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	04/09/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the environment was as free of accident hazards as is possible and each resident receives adequate supervision to prevent accidents for 1 of 77 resident rooms observed (Resident #8) reviewed for accidents and hazards. Facility staff failed to remove an extension cord from Resident #8's room. This deficient practice could place resident at risk of a fire hazard or tripping.The findings include: Record review of Resident #8's face sheet dated 04/07/26 revealed an [AGE] year-old female admitted to facility 09/23/25 with diagnoses including Chronic Obstructive Pulmonary Disease (lung disease) and Dementia (decline in cognitive function). Record review of Resident #8's MDS assessment dated [DATE] revealed the BIMS score was 7 of 15 reflective of severe cognitive impairment. Resident #8 ambulatory with wheelchair and partial assistance with transfers. Record review of Resident #8's Comprehensive Care Plan dated 04/01/26 the resident has impaired cognitivefunction/dementia or impaired thought processes. Observation on 04/08/26 at 1:12 PM revealed that Resident #8 had a white extension cord plugged into the electrical outlet located on the east wall of room by the foot of the resident's bed, and the white extension cord was laid between resident's mattress and bed frame towards head of bed and plugged into a lamp located on bedside nightstand. The white extension cord did not have surge protection. Interview on 04/08/26 at 1:16 PM, Resident #8 could not state who or when the white extension cord was placed in the room. Resident #8 states she did not know that extension cord was not allowed in resident rooms. Interview on 04/09/26 at 11:54 AM, the Maintenance Supervisor stated he was unaware of any extension cords being used in resident rooms. Maintenance Supervisor stated that extension cords are not allowed in resident rooms and are removed when found. Maintenance Supervisor stated that extension cords could be trip hazards or fire hazards. Interview on 04/09/26 at 2:20 PM, CNA A stated that extension cords are not allowed in resident rooms. Stated that extension cords are possible fire hazards. CNA A stated when extension cords are found in resident rooms it needs to be reported to Charge Nurse or Housekeeping Supervisor. Interview on 04/09/26 at 2:52 PM, the Housekeeping Supervisor stated that staff are to report to the Housekeeping Supervisor and her staff will remove any extension cords found in resident rooms. The Housekeeping Supervisor stated that they are always looking for hazards while they are cleaning and organizing rooms. Housekeeping Supervisor stated that extension cords are a trip and fire hazard. Interview on 04/09/26 at 4:10 PM, the Administrator stated that extension cords are not allowed in resident rooms, extension cords could be a fire hazard or trip hazard. The Administrator stated it is her expectation the if staff see any hazards such as extension cords in resident rooms they are to be removed. Record review of a Nursing Home List of Items Not Allowed in Resident Room Policy: dated January 6, 2026, Resident admission Packet. Does not list extension cords.

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