

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455968	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2025
NAME OF PROVIDER OR SUPPLIER Graham Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 First St Graham, TX 76450	
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 0844</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.</p> <p>Based on observation, interview, and record review the facility failed to provide written notice to the State Agency responsible for licensing the facility at the time of change, for a change in the facility's administrator within 30 days. This failure could result in the lack of knowledge and inability to connect with the appropriate leadership of the facility. Findings included: In an observation on 11/07/2025 at 11:45 a.m., the investigator located the named administrator of the facility in TULIP during offsite preparation and documented the name for contact and accountability purposes. In an interview on 11/08/25 at 10:45 a.m., the facility Administrator introduced herself and indicated she started as the Administrator of the facility in May 2025. She was not the individual named in TULIP. In an interview on 11/08/25 at 3:02 p.m., CNA A stated that she started working at the facility in June 2025 and the ADM is the only administrator she had seen since she had worked there. CNA A stated that the ADM was who she reported to with any report of abuse or neglect, because the ADM was the abuse coordinator. In a follow-up interview on 11/08/25 at 7:58 p.m., the ADM stated she started as the AIT at the facility in December 2024 with another administrator. She stated he left, and she became full time administrator in March 2025. The ADM stated she is responsible for the day-to-day responsibilities and was in charge of the facility. The ADM stated it was her responsibility to contact the state agency about the administrator change but thought the previous administrator would do it when he left. The ADM stated she can make the change in TULIP, and she was aware it was to be done within 30 days. No corporate personnel were present to interview. In an observation on 11/8/25 at 10:10am of the facility posting in Hall C near the nurse's station, it revealed the Administrator, Abuse coordinator, named as the current ADM, not the name in TULIP. Record review of Facility Business card provided by ADM named her as the facility administrator. No policy provided.</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
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