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	06/11/2026

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on observation, interview, and record review, the facility failed to provide a private meeting space for residents' monthly council meetings for 13 of 13 confidential residents who were reviewed for resident council. The facility failed to provide a private space for resident council meetings.This failure could place residents at risk of not being able to voice concerns due to a lack of privacy. Findings included: Observation and interview during a confidential group interview on 06/10/26 at 10:30 AM, revealed multiple staff in and out of the dining room which included MS and DA B (multiple times). The ombudsman who was present in the meeting stated, this has got to stop. The Ombudsman stated there were too many staff causing too many distractions and interruptions to what was supposed to be a confidential, uninterrupted meeting. 13 of 13 confidential residents stated that this was typical and their meetings were regularly interrupted as they were held in the dining room.During an interview on 06/10/26 at 11:36 AM, DA B stated she did not know the purpose of resident council meetings, and she was not aware they were confidential. She stated she needed silverware and to go to the dish room (next to the kitchen, separate, but still located in the dining room) and that's why she had gone in and out. She stated the AD would usually let them know when resident council would be taking place, but they would still go out if they needed items. She stated a negative outcome to disruptions of a confidential meeting would be residents are not able to talk about what they need to talk about.During an interview on 06/10/26 at 12:13 PM, the AD stated she is responsible for setting up the resident council meetings which occur in the main dining room on the first Thursday of every month. She stated during meetings they shut both of the doors on each side of the dining room and that staff are notified in advance of the meeting taking place by her. She stated they did not have signs implemented that indicated that there was a confidential meeting in progress. The AD stated the purpose of resident council is for residents to discuss their concerns. She stated a negative outcome of the council meeting, not being private or having staff interruptions had the potential to result in residents not being able to have a discussion and say what they want to say in a safe space because someone else could hear it. She stated the expectation was for the meeting to be private and confidential. During an interview on 06/10/26 at 12:27 PM, the BOM/HR stated she does not know the purpose of the resident council meeting. She stated however resident's privacy is crucial. She stated she was responsible for managing staff training records and did not believe staff were specifically trained on resident council being a private meeting. She stated she was aware that it was supposed to be a confidential private meeting and interruptions could affect the residents in that staff could hear something the residents don't want them to hear especially if they had a complaint about the person who went in there. During an interview on 06/10/26 at 12:30 PM, the MS stated the purpose of resident council was for residents to voice grievances or give input over concerns they may have. The MS stated that the ADM would usually notify them when resident council was taking place. He stated he was aware nobody was allowed in the kitchen during resident council, but he was in the kitchen fixing items and needed to walk through to get back out. He stated a negative outcome of resident council having staff walking through was it would cause a disruption to residents.During an interview on 06/11/26 at 12:35 PM, the ADM stated the purpose of resident council meeting was to allow the residents an opportunity to voice their opinion, concerns, or their complaints and/or anything positive (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	so they have a protected time where they feel safe and comfortable doing so. She stated the expectation was for no staff members to enter into the meeting unless invited by the residents. She stated she was unsure if prior to her staff were trained on the purpose of resident council and privacy as she is new to the facility (3 weeks in). She stated the AD is responsible for setting up the meeting and notifying staff that there is one taking place. She stated a negative outcome to the confidential meeting being interrupted was they [confidential residents] may feel they cannot voice everything on their mind.Review of the facility Resident Rights policy revised February 2021 reflected:Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents' right to:-Privacy and confidentiality.-Communicate in person and by mail, email, telephone with privacy.

