STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455901	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Swan Health at Wichita Falls	1101 Grace Street Wichita Falls, TX 76301

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 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct mandatory training, for all staff, on the facility?s Quality Assurance and Performance Improvement Program. Based on interview and record reviews, the facility failed to maintain documentation and demonstrate evidence of QAPI training requirements for 10 of 16 (MD, LVN A, RN B, RN C, LVN D, CNA E, CNA F, RT G, MAINT H, DA I) employees reviewed for QAPI training. The facility failed to ensure the MD, LVN A, RN B, RN C, LVN D, CNA E, CNA F, RT G, MAINT H, and DA I were trained for QAPI. These failures could place residents at risk of receiving care from incompetent/untrained staff.Findings included:Record review of personnel files revealed the following proof of QAPI training documents could not be provided.MD hired 11/3/2025LVN A hired 8/1/2025RN B hired 4/27/2026RN C hired 2/25/2026LVN D hired 4/29/2026CNA E hired 3/16/2026CNA F hired 8/1/2025RT G hired 8/1/2025Maint H hired 8/1/2025DA I hired 8/1/2025 In an interview on 05/07/2026 at 8:40AM, CNA E stated she had just started at this facility and felt like the training had been very thorough. She stated she was not aware of completing any training regarding QAPI and was not sure what that stood for. She stated she would speak with the DON to see what she needed to do. In an interview on 05/07/2026 at 9:20AM, LVN A stated she has worked here many years and feels they are provided with lots of training. She stated abuse and neglect training are done at least once a month but she wasn't sure about QAPI or what that had to do with. She stated she would have to ask about this one to see what she needs to do or if she was required to have it. She stated she thought she had heard a skills fair or competency check or something was coming up soon. LVN A stated if staff are not trained right something might fall through the cracks in being done correctly. In an interview on 05/07/2026 at 9:25AM, RN B stated she was new to the facility, just started within the last couple weeks and feels the training so far had been beneficial. She stated she was not aware of the QAPI training or process but would follow up with the DON to see what she needed to do to get it done. In an interview on 05/07/2026 at 9:30AM, the DON stated training was completed for all staff by herself and the ADMIN and they were both responsible for keeping them updated. She stated she was not aware that all staff needed training on QAPI and she would create a checklist for all required trainings for regulatory and state requirements. She stated a negative outcome could be staff not completing tasks correctly or being informed of how the QAPI process was done. In an interview on 05/07/2026 at 9:50AM, the ADMIN stated she did not know all staff were to be trained or informed on the QAPI program but would get with the DON to make sure they were following all state and federal requirements. She stated she recently became the ADMIN and had a skills fair scheduled for next month to include the use of a new computerized training program. She stated she and the DON were responsible for making sure all staff are trained appropriately and that a negative effect could be staff unaware of how a process works. Record review of policy titled Training Requirements dated original 10/2020, last approved 10/2025 revealed [in part]:4. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program.6. Training content includes, at a minimum:c. Elements and goals of the facility's QAPI program.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455901	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Swan Health at Wichita Falls	1101 Grace Street Wichita Falls, TX 76301

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for 1 of 1 facility Dietary Kitchen reviewed for environmental concerns. The facility failed to repair damaged ceiling in Dietary Kitchen, damaged ceiling located over clean pot storage rack. This deficient practice could place residents at risk of a diminished quality of life due to exposure to an environment that is unsanitary, and unsafe.Observation on 05/05/2026 at 8:40 AM, revealed the ceiling in dietary kitchen was damaged by water leaking from roof. Location of damaged ceiling was on the north wall over clean pot rack. The damaged area to the ceiling measured 14 inches long with an opening of 1.5 inches at its widest part. Interview on 05/06/2026 at 11:50 AM, Dietary Manager said he had not seen the crack in ceiling before. He stated that the crack being over clean pots could cause clean pots to become contaminated with paint chips falling on pots or contaminated water leaking on pots. Interview on 05/07/2026 at 11:18AM, the Maintenance Director said the ceiling for whole building has been repaired and no leaks have been detected. The Maintenance Director stated he was aware of the damaged ceiling in the kitchen for several weeks but had not made any plans to repair at this time. The Maintenance Director stated he was in charge of repairs and scheduling repairs with outside vendors for facility maintenance and repairs. Interview on 05/07/2026 at 2:45PM, the Administrator said that her expectation is for facility to be repaired and maintained. He said ceiling damage in the dietary kitchen could lead to unsanitary conditions. The Administrator stated that it was the responsibility of all staff to report any repairs to Maintenance Director when damage is found.