STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455957	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Fe Health & Rehabilitation Center	1205 Santa Fe Dr Weatherford, TX 76086

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident with pressure ulcers receives necessary treatment and services to promote healing, prevent infection, and prevent new ulcers from developing for 1 of 2 residents (Resident #4) reviewed for wound care. RN G failed to use standard, proper technique and process while providing wound care for Resident #4. RN G did not cleanse the wound before applying physician ordered treatment. These failures placed residents at risk for the spread of infection.Findings included: Review of Resident #4's face sheet, dated 04/15/26, revealed the resident was a 63- year- old female admitted to the facility on [DATE] with diagnoses of urinary tract infection, drug induced subacute dyskinesia (characterized by involuntary movements primarily affecting the face, tongue, often associated with prolonged use of antipsychotic medications), intermittent explosive disorder (characterized by sudden episodes of unwarranted anger and violent outbursts) and dementia (a syndrome characterized by a decline in cognitive functions affecting memory, thinking, behavior and the ability to perform everyday activities). Review of Resident #4's MDS assessment, dated 03/22/26, revealed Resident #4 required was dependent on staff assistance with most ADLs and one person assist with transfer. Resident #4 was always incontinent with bowel and bladder. Record review of Resident #4's care plan dated 04/14/26, revealed the resident was planned for pressure ulcer care. It stated Resident #4 has a pressure ulcer unstageable to distal medial foot and is at risk for infection, pain, and a decline in functional abilities. Its goal stated Resident #4 ?s pressure ulcer will show signs of healing through next review. Record review of Resident #4's physician orders dated 04/15/26 reflected as follows: Cleanse with wound cleanser unstageable to right medial distal foot then apply betadine to site every shift for wound care. Observation of wound care for Resident #4 on 04/15/26 at 10:02 a.m. revealed RN G washed hands and put on gloves before the start of care. RN G prepared a clean field on a medication tray. She removed the old dressing. A thin clear wound on the right distal medial foot was indicated. RN G changed gloves. She proceeded to apply betadine on the wound instead of first cleansing the wound and allowing it to dry. RN G doffed her gloves and washed hands before leaving Resident #4's room. In an interview on 04/15/26 at 4:50p.m. with RN G she stated she had been employed at the facility for 21 years. She stated she cannot remember the last time she received wound training. She explained she was made aware by DON that it was standard procedure to cleanse the wound before applying the treatment. She stated she was sorry for not following good infection control practice during Resident #4's wound care. RN G noted she has learnt from her mistake. During an interview with the DON on 04/15/26 at 4:46p.m. she stated she was aware of some of the concerns raised about RN G's wound infection control problems. The DON explained it was expected practice to always cleanse the wound before applying physician ordered treatment. She said it is expected that the nurse will prepare a clean field and cleanse the wound and apply treatment after drying the wound. The DON stated the staff receive training annually through the program. Review of the facility policy on skin prevention and management revised 02/14/22 reflected the following:Guideline statement:This facility is committed to the prevention of avoidable pressure injuries and the promotion of healing of existing pressure injuries.Interventions for Prevention and to promote Healing:a. The initial plan of care is (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455957	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Fe Health & Rehabilitation Center	1205 Santa Fe Dr Weatherford, TX 76086

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	completed by the licensed nurse for patients with pressure ulcers. The goal of the care plan may include but not be limited to: promoting the prevention of pressure ulcer development, promoting the healing of pressure ulcers that are present, prevention of infection ofthe wound to the extent possible.b) The interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions.c) Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present. Basic or routine care interventions could include, but are not limited to:1) Redistribute pressure (such as repositioning, protecting and/or offloading heels, etc.);2) Minimize exposure to moisture and keep skin clean, especially of fecal contamination.3) Provide appropriate, pressure-redistributing, support surfaces.4) Maintain or improve nutrition and hydration status, where feasible.5) Skin care interventions such as showers, incontinent care, barrier creams, moisturizers,repositioning devices/schedule and adaptive devices, etc. are used to reduce the risk ofpressure injury development and other alterations in skin integrity

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455957	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Fe Health & Rehabilitation Center	1205 Santa Fe Dr Weatherford, TX 76086

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure drugs and biologicals were stored in locked compartments on 2 of 8 (Medication Cart 100 and Medication Cart 200) medication carts reviewed for pharmacy services.The facility did not ensure medication carts 100 and 200 were secured and locked when unattended.This failure could place all residents at risk of drug diversion.Findings included:During an observation and interview on 4/14/2026 at 6:28 AM, medication cart 200 was found unlocked and unattended against the wall of hall 200 beside the entrance into the dining room. DON was present in the hallway at that time. There were no other staff in the area. She locked the cart and stated LVN D was responsible for that medication cart. DON stated this failure could result in medications being taken by someone who is not supposed to have them potentially causing harm. During an observation on 4/14/2026 at about 6:55 AM, medication cart 100 was found unlocked with a drawer partially opened outside of room [ROOM NUMBER]. The resident door was closed, and the medication cart was unattended. LVN D was observed exiting room [ROOM NUMBER]. LVN-D refused to be interviewed. She pushed the medication cart against the wall at the entrance of the 200 hall.During an interview on 4/14/2026 at 8:40 AM with ADMN, stated LVN-D had failed to meet and maintain facility policy and standards of storing and securing medications.Record review of a policy titled Medication Storage dated 1/20/2021 revealed the following:General Guidelines:All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperatures.Only authorized personnel will have access to the keys to locked compartments.During a medication pass, medications must be under the direct observation of the person administering the medication storage area/cart.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455957	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Fe Health & Rehabilitation Center	1205 Santa Fe Dr Weatherford, TX 76086