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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on interview, and record review, the facility failed to ensure residents had the right to send and receive mail, and to receive letters, packages, and other materials delivered to the facility for the resident through the means other than a postal service for 9 of 13 confidential residents reviewed for weekend mail delivery.The facility failed to ensure residents received their mail on the weekend.This failure could place residents at risk for not receiving mail in a timely manner that could result in a decline in residents' psychosocial well-being and quality of life.Findings included:During a confidential group interview on 06/10/26 at 10:30 AM, 9 of 13 residents stated mail was not distributed on Saturdays. They stated the mail did not get delivered until Monday or even picked up until Monday.During an interview on 06/10/26 at 12:13 PM, the AD stated mail delivered on the weekend would stay in the mailbox and staff had been instructed by the BOM/HR not to touch it. She stated the mail would get picked up by BOM/HR on Monday or she would get it. The AD stated she was not aware it was a requirement that mail had to be delivered to residents on the weekend. She stated that on Mondays they would go through the mail and disperse what needs to go to the residents. She stated a negative outcome of mail not being delivered to residents on the weekend would be residents would not get something they were expecting. During an interview on 06/10/26 at 12:27 PM, the BOM/HR stated mail was delivered to residents Monday through Friday. She stated she goes through the mail and keeps what is addressed to the facility and then give the residents their mail along with the help of the AD. She stated she was not at the facility on weekends and there was no one designated to pass mail on the weekend. The BOM/HR stated she was aware it was a resident right to receive mail on the weekend. She stated a potential negative outcome to residents not getting their weekend mail would be it would not make them feel very happy. During an interview on 06/11/26 at 12:35 PM, the ADM stated that prior to the survey there was nobody designated to deliver mail to residents on the weekend. She stated it was the expectation that mail was delivered to residents unopened on the weekend. She stated getting mail on the weekend was a resident right. She stated a negative outcome of residents not getting weekend mail was the potential for residents to miss something time sensitive. Review of the facility Resident Rights policy revised February 2021 reflected:Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents' right to:-Access to mail-Communicate by mail Review of a separate Nursing Facility Resident Rights policy dated 3/6/26 reflected:The following rights are guaranteed to residents of Texas nursing facilities under federal law and Texas law. Facilities are required to protect and promote these rights for every resident. -To send and receive unopened mail.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment for 1 of 1 facility observed in that:1. Throughout the facility, the wall base strips were loose and peeling off the wall. 2. The exit door in Hall 5 was soft and unstable.These failures could affect resident safety and environmental cleanliness.Findings included:Observation on 06/09/2026 at 10:13 a.m. revealed that the wall baseboard strips in room [ROOM NUMBER], Hall 6, had come off on the side of the resident's bed and were dusty. There was no wall base strip (plastic trim to the baseboard) on one side of room [ROOM NUMBER], Hall 5. Hall 1, next to room [ROOM NUMBER]'s wall base strips, were coming off the wall. Throughout the facility, the wall base strips (baseboard trim) was loose and peeling off the wall. The exit door in Hall 5 was observed to be soft and unstable appearing to have severe water damage. The condition of the door could allow unauthorized entry or exit due to its potential for easy breach. Interview on 6/11/26 at 11:00 a.m., the MS stated he had been working in the facility since August 2025. The MS stated he fixed room [ROOM NUMBER]'s wall base strips. The MS stated he submitted a work order to fix the exit door in Hall 5. The MS stated that the exit door should not be soft, as it can cause someone to break in. The MS stated that no residents should live in a dusty environment, such as room [ROOM NUMBER]. The MS stated he did not know about the wall base strips in room [ROOM NUMBER] coming off like that; otherwise, he would have fixed it. The MS stated that he will put a new wall base strips in the missing pieces of room [ROOM NUMBER].Interview on 6/11/26 at 12:45 p.m. The ADM stated that she had been working in the facility for almost a month. The ADM stated that the soft, unrigid door could be potentially forced open, and the maintenance director submitted a work order to repair it. The ADM stated that she saw the wall bases strips come off in rooms [ROOM NUMBERS], and the maintenance director had already fixed them. The ADM stated that if the wall base strips were coming off from multiple places, she would look into it. The ADM stated that potentially no resident should live in a room where wall base strips came off, and the area was dusty. The ADM stated that she was conducting in-services on creating a work order in PCC for all staff to address maintenance concerns. Review of the facility policy titled Homelike Environment, revised in February 2021, revealed: 1. Staff provides person-centered care that emphasizes the resident's comfort, independence, and personal needs and preferences. 2. The facility staff and management maximizes to the extent possible, the characteristics of the facility that reflect personalized, home-like settings. These characteristics include: a. clean, sanitary and orderly environment.In-Service training on maintaining a homelike environment and timely completion of work orders started on 06/11/2026 stated that under the purpose section:The purpose of this in-service is to educate staff on maintaining a safe, clean, comfortable, and home-like environment for residents while ensuring environmental concerns are reported promptly through the TELS (Connected software in PCC for maintenance workflows) work order system in PCC and addressed in a timely manner.

