STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455893	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grace Care Center of Henrietta	807 W Bois D Arc 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain clinical records on each resident, in accordance with accepted professional health information management standards and practices, that are complete and accurately documented for 4 of 4 residents (Residents #1, #2, #4, and #7) whose records were reviewed for blood glucose monitoring and insulin administration.The facility failed to ensure insulin administration via insulin pump and blood sugar results were documented as ordered on the Medication Administration Record, dated September 2025, for Residents #1, #2, #4, and #7. These failures could place residents at risk for inaccurate clinical health records. The findings included: Record review of the facility list of diabetic residents who received insulin, dated 09/30/25, revealed the names of four current residents. Two of the residents had insulin pumps and the other two residents received insulin injections. Record review of Resident #1's admission Record, dated 10/02/2025, revealed an [AGE] year-old female admitted to the facility on [DATE]. Resident #1's diagnoses included type 1 diabetes mellitus (autoimmune disease which results in little to no insulin production), type 2 diabetes mellitus (the body does not use insulin effectively and results in high blood sugar levels), and presence of insulin pump. Record review of Resident #1's Medication Administration Records, dated 9/01/2025-9/30/2025, revealed the following:- Order dated 7/19/2025 for Novolog Injection Solution 100 unit/ml (Insulin Aspart) 230 units in the afternoon every 3 days for Insulin Pump related to diabetes mellitus with diabetic chronic kidney disease, scheduled for 1400 (2:00 PM) was not initialed by the nurse on 9/06/25 and 9/09/25.- Order dated 1/12/2025 to announce meal intake into the Insulin Pump 5 minutes prior to eating meal and no later than 5 minutes after starting to eat. Do not announce meal if more than 30 minutes after Resident #1 started eating related to type 1 diabetes mellitus (autoimmune disease which results in little to no insulin production), scheduled 3 times daily was not initialed by the nurse for 0725 (7:25 AM) on 9/04/25, 9/06/25, 9/09/25, 9/12/25; for 1155 (11:55 AM) on 9/06/25, 9/09/25, 9/12/25, and for 1655 (4:55 PM) on 9/06/25.- Order dated 1/08/2025 to check bbg before meals tid by Insulin Pump three times a day related to diabetes mellitus with diabetic chronic kidney disease scheduled for 0730 (7:30 AM), 1130 (11:30 AM), and 1630 (4:30 PM) was not initialed by the nurse for 7:30 AM on 9/04/25; for 7:30 AM, 11:30 AM, 4:30 PM on 9/06/25 and 9/09/25; and for 7:30 AM and 11:30 AM on 9/12/25. Record review of Resident #2's admission Record, dated 10/02/2025, revealed a [AGE] year-old female admitted to the facility on [DATE]. Resident #1's diagnoses included type 1 diabetes mellitus (autoimmune disease which results in little to no insulin production) and type 2 diabetes mellitus with hyperglycemia (the body does not use insulin effectively and results in high blood sugar levels - with a result of high blood sugar levels). Record review of Resident #2's Medication Administration Records, dated 9/01/2025-9/30/2025, revealed the following:- Order dated 7/19/2025 for Ozempic (0.25 or 0.5 mg/dose) subcutaneous solution pen-injector 2 mg/3 ml (Semaglutide) - Inject 1 mg subcutaneously in the morning every Friday related to type 2 diabetes mellitus with hyperglycemia until 10/02/2025 weekly for 4 weeks, scheduled for 0700 (7:00 AM) was not initialed by the nurse on 9/12/2025.- Order dated 7/19/2025 for Ozempic (0.25 or 0.5 mg/dose) subcutaneous solution pen-injector 2 mg/3 ml (Semaglutide). Inject 0.5 mg subcutaneously in the morning every Friday related to type 2 diabetes mellitus with hyperglycemia until 9/11/2025 weekly for 4 weeks, scheduled for 0800 (8:00 AM) was not initialed by the nurse on 9/04/2025.- Order dated 8/21/2025 to announce meal intake into the Insulin Pump 10 minutes prior to eating meal and no later than 10 minutes after starting to eat, with meals related to type 2 diabetes mellitus with hyperglycemia was not initialed by the nurse for 0800 (8:00 AM) on 9/04/25, 9/06/25, 9/12/25; for 1200 (12:00 PM) on 9/06/25 and 9/12/25; and for 1700 (5:00 PM) on 9/06/25 and 9/09/25.- Order dated 8/27/2025 for blood sugars tid before meals and record before meals for hypoglycemia was not initialed by the nurse for 0700 (7:00 AM) on 9/04/25, 9/06/25, and 9/12/25; for 1130 (11:30 AM) on 9/06/25 and 9/12/25; and for 1630 (4:30 PM) on 9/06/25 and 9/09/25. Record review of Resident #4's admission Record, dated 10/02/2025, revealed a [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included type 2 diabetes mellitus (the body does not use insulin effectively). Record review of Resident #4's Medication Administration Records, dated 9/01/2025-9/30/2025, revealed the following:- Order dated 4/16/2025 for Lantus SoloStar Subcutaneous Solution Pen-injector 100 unit/ml (Insulin Glargine) - Inject 30 unit subcutaneously in the morning related to type 2 diabetes mellitus with chronic kidney disease, scheduled for 0700 (7:00 AM) was not initialed by the nurse on 9/06/25, 9/09/25, and 9/12/25.- Order dated 2/03/2023 for fsbs check with sliding scale coverage before meals for