STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455968	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Graham Oaks Care Center	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)
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 to help prevent the development and transmission of communicable disease and infections for one (Resident #1) of three residents reviewed for infection control practices. CNA A failed to perform proper hand hygiene including changing gloves while providing incontinence care to Resident #1 on 03/25/26. This failure could place residents at risk for the spread of infection.Findings included: Record Review of Resident #1's face sheet dated 03//25/26, revealed an 87- year- old female admitted to the facility on [DATE] with diagnoses including neuromuscular dysfunction of bladder (a condition that affects bladder function due to nervous system problems), Cellulitis of right lower limb (a common bacterial infection that occurs when it enters a crack or break in the skin), cutaneous abscess of right upper limb (a pus-filled cavity in the skin that may be caused by bacteria, fungi, viruses or foreign body), gangrene (a medical emergency that occurs when blood flow to a specific part of the body is lost, leading to tissue death), and diabetes mellitus (a chronic condition that occurs when the body cannot properly use blood sugar leading to high blood sugar levels). Review of Resident 1's Annual MDS assessment dated [DATE]revealed Resident #1 required substantial/maximal assistance with most activities of daily living (ADLs) including toileting. Resident #1 was occasionally incontinent of bladder and frequently of bowels. Review of Resident #1's Care Plan dated 03/19/26 revealed she had bowel incontinence. Its goal stated Resident #1 will not have any complications related to bowel incontinence. Observation of incontinence care for Resident #1 on 03/25/26 at 11:20 a.m. revealed CNA A did not wash her hands prior to donning gloves. CNA A removed Resident #1's brief that was soiled with fecal matter. CNA A wiped the resident from front to back. She did not change gloves but continued to clean the resident with soiled gloves. Her gloves were visibly soiled with fecal matter. CNA A did not wash her hands, change gloves, or perform hand hygiene before placing the clean brief underneath the resident. CNA A applied skin protector with the same soiled gloves on Resident #1 before fastening the clean brief. She removed her gloves and picked up the trash. CNA A did not wash hands or perform hang hygiene before exiting Resident #1's room. In an interview on 03/25/26 at 11:26 a.m. with CNA A, she stated she should have changed her gloves and washed hands before retrieving a clean brief and placing it underneath Resident #1. CNA A stated she has been in the facility for about 6 months. She stated she has had in-services but did not receive complete infection control training with return demonstration. CNA A noted that hand washing was the most effective way of infection control but did not know she was supposed to wash hands before starting incontinent care. CNA A also said cross contamination was mixing clean with dirty which occurred while she was providing care. CNA A noted that the resident could acquire an infection when she did not follow good infection control practices including changing gloves before retrieving the clean brief. During an interview on 03/25/26 at 3:41 p.m. the DON stated she was aware of some of the concerns raised about infection control practice. She stated she was responsible for infection control in the facility. The DON stated employees received training on hire and annually. She noted she conducts random checks on employees and training with return demonstration periodically. The DON explained (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	aides were expected to follow standard precautions including washing hands and changing gloves while providing care. Review of the facility's infection control policy revised undated reflected:Perineal Care Female(With or without catheter)Purpose: To clean the female perineum without contaminating the urethral area with germs from the rectal area.Procedural GuidelinesA. Beginning Stepsa) Gather needed supplies: Brief, Clean/Dry Linen, Wipes, Creamb) Knock on door and identify selfc) Greet resident by preferred named) Explain procedure and encourage resident's participation as appropriatee) Provide privacy as appropriate such as close doors/curtainsf) Provide safety as appropriate such as use good body mechanics; adjust bed to proper workingheight.B). If required, remove all items from the resident's bedside table, place a barrier towel on the table, and items required to perform care can be placed on the table.C) Lower head of bed and position resident on back with legs flexed and separated as able and as appropriateD) Expose the resident's perineal area.E) If heavy soiling is present, wear gloves and use tissues or wipes to remove heavy soiling prior to perineal care. DO NOT WIPE MORE THAN ONCE WITH THE SAME SURFACE OF THE TISSUE OR WIPESF) Place towel or extra incontinence pad under buttocksG) Wash hands and put on clean gloves for perineal careH) Gently wash perineal area, wiping from clean urethral area toward dirty rectal area to avoid contaminating urethral area with germs from the rectum. DO NOT WIPE MORE THAN ONCE WITH THE SAME SURFACE OF THE WASH CLOTH OR PRE-MOISTENED CLEANSING WIPES. IF AT ANYTIME YOUR GLOVES BECOME CONTAMINATED WITH FECES, CHANGE GLOVES.