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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, interview, and record review, the facility failed to store, prepare, distribute, and serve food in according with professional standards for food service safety for one of one kitchen reviewed for sanitation. 1. The facility failed to ensure a dedicated hand-washing sink was placed in the kitchen.2. The facility failed to ensure the kitchen ceiling vents were dust-free and clean. 3. The facility failed to ensure milk was assessed for appropriate temperature of 40 degrees Fahrenheit or below prior to being served. These failures could place residents at risk of foodborne illness and decreased quality of life.Findings included:Observation and interview on 06/09/2026 at 11:30 a.m. revealed that the handwashing sink was missing in the kitchen. Surveyor observed that kitchen staff washes their hand at the three-cabinet sink faucet. One of the kitchen ceiling vents next to the preparation area was dusty. The soap and paper towel dispensers were far apart, the soap dispenser was on the right side, and the towel dispenser was on the left side of the three-part sink . The trash can was on the opposite side of the kitchen from the Three-cabinet sink, next to the dry, cold storage area. The DM said the handwashing sink was missing in the kitchen about 2 years ago; however, the facility removed it due to plumbing issues, and it was never reinstated. Just before serving lunch, there was milk in the glass container for residents. No temperature had been taken for the milk before serving. When asked to take the temperature, it was 48 degrees Fahrenheit. The kitchen Aide immediately discarded the milk and made new milk to serve at 39.5 degrees Fahrenheit.Interview on 6/10/26 at 09:47 a.m.,DM stated she had been working in the facility for about 5 years. DM stated she handles everything in the kitchen, including budgeting, ordering food, training current and new staff, hiring kitchen staff, labeling food products, assisting with cooking to ensure it was properly prepared, and following menus and recipes. DM stated she reports maintenance issues in the kitchen to the maintenance man through PCC. DM stated that, according to her knowledge, the current administrator, DON, and maintenance personnel were aware that the hand-washing sink was missing. DM stated that not having a handwashing sink made her daily tasks difficult. DM stated the hand-washing sink had been missing for at least two years. DM stated washing hands in the middle section of the three-part sink was incorrect. DM stated the trash should be placed next to the hand-washing sink. DM stated that she was trained on properly taking the food temperature, including hot and cold, before serving. DM stated that in-service training was conducted after the surveyor found the milk temperature above 48 degrees while serving it during lunch. DM stated cold items should be below 41 and hot items should be above 135 degrees Fahrenheit. DM stated that any food not being served at the proper temperature could make residents sick. DM stated that dusting vents directly over food preparation can cause particles from that dust to fall onto the food. Interview on 6/10/26 at 10:12 a.m.,Cook A stated she had been working in the facility for about little over a year. [NAME] A stated she prepares breakfast and lunch. [NAME] A stated she measures and documents the temperature needed for the entire kitchen and checks it before serving food. [NAME] A stated she reports maintenance concerns to the maintenance director and the DM. [NAME] A stated she had been told that the hand-washing sink was not there when she first started. [NAME] A stated she knew it had been reported, but she did not report it to anyone. [NAME] A stated that not having a handwashing sink made tasks difficult, but she adopted the way it is. [NAME] A stated washing hands in the middle section of the three-part sink was incorrect. [NAME] A stated the trash should be placed next to the hand-washing sink. [NAME] A stated that her training included properly taking the food temperature, including hot and cold, before serving. [NAME] A stated that in-service training was conducted after the surveyor found the milk temperature above 48 degrees while serving it during lunch. [NAME] A stated that interventions were taken to ensure that food items were at the proper temperature, that they were discarded if necessary, and that all food items' temperatures were properly measured. [NAME] A stated cold items should be below 41 and hot items should be above 135 degrees Fahrenheit. [NAME] (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A stated that any food not being served at the proper temperature could make residents very sick. [NAME] A stated that dusting vents directly over food preparation can cause particles from the dust to fall onto the food, and she may need to throw it out. Interview on 6/10/26 at 10:35 a.m.,DA B stated she had been working in the facility for over a year. DA B stated she makes drinks, washes dishes, and takes the temperature of the milk and coffee.DA B stated she reports maintenance concerns to the maintenance director and the DM. DA B stated she was told the hand-washing sink was not there when she first started. DA B stated she did not know whether it had been reported, but she did not report it to anyone. DA B stated that not having a handwashing sink did not make much difference for her duties. DA B stated washing hands in the middle section of the three-part sink was probably incorrect. DA B stated the trash shouldn't be placed next to the hand-washing sink, but