

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455965	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Texhoma Christian Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Loop 11 Wichita Falls, TX 76306	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408</p> <p>Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 2 of 7 residents (Residents #59 and #126) reviewed for comprehensive care plans.</p> <p>1. Resident #59 developed cellulitis in her left forearm and a skin rash which covered her body. Physician ordered creams were applied to treat her skin. Resident #59's care plan was not revised and updated to address the development of skin conditions and the treatment of them.</p> <p>2. Resident #126 was noted to have developed a skin rash during March 2024. Physician orders were obtained for creams to be applied to the affected areas. Resident #126's care plan was not revised and updated to address the development of skin conditions and the treatment of them.</p> <p>These failures placed the residents at risk for not receiving necessary care and services to meet their individual needs and to promote a feeling of wellbeing during daily life within their living environment.</p> <p>The findings included:</p> <p>1. Review of Resident #59's Face Sheet, not dated, revealed a [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included: dementia; pruritis (itchy skin); contact dermatitis (an itchy rash caused by direct contact with a substance or an allergic reaction to it); and cellulitis of the left upper limb (bacterial skin infection characterized by swelling and redness).</p> <p>Review of Resident #59's Annual MDS Assessment, dated 7/30/24, revealed in Section M - skin treatments - the application of ointment other than feet was selected.</p> <p>Review of Resident #59's comprehensive care plan, dated as initiated 7/24/2023 and reviewed and revised on 8/05/2024, revealed it addressed the resident's risk for skin breakdown related to urinary incontinence. The care had not been revised and updated to address Resident #59's cellulitis or development of a rash/contact dermatitis.</p> <p>Review of Resident #59's physician orders revealed the following:</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455965	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Texhoma Christian Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Loop 11 Wichita Falls, TX 76306	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 5/02/24 triamcinolone acetonide cream 0.1%; apply a thin layer topical twice a day, continue until resolved.</p> <p>- 6/19/24 clotrimazole cream 1%; apply a thin amount topical twice a day, administer with triamcinolone cream to hand until healed.</p> <p>Review of Resident #59's Skin Integrity Event, dated 6/15/24, revealed the resident's left forearm had redness and was warm to touch and the skin to the palm of the hand was cracked and flaky with slight redness noted.</p> <p>Review of Resident #59's Physician Progress Note, dated 6/20/24, revealed documentation that the resident had a diffuse rash on trunk and arms, itching and scratching. The note documented the resident was on Bactrim DS BID for one week for cellulitis. The note documented possible dermatology consult.</p> <p>Review of Resident #59's Nursing Progress Notes revealed the following documentation:</p> <p>- 6/29/24 In room at this time. Applied triamcinolone cream to chest, back, and bilateral upper extremities. Clotrimazole cream applied to palms of hands. Note rash fading. Skin palm of hands improving. Redness to left forearm is resolving.</p> <p>- 7/01/24 Continue to monitor resolving rash to skin to abdomen, back, thighs, flanks. Resident denies pain or active itching, no redness to skin under breast or abdominal folds at this time, continues to receive triamcinolone cream to areas of affected skin. Clotrimazole cream to hands.</p> <p>- 7/16/24 Continue to monitor extensive rash to bilateral upper extremities, chest, bilateral lower extremities, and torso. Scabs to scalp noted.</p> <p>- 7/21/24 Refused shower, states I will later, not now. Compliant with triamcinolone cream treatment. Continue to note rash with picked scabs to upper bilateral extremities and shins. Red bumps to back of neck at hairline, torso, and chest. Scabs also noted to posterior scalp.</p> <p>- 7/25/24 Continue to note rash to skin, picked areas with scabbing to abdomen, buttocks, flanks, bilateral upper extremities and bilateral lower extremities. Triamcinolone cream administered, tolerated well. Rash to hands resolved, no peeling or scaly skin. Scab to left forearm, no sign of infection.</p> <p>During an interview and record review on 8/30/24 at 3:56 PM, the MDS Coordinator reviewed Resident #59's electronic health record documents and physician progress notes and stated she did not see a dermatology consult note. She reviewed Resident #59's care plan and stated she did not see a care plan addressing the resident's skin rash.</p> <p>2. Review of Resident #126's Face Sheet, not dated, revealed a [AGE] year-old male admitted to the facility on [DATE]. The resident's diagnoses included: dementia; tinea corporis (fungal infection of the skin); and pruritis (itchy skin).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455965	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Texhoma Christian Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Loop 11 Wichita Falls, TX 76306	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #126's Annual MDS Assessment, dated 2/25/2024, revealed in Section M - skin treatments - the application of ointment other than feet was selected.</p> <p>Review of Resident #126's Quarterly MDS Assessment, dated 8/04/2024, revealed it documented a BIMS score of 3 out of 15 (severe cognitive impairment) and in Section M - skin treatments - the application of ointment other than feet was selected.