

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2026
NAME OF PROVIDER OR SUPPLIER  Grace Care Center of Henrietta		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>A complaint investigation was conducted on 03/4/26 for intakes #1073184, 1073358. Census 21. Abbreviations/Acronyms None used. Based on observations and interviews, the facility failed to dispose of garbage and refuse properly for 2 (Dumpsters #1 and #2) of 2 dumpsters located outside of the facility. The facility failed to prevent two of the facility's dumpsters located outside of the facility, lids were closed when not in use and trash was not on the ground from overflow of the dumpsters being full. These failures could place residents at risk of decreased quality of life due to an exterior environment which could attract pests, rodents, and other animals. Findings included: During an observation on 03/04/25 at 11:30 a.m., dumpsters #1 and #2 were observed located outside the facility at the back of the property. Dumpster #1 and #2 was observed with the lids open, unable to be closed due to bagged garbage stacked above rim. There were 11 bags of trash and 5 cardboard boxes on the ground outside of the dumpster. During an interview on 03/04/36 at 1:30 p.m., CNA A said staff had to pile trash bags on top of the already full dumpsters and hoped they stayed on top of bags already in the dumpsters or trash bags would be left on the ground beside the dumpsters. CNA A states the facility needed to get the dumpsters emptied, because it made the facility look trashy. CNA A said that she had voiced her concerns to Administrator, but nothing had been done. CNA A said dumpsters have not been emptied in weeks. During an interview on 03/04/26 at 1:45 p.m., the Maintenance Director stated he was responsible for the trash on the ground near the dumpster but had been busy with other work. The Maintenance Director stated the dumpsters were over-flowing due to not being collected by sanitation for lack of payment. The Maintenance Director said he used his trailer and pickup to take trash to landfill but had not done so in several days; but planned to take a load today. The Maintenance Director stated trash on the ground and lids not being able to close could invite pests to the facility grounds and possibly into facility. During an interview on 03/04/26 at 2:10 p.m., the Administrator stated that waste bill had been paid and the trash dumpsters would be emptied this week. The Administrator stated that overflowing dumpsters could attract pests. Environmental Policy requested on 03/05/36 at 4:00 p.m., facility did not provide policy.</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
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