it was not necessarily so. DA B stated that her training included properly taking the food temperature, including hot and cold, before serving. DA B stated that in-service training was conducted after the surveyor found the milk temperature above 48 degrees while serving it during lunch. DA B stated that interventions were taken to ensure that food items were at the proper temperature, that they were discarded if necessary, and that all food items' temperatures were properly measured. DA B stated cold items should be below 41 and hot items should be above 140 degrees Fahrenheit. DA B stated that any food not being served at the proper temperature could make residents sick. DA B stated that dusting vents directly over food preparation can cause dust particles to fall onto the food, and she may need to throw it out. Interview on 6/10/26 at 10:53 a.m.,The DON stated she had been working in the facility since December 2024.The DON stated that kitchen staff reports maintenance issues to the administrator. The DON stated she was not aware that the hand-washing sink was missing in the kitchen. The DON stated she had to refer back to the facility policy on the proper temperature. The DON stated that any food not being served at the proper temperature could make residents sick and could cause infection issues.Interview on 6/11/26 at 11:00 a.m., The MS stated he had been working in the facility since August 2025. The MS stated he cleaned the vent in the kitchen area and replaced the filter. The MS stated that dust particles could fall into the food if cooked and prepared food was directly underneath the dusty vents. The MS stated he was not aware that the hand-washing sink was missing in the kitchen area until 6/9/2026. The MS stated he was getting two quotes from two different plumbers, then he would send the quotes to the corporate with a repair and installation request, and then he would go from there. The MS stated that the administrator ordered a temporary sink on 6/9/2026 for the kitchen for hand washing. Interview on 6/10/26 at 11:32 a.m.,The CD stated that she had been working in the facility for about 10 months.The CD stated she audits the kitchen monthly.The CD stated that it was not in the policy to wash hands in the three-compartment sink.The CD stated she was a third-party consultant but didn't know how to add a hand-washing sink for them in the kitchen area, given the condition of the facility's building, area, and space. The CD-stated staff can wash their hands in the dishwashing room and work in the kitchen. The dishwashing room was a separate room from the kitchen, with a hand-washing sink. The CD stated that there was an expectation to have a trash can next to or close to the paper towel dispensing machine.Interview on 6/11/26 at 12:45 p.m., The ADM stated that she had been working in the facility for almost a month. The ADM stated that not having a sink in the kitchen area can make handwashing difficult for kitchen staff.The ADM stated she ordered a portable sink as a temporary sink, and the maintenance director will install it. The ADM stated that having a dusty vent on the ceiling of the food preparation area can cause potentially dusty particles to fall into the food.The ADM stated that serving food at an inaccurate temperature question will be directed to the facility DON and DM. Record review of the policy on Food Preparation and Service dated October 2022 and reviewed and revised 3/5/2026 under the Food Preparation section 5. Stated Handwashing sinks are located near food preparation and clean dish areas and are separate from ware washing sinks. Under the Food Preparation, Cooking, and Holding Time/Temperature Food Preparation, Cooking, and Holding Time/Temperatures 1. The Dander zone for food temperatures is between 41 F and 135 F. This temperature range promotes the rapid (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	growth of pathogenic microorganisms that cause foodborne illness.2. Potentially hazardous foods (HF) include meats, poultry, seafood, cut melon, eggs, milk, yogurt, and cottage cheese.3. The longer foods remain in the Danger zone, the greater the risk of growth of harmful pathogens. Therefore, HF must be maintained below 41 F or above 135 F.4. Potentially hazardous foods held in the danger zone for more than 4 hours (if being prepared from ingredients at room temperature) or 6 hours (if Cooked and then cooled) may cause food?borne illness.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that the resident has the right to be informed of, and participate in, his or her treatment, including the right to be informed in advance of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers for 1 (Resident #4) of 6 residents reviewed for resident rights. The facility failed to obtain an informed consent for the use of Brexpiprazole (an antipsychotic medication) used for Resident #4.This failure could place residents at risk of receiving medications without prior consent and without the option to choose alternative treatment or decline based on awareness of risk and benefits of the medications.Findings included:Record review of Resident #4's quarterly MDS assessment, dated 04/01/26, reflected that she was admitted on [DATE]. Her diagnoses included anxiety, depression, schizoaffective disorder (a mental disorder causing hallucinations and delusions), and chronic obstructive pulmonary disease (a disease affecting the lung that makes it difficult to breathe). Resident #4 was coded as being partial moderate assistance on staff for shower/bathing. Resident #4 had a BIMS score of 15, which indicated she was cognitively intact.Record review of Resident #4's care plan dated 09/24/25 reflected The resident uses psychotropic medications brexpiprazole related to behavior management interventions included Monitor/document/report as needed any adverse reactions of psychotropic medications: unsteady gait, tardive dyskinesia (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps nausea, vomiting, behavior symptoms not usual to the person.Record review of Resident #4's form 3713 Consent for antipsychotic or neuroleptic medication treatment dated 02/16/26 for Rexulti (brexpiprazole) reflected a diagnosis of schizoaffective disorder. The diagnosis criteria, significant side effects and risks for the proposed treatment and the need and benefits were left blank. The form was signed by Resident #4 and the prescribing persons dated 02/16/26. Record review of Resident #4's Physician Order Summary dated 06/09/26 reflected an order for Brexpiprazole Oral Tablet 2 (two) milligrams give one tablet by mouth one time a day related to schizoaffective disorder.In an interview on 06/09/26 at 10:00 a.m. Resident #4 stated she felt her needs were being met. She had no complaints of neglect and stated staff answer her call light promptly. She had no complaints related to facility or care from staff . In an interview on 06/11/2026 1:14 p.m., the DON stated the 3713 consent for antipsychotic or neuroleptic medication treatment form should have been completed for Resident #4. The ADON and DON were responsible for monitoring all consents to ensure they were completed. She stated with this drug negative effects for the resident having incomplete consent would be lack of knowledge of the risk verses benefits and side effects. Record review of facility policy dated 03/06/26 titled Residents Rights reflected: The following rights are guaranteed to residents of Texas nursing facilities under federal law and Texas law. Facilities are required to protect and promote these rights for every resident. To be fully informed of one's medical condition and treatment options in a language the resident understands. To receive information about prescribed medications, including psychoactive medications

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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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to coordinate assessments with the pre-admission screening and resident review (PASARR) and refer all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for 1 (Resident #4) of 6 residents reviewed for PASARR screenings.The facility failed to ensure the accuracy of the PASRR Level 1 screening for Resident #4. The PASRR Level 1 screening did not indicate a diagnosis of mental illness, although the diagnosis (schizoaffective disorder) was present upon Resident #4's admission date on 09/20/25. This failure could place residents at risk of not receiving a needed assessment (PASRR Evaluation), individualized care, or specialized services to meet their needs.Findings included:Record review of Resident #4's quarterly MDS assessment, dated 04/01/26, reflected that she was admitted on [DATE]. Diagnoses included anxiety, depression, schizoaffective disorder (a mental disorder causing hallucinations and delusions), and chronic obstructive pulmonary disease (a disease affecting the lung that makes it difficult to breathe). Resident #4 was coded as being partial moderate assistance on staff for shower/bathing. Resident #4 had a BIMS score of 15, which indicated she was cognitively intact.Record review of Resident #4's PASRR Level 1 Screening, dated 09/20/25, reflected that Section C Mental Illness was marked as no, which indicated Resident #4 did not have a mental illness.Record review of Resident #4's care plan, dated 09/24/25, reflected Resident #4 was care planned for a mood problem r/t bipolar disorder and The resident uses psychotropic medications brexpiprazole (an antipsychotic medication used to treat schizophrenia) related to behavior management.During an interview on 06/11/26 at 1:10 p.m., MDS C stated Resident #4 had a diagnosis of schizoaffective disorder and the original PASRR was incorrect. MDS C stated Resident #4 should have had a PASSR Level 2 assessment completed due to her diagnosis. MDS C stated a negative outcome would be Resident #4 would not receive the proper services she needed. During an interview on 06/11/26 at 1:26 p.m., the DON stated Resident #4's PASRR should have been corrected immediately and resubmitted when it came from the hospital incorrect due to her diagnosis of schizoaffective disorder. She stated it was the MDS Coordinator's responsibility to ensure the PASRR level 1 was completed correctly. The DON stated a negative outcome would be Resident #4 would not receive the proper services she needed. Record review of the facility's policy, Preadmission Screening and Resident Review (PASRR) revised 07/18/18 reflected: Health-related Quality of Life Individuals who have or are suspected to have MI, ID/DD or related conditions may not be admitted to a Medicaid-certified nursing facility unless approved through Level II PASRR determination. Those residents covered by Level II PASRR process may require certain care and services provided by the nursing home, and/or specialized services provided by the state.Planning of Care The Level II PASRR determination and the evaluation report specify services to be provided by the nursing home and/or specialized services defined by the state. The services to be provided by the nursing home and/or specialized services provided by the State that are specified in the Level II PASRR determination, and the evaluation report should be addressed in the plan of care .