</p> <p>Review of Resident #126's comprehensive care plan, dated as initiated 3/08/2023, revealed a care plan dated 2/28/2024 that addressed risk for skin break down related to urinary incontinence. The care plan was dated as reviewed and revised 8/05/2024 and had not been updated to address the resident's skin rash and physician ordered topical treatment.</p> <p>Review of Resident #126's Physician Visit progress note, dated 1/09/2024, revealed documentation of a chief complaint of the resident picking the skin on his forearms causing bleeding and itching. The physician's assessment and plan documented pruritis on upper extremities and self-inflicted skin excoriations. An order was documented to start Hydroxyzine 25 mg every 6 hours PRN for 6 weeks and to redirect the patient to abstain from picking the skin on his upper extremities.</p> <p>Review of Resident #126's physician orders revealed an order dated 4/23/2024 for miconazole nitrate cream 2% topical to all rash areas. Special Instructions: APPLY BID ON RASH AREAS TO (R) BILATERAL THIGHS. Twice A Day.</p> <p>Review of Resident #126's Nursing Progress Notes revealed the following documentation [in part]:</p> <ul style="list-style-type: none"> - 3/06/24 SKIN: Redness noted to coccyx, red bumps noted to bilateral thighs. No other skin issues noted at this time. - 3/21/24 SKIN: Red bumps noted to bilateral thighs. No other skin issues noted at this time. - 8/16/24 Continue to note symptoms of rash to right thigh, Hydrocortisone cream applied, tolerated well. Diagnosis: pruritis. - 08/25/24 Resident noted to have rash to right lower extremity, cream applied and small scab to right upper extremity with no signs or symptoms of infection. <p>During an interview and record review on 8/30/24 at 3:45 PM, the MDS Coordinator reviewed Resident #126's care plan. She stated she thought she had done a care plan for the resident's rash and stated she could not locate a care plan addressing the resident's rash.</p> <p>Review of the facility's policy and procedure for Care Plans, Comprehensive Person-Centered, dated as revised March 2022, revealed the following [in part]:</p> <p>Policy Statement</p> <p>A comprehensive care plan is developed and implemented for each resident.</p> <p>Policy Interpretation and Implementation</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455965	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Texhoma Christian Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Loop 11 Wichita Falls, TX 76306	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. The comprehensive care plan:</p> <p>g. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .</p> <p>10. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition changes .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455965	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Texhoma Christian Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Loop 11 Wichita Falls, TX 76306	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>50133</p> <p>Based on observation, interview, and record review the facility failed to ensure that drugs and biologicals used in the facility were secured and stored in accordance with current accepted professional principles for 3 (Treatment Cart 1, Treatment Cart 2, and Medication Cart 1300) of 8 carts observed for medication storage.</p> <p>The facility failed to ensure Treatment Cart 1, Treatment Cart 2 and Medication Cart 1300 were locked and secure.</p> <p>This failure could place the residents at risk of gaining access to unlocked medications not prescribed to them.</p> <p>Findings included:</p> <p>In an observation on 8/28/24 at 4:19 PM revealed Treatment Cart 1 and Treatment Cart 2 on east side nurses' station of the new building were unlocked and unattended. The following medications were noted to be in the drawers of both Treatment Cart 1 and Treatment Cart 2: insulin, hypodermic needles, resident private health information, medicated ointments.</p> <p>In an interview on 8/28/24 at 4:21 PM LVN A stated, I was on other cart, so I forgot to lock it.</p> <p>In an interview on 8/28/29 at 4:24 PM the ADON stated the carts are supposed to be locked and I don't know why its unlocked.</p> <p>In an interview on 8/28/24 at 4:35 PM with the Administrator regarding treatment cart unlocked, the Administrator stated that it was his expectation for carts with medication to be locked.</p> <p>In an observation on 8/29/24 at 10:45 AM revealed medication cart 1300 unlocked and unattended. Observation of medications that were in unlocked cart included: over the counter medications, prescription cards with medications for residents, narcotic box (box was locked within open drawer).</p> <p>In an interview on 8/29/24 at 10:47 AM with RN B regarding unlocked medication cart, RN B stated, it's the med aids cart but she ran on a break, I have her keys, but I didn't know she didn't lock it.</p> <p>In an interview on 8/29/24 at 10:49 AM MA C stated, I am supposed to lock my medication cart any time I walk away, I could have sworn I locked it. When asked about adverse outcome, MA C stated, someone could get into it, it could be a bad thing.</p> <p>In an interview on 8/29/24 at 12:17 PM the ADON stated the expectation was medication and treatment carts must be locked at all times if not in view of staff assigned to carts. The ADON further stated failure to secure carts could result in residents' allergic reaction or drug diversion.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455965	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Texhoma Christian Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Loop 11 Wichita Falls, TX 76306	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 8/29/24 at 3:08 PM the DON stated that it was her expectation for the carts (medication and treatment carts) to be locked when not in use or in direct view of nurse. The DON stated that failure to do so could result in resident getting into medication cart and result in a drug diversion.