for infection control practices.</p> <p>The facility failed to ensure clean laundry was protected from dust and contamination while being transported to resident's rooms.</p> <p>This failure could place residents at risk for healthcare associated cross-contamination and infections.</p> <p>The findings include:</p> <p>Observation on 01/02/2025 at 11:20 am the HK L was observed delivering clean laundry using a cart that was not covered. The HK L was observed delivering clean laundry to rooms #12 and 14 on the hall labeled Zone 2 on facility map, then moving uncovered cart past lobby and through dining room to Hall labeled Zone 6 to room [ROOM NUMBER].</p> <p>Interview on 01/02/2025 at 11:30 am the HK L stated she does not have a cover for cart and did not know a cover was required during transport.</p> <p>Interview on 01/02/2025 at 12:10pm the LVN C who was in-charge of facility at time of survey , stated she was unaware that clean laundry was being transported back into the building and deliveries needed to be covered to protect from cross-contamination.</p> <p>Interview on 01/03/25 at 1:00pm LVN C stated the facility did not have a policy for delivery of clean laundry.</p> |