STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455954	A. Building B. Wing	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pecan Creek Healthcare Center	910 E Pierson St Hamilton, TX 76531

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, interviews, and record review, the facility failed to store food following professional standards for food service safety for one of one kitchen reviewed in that: - Food items were not labeled and/or dated correctly in the walk-in fridge. - Out of date food in the walk-in fridge These failures could place residents who received meals from the main kitchen at risk for food-borne illness. Findings included: Observation on 4/28/2025 at 8:15 am of the walk-in refrigerator reflected the following: - Refrigerated cornbread for stuffing dated 4/22/2025 with no expiration date. - Refrigerated tortillas dated 4/12/2025 with no expiration date. - Refrigerated lunch Meat dated 4/25/2025 with no expiration date. - Refrigerated milk and juice on a tray that was not dated. - Refrigerated tamale pie dated 4/19/2025 with an expiration date of 4/26/2025. - (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	Refrigerated scrambled eggs dated 4/27/2025 with no expiration date. - Refrigerated sausage dated 4/27/2025 with no expiration date. - Refrigerated pancakes dated 4/22/2025 with no expiration date. - Refrigerated gelatine dated 4/20/2025 with an expiration date of 4/26/2025. - Refrigerated coleslaw dated 4/25/2025 with no expiration date. Observation on 4/28/2025 at 8:30 am of the freezer reflected the following: - Frozen beef and chili Burritos red burritos in a bag with a date of 2/25/2025 with no expiration date. - Frozen chicken Breast Fillets in a bag that was dated 4/10/25 with no expiration date. - Froze Hush Puppies in a bag dated 4/25/2025 with no expiration date. - Frozen chicken pieces in a bag dated 4/03/2025 with no expiration date. - Frozen Salisbury steak in a bag dated 3/12/2025 with no expiration date. - Frozen corn dogs in a bag dated 1/31 with no year and no expiration date. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/30/2025 at 9:31 AM DA stated that she tried to check for out of date products in the kitchen daily, DA said that sometimes items get missed. DA stated if she found an item out of date, then she told the DM, and the food was thrown in the trash. DA stated when labeling items in bags the name of the product should be on the bag, the date the item was placed in the bag, and the expiration date put on the bag. DA stated if the bag was not labeled correctly, you would not know what was in the bag. Also, if the date on the bag was not there, the food in the bag could be expired. During an interview on 4/30/2025 at 9:38 AM KC stated she tried to check the kitchen daily for out-of-date product. KC stated if she found food was out of date, she threw the food in the trash. KC stated when labeling items in bag the name of the item should be on the bag, the date it was put on the bag, and the expiration date should be on the bag. KC stated if bags were not labeled and outdated food was served, residents could have gotten get sick from eating the food. During an interview on 4/30/2025 at 9:37 AM DM stated the kitchen should be check daily for out-of-date items. If out of date items in the kitchen are found the item should be discarded. DM stated when Items are placed in a bag the bag should be labeled with the name of the food, the date that the food was put in the bag, and the expiration date of the food in the bag which was three days. DM stated that if items are not labeled or dated correctly then the food could be bad without knowing it. DM said that if out of date food was served to the residents, then the residents for get sick from eating food that was out of date. DM said that she had in-serviced staff on the procedure labeling and checking for food that was out of date. During an interview on 4/30/2025 at 9:55 AM with ADM stated food in the kitchen should be checked regularly for out-of-date products. ADM stated items in the walk-in fridge should be labeled and dated correctly. ADM stated residents could get sick if food was not labeled or dated correctly. Record Review of the facility's undated Food Storage Policy: -All foods shall be dated with the month and year received and shall be rotated on the first in/first out basis upon receipt. Oldest items are to be moved to the front to be used first. -Food shall be purchased in quantities which can be stored properly. Frozen products purchased in larger quantities than needed are divided into appropriate quantities, wrapped, and labeled with the description of the product, the date it was wrapped and placed in the freezer.

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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 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 1 of 3 residents (Resident #4) observed for infection prevention. The facility failed to ensure Enhanced Barrier Precautions (EBP) were implemented and used when RNA provided wound care for Resident #4. This deficient practice could place residents at-risk for spread of infection. Findings included: Record review of Resident #4's Face sheet dated 02/07/2025 revealed she was a [AGE] year-old woman, with an initial admission date of 02/08/03/2018, with re-admission on [DATE] and with diagnoses which included: Chronic Embolism (a blockage in a blood vessel) and Thrombosis (formation of a blood clot inside a blood vessel, obstructing blood flow) of Unspecified Deep Veins of Left Lower Extremity. Record review of Resident #4's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 15, indicating intact cognition. Further review revealed Resident #4 was assessed as having an indwelling urinary catheter, a colostomy, three stage 2 pressure ulcers, four unstageable pressure injuries and one venous/arterial ulcer. Record review of Resident #4's Care Plan dated last reviewed 04/07/2025 revealed a Problem which included Resident requires Enhanced Barrier Precautions related to wounds, initiated 01/16/2025 and revised 04/07/2025. This problem area included the following interventions: Apply signage outside resident room; initiated 01/16/2025 and EBP used during high-contact resident care activities as applicable, such as: -Dressing -Bathing/Showering -Transferring -Providing hygiene -Changing linens -Changing briefs or assisting with toileting -Device care or use -Wound Care (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Other areas determined to require EBP; Initiated 01/16/2025 Observation on 04/28/2025 at 11:07 AM, revealed there was a sign indicating Enhanced Barrier Precautions outside the door to Resident #4's room, and there was a supply of PPE available outside the door/room. Further observation revealed the contracted wound care nurse donned gloves but did not wear a gown while performing wound care for Resident #4. During an interview on 04/28/2025 at 11:30 AM, after the wound care observation, the DON and the Corporate Nurse both agreed that it was their expectation that the contracted wound care nurse wear a gown during the process of wound care. During an interview on 04/28/2025 at 1:00 PM, the DON stated she had called the wound care nurse and educated regarding EBPs. The DON presented written documentation of the education. During a telephone interview with the contracted wound care nurse on 04/30/2025 at 9:45 AM she stated she had received education from the DON regarding the need to wear a gown when providing wound care to a resident who had been placed on Enhanced Barrier Precautions. She also stated: Now that we have been educated, we will follow the protocol. Record review of facility policy titled Enhanced Barrier Precautions, reviewed 03/19/2025 states: Enhanced Barrier Precautions refer to an infection control intervention designed to reduce transmission of multi-drug-resistant organisms that employ targeted gown and glove use during high contact resident care activities. EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and glove during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. EBP are indicated for resident with any of the following: -Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.