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 control program designed to prevent the development and transmission of infection for 1 of 3 residents (Resident #86) observed for infection control.Facility staff (CNA-C) failed to sanitize, wash hands, and/or change gloves while providing perineal care to Resident #86.This failure could place all residents at risk of infectionFindings included:Record review of Resident #86's Electronic Face sheet dated 04/15/26 revealed he was a [AGE] year-old male. He was admitted to the facility on [DATE]. Diagnoses included: Hemiplegia (Paralysis) and hemiparesis (weakness) following Cerebral infarction (Stroke) affecting left non-dominant side, Depressive episodes, Type 2 Diabetes Mellitus with hyperglycemia (elevated blood glucose), Morbid obesity, Dysarthria (speech disorder) and anarthria (loss of ability to articulate) , Malignant neoplasm of duodenum (cancer of the small intestines), and Frontal lobe and executive function deficit (damage to the part of the brain that controls memory and impulse control) following cerebral infarction.In an observation on 4/13/2026 at 2:56 PM CNA-C put gloves on without performing hand hygiene prior to providing incontinent care to Resident # 86. CNA-C applied gloves and assisted resident with positioning to lower his pants and remove the mechanical lift pad. CNA then used wet wipes to clean peri-area for brief change. There were no briefs available at bedside, and CNA-C went around the privacy curtain and opened a drawer of roommate's nightstand for a brief. CNA returned to bedside of Resident #86 and turned resident to properly position brief. CNA-C then stated to the resident he needed to go get something to dry him with and opened the resident door without removing gloves and walked through the hallway to a linen cart where with gloved hands retrieved washcloths and returned to bedside to complete incontinent care. CNA-C removed gloves when leaving the room to get a urinal for resident without using hand sanitizer or washing his hands.In an interview on 4/13/2026 at 3:37 PM with CNA-C, he stated he has worked at this facility for about 1.5 years. He stated he had training in infection prevention. He stated trainings are provided by the DON in person. He stated he should perform hand hygiene and change gloves maybe like when I move between patient. He stated he should have changed his gloves during observed incontinent care but I just didn't do it. He stated negative outcomes of poor hand hygiene could cause infection for the resident. He stated he should wash his hands when touching a patient and before touching someone else.In an interview on 4/13/2026 at 3:42 PM with the DON, she stated her expectation was for hand hygiene to be completed when entering or leaving a resident's room, in between tasks or when hands are dirty. She stated negative outcomes of poor hand hygiene practices could result in illness and residents getting sick.Record Review of Policy titled Infection Prevention and Control Program dated 10/24/2022 revealed [in part}:4. Standard Precautions:a. All staff should assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident services.b. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures. Record review of Policy titled Hand Hygiene dated 2/20/2020 and revised on 2/11/2022 revealed [in part}:Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents and visitors. This applies to all staff working in all locations within the facility.6. Additional considerations:a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves and immediately after removing gloves.Record review of document titled Incontinence Care dated 4/14/2014 revealed [in part]Procedure:1. Assemble equipment4. Wash hands5. Put on non-sterile, latex free gloves8. If feces present, remove with toilet paper or disposable wipe by wiping from front of perineum toward rectum. Discard soiled material and gloves. Wash Hands.9. Put on non-sterile, latex free gloves. 11. Cleanse peri-area and buttocks with cleansing agent wiping from front of perineum toward rectum. Turn patient side to side to cleanse entire affected area, as needed. Rinse with water, if needed or per incontinent product manufacturer's instructions.12. Dry peri-area (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455957	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Fe Health & Rehabilitation Center	1205 Santa Fe Dr Weatherford, TX 76086

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	and buttocks from front to back.13. Apply skin protectant products, if needed and, or as ordered, per manufacturer's instructions.15. Remove and discard gloves.16. Wash Hands.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455957	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Fe Health & Rehabilitation Center	1205 Santa Fe Dr Weatherford, TX 76086

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 0680 Level of Harm - Potential for minimal harm Residents Affected - Many	Ensure the activities program is directed by a qualified professional. Based on interviews and record reviews, the facility failed to ensure that the activity program was directed by a qualified professional who completed a training course approved by the state for 1 of 1 (AD) activity director reviewed for training. The facility Activity Director (AD) failed to take her annual 8 hours of continuing education course work for Activity Director through the state AD training website. These failures could place residents at risk of inadequate activities from incompetent/untrained staff. The findings included:Record review of personnel files on 04/15/2026, revealed that the AD, with a hire date of 04/02/2023, did not receive/provide the facility with her 8-hour annual CE training.In an interview on 04/15/2026 at 4:25 PM AD stated she does not currently have her 8 CE hours for Activity director. She said she thought her {facility online training} hours from the facility trainings would cover those hours and was just told yesterday bherse CE credits did not count towards her AD continuing education hours. She stated she is currently searching for an online program to attain the CE credits she needs. In an interview on 04/15/2026 at 4:34PM HRD was made aware yesterday that the AD did not have her yearly 8 hours when she asked her for the copy of her 8 hours. HRD stated that when you take the certification class you are told about needing 8 hours a year and given instructions on what website to use.In an interview on 04/15/2026 at 4:55PM ADMN, stated he is the AD's direct supervisor, and he expects the staff to keep up with what training they need for their certifications whether it be AD, nursing, the aides, anyone. He stated he will dig into why this happened and make sure it gets done. He stated that it is not acceptable for staff not to complete their training and in-services. The {facility online training} in-services are logged and notify the facility leadership about incomplete assignments. This 8-hour training course is with her certification and is required outside the facility training. He denied having a policy for staff completion of required training, Record review of the Job Description for the AD, undated, reflected the staff development: Attend and participate in training, educational activities, and staff meetings, assist with orientation and training other staff. Qualifications reflect: Successful completion on a state approved and certified course of instruction in patient activities.