</p> <p>Record review of the policy and procedure titled Security of Medication dated April 2007 revealed the following:</p> <p>Policy statement:</p> <p>The medication cart shall be secured during medication passes.</p> <p>Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1) The nurse shall secure the medication cart during the medication pass to prevent unauthorized entry. 2) The medication cart should be parked in the doorway of the resident's room during the medication pass. The cart doors and drawers should be facing the resident's room. 3) Medication carts must be securely locked at all times when out of the nurse's view. 4) When the medication cart is not being used, it must be locked and parked at the nurses' station or inside the medication room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455965	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Texhoma Christian Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Loop 11 Wichita Falls, TX 76306	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41871</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen, by failing to ensure:</p> <p>A. floors were swept and free from dirt and food crumbs.</p> <p>B. bottom shelves were clean.</p> <p>C. staff were wearing beard restraints.</p> <p>The facility's failure could place residents receiving oral nutritional intake at risk for foodborne illness and a decline in health status.</p> <p>The findings included:</p> <p>On 08/26/24 at 9:14 AM, during the initial tour of kitchen, the walk-in refrigerator #1 had spilled, dry milk on the floor in multiple areas, and underneath the shelves. In the corners and against the wall, there were dust and food crumbs. In the walk-in refrigerator #2, there were dirt and food crumbs underneath the shelves and along the walls. In the walk-in freezer in the kitchen area, the floor was dirty with dirt and food crumbs and trash underneath the shelves and along the walls. In the main kitchen, the bottom shelves were dirty with dirt and food crumbs. The cleaning schedule posted and initialed by the assigned staff as task completed. There was 1 male cook observed with facial hair not completely covered by the beard restraint, and his moustache and side and neck area were not covered.</p> <p>In a follow-up interview and observation of the kitchen on 08/29/24 at 9:00 AM, there was no change in the soiled floors. In the walk-in refrigerator #1, there was dry spilled milk in multiple areas and dust and food crumbs underneath the shelves and along the walls. [NAME] A stated the refrigerator was usually cleaned every Sunday, but she ran out of time, and it did not get done. She said there was a cleaning schedule that was followed and should be signed when completed. In the walk-in refrigerator #2, there was dirt and food crumbs underneath the shelves and along the walls. In the walk-in freezer, there were dirt, trash, and food crumbs underneath the shelves and around the walls. In the main kitchen, there was dirt and food crumbs underneath the shelves and along the wall. [NAME] B was observed preparing food at the stove. His beard restraint was crooked on his face failing to cover his facial hair. [NAME] B stated the beard restraint should cover his beard; he said he did not realize it was crooked on his face. He fixed his beard restraint but failed to cover his moustache and upper lip. He stated he did not know that his moustache and upper lip were supposed to be covered. [NAME] B stated there was a cleaning schedule and should be signed when completed. [NAME] C was observed having a short beard. He did not have on a beard restraint. [NAME] C stated he was normally clean shaven and didn't wear beard restraints. [NAME] C stated there was a cleaning schedule and should be signed when completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455965	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Texhoma Christian Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Loop 11 Wichita Falls, TX 76306	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview with the Dietary Manager on 08/29/24 at 3:15 PM, he said the refrigerators and freezer should be cleaned weekly. He said if staff spills food, it was his expectation it was cleaned up at the time. He said the kitchen was cleaned daily, including sweeping the floors and cleaning the bottom shelves. There was a cleaning schedule that was posted daily, and staff should initial when completed. He said beard restraints should cover all facial hair including the upper lip and moustache. He said failure to do so posed a risk for infection and pests.</p> <p>In an interview with the Administrator on 08/29/24 at 3:35 PM, he said it was his expectation for the kitchen to be cleaned daily. If food was spilled, it should be cleaned up at that time. He said staff should wear hair restraints that cover all facial hair. Failure to do so had the potential for infection and pests.</p> <p>A record review of the facility policy Cleaning and Disinfection of Environmental Surfaces, dated as revised August 2019, revealed the following [in part]:</p> <p>9. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled.</p> <p>A record review of the facility policy Professional Appearance in the Workplace, dated May 2022, revealed the following [in part]:</p> <p>Hair - Dietary employees shall wear, in kitchens and any foodservice area, hair restraints such as hats, hair covering or nets, beard restraints, and clothing that covers body hair, which are designed and worn effectively to keep hair from contacting food.</p> <p>Review of the Food and Drug Administration Food Code, dated 2017, specified [in part]:</p> <p>4-601.11</p> <p>Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.</p>		