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	06/11/2026

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 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 and prevention control program that included, at a minimum, a system for preventing and controlling infections for 1 of 6 residents reviewed (Resident #15) for infection control.CNA D failed to change her gloves or clean her hands when moving from a dirty to clean site while performing peri care for Resident #15 on 06/10/26 at 11:01 a.m. This failure could place residents at risk for cross contamination and the spread of infection.Findings included:Record review of Resident #15's admission MDS, dated [DATE], reflected an admission date of 04/17/26 with diagnoses of atrial fibrillation (an irregular heart rate), heart failure, high blood pressure, and age-related cognitive decline. Resident #15 required a wheelchair for mobility, partial moderate assistance for personal hygiene. The MDS reflected Resident #15 was always incontinent with urine and frequently incontinent with bowel. Record review of Resident #15's care plan dated 04/21/26 reflected The resident has mixed bladder incontinence related to impaired mobility, loss of peritoneal tone, and physical limitations. Interventions included Staff to perform/assist with incontinent care during daily care and as needed. Wash, rinse and dry perineum. Change clothing as needed after incontinence episodes.In an observation on 06/10/26 at 11:01 a.m. CNA D provided perineal care for Resident #15. CNA D was cleansing from front to back. She removed the soiled brief and discarded it. CNA D then applied a clean brief and did not change her gloves or wash her hands when moving from a dirty surface to clean surface. In an interview on 06/10/26 at 11:36 a.m. CNA D stated she should have washed her hands and changed her gloves after removing the dirty brief and before applying the clean brief during perineal care for Resident #15. CNA D stated she just forgot. She stated she had been trained by the ADON and the DON on infection control and handwashing. She stated that not washing her hands could spread infection from one resident to another. In an interview on 06/11/26 at 1:20 p.m., the DON stated CNA D absolutely needed to wash her hands and to remove gloves when going from dirty to clean surface area. She stated Nursing staff were educated by the ADON and the DON, upon hire, quarterly and as needed on infection control and handwashing. She stated the nursing staff were visually checked off on handwashing yearly at least by the ADON. She stated the negative impact to the residents for not washing hands between dirty and clean surfaces would be the spread of infection.Record review of facility policy titled Handwashing-Hand Hygiene Policy and Procedures, dated March 2020 and revised October 2020, reflected hand hygiene was indicated before handling clean or soiled dressings/gauze pads, moving from work on a contaminated body site to a clean body site on the same resident and after glove removal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, interview, and record review the facility failed to have the results of the most recent survey of the facility posted in a place readily available to residents, family members, and legal representatives for 1 of 1 survey results books.The facility failed to ensure a binder placed in a bin at the entrance of the facility and titled Survey Results contained the results of the most recent health recertification survey.This failure placed residents at risk of not having all the information necessary to make decisions about living at the facility. Findings included:Observation on 06/10/26 at 10:11 AM revealed, a white three-ring binder connected by a silver chain to a bin next to the entrance door. The binder had Survey Results printed on the front as well as the bin. Within the binder results from the most recent full recertification survey, held from 04/28/25 to 04/30/25, were not present anywhere in the binder. Additional 2567 reports from visits on 10/07/25, 10/15/25, and 06/03/26 were not included. The binder only contained results from an LSC visit dated 07/07/25 and a health follow-up visit dated 06/03/25. During a confidential group interview on 06/10/26 at 10:30 AM, 13 of 13 residents stated they did not know where the results of the recent health inspections/ investigations were located and did not believe they were made available to them. During an interview on 06/11/26 at 12:35 PM, the ADM stated it was the Administrators responsibility to ensure the results of the previous surveys and investigations were available for residents and the public to view without having to ask. She stated the expectation was that it is always up to date and accessible to everyone including those residents in a wc. She stated the location and book itself should be easily identified. She stated a negative outcome of previous health visit results not being available to view would be that it would leave visitors/ residents not being aware of issues the facility has had in the past and to know that they have been corrected. The ADM stated she had been at the facility 3 weeks and did not know why the binder was not up to date but was working on correcting the deficiencies being addressed by the survey team. Review of the facility Resident Rights policy revised February 2021 reflected:Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents' right to:-Examine survey results