

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45F094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Reagan County Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Main Big Lake, TX 76932	

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, observation, and record review, the facility failed to incorporate recommendations from a PASRR evaluation report into a resident assessment, care planning, and transition of care for 1 (Resident #1) of 2 residents reviewed for PASRR services. The facility failed to submit a complete accurate request for NFSS in the LTC online portal within 20 days after the IDT meeting. This failure could place residents who were PASRR positive at risk of not getting the PASRR services for a better quality of life and could lead to a decline in health. Findings include: Record review of Resident #1's face sheet dated 01/14/2026 revealed a [AGE] year-old male, admitted to the facility on [DATE]. He had the following diagnoses: cerebral palsy (a group of disorders that affect a person's ability to move and maintain balance and posture) depression (a serious mood disorder causing persistent sadness, loss of interest and affecting thoughts) and chronic kidney disease (progressive damage and loss of function in the kidneys). Record review of Resident #1's MDS quarterly assessment dated [DATE] revealed a BIMS score of 10 indicating moderate cognitive impairment. He was understood by others and understood others. He used a wheelchair for mobility. Record review of Resident #1's care plan initiated on 5/6/2025 revealed Resident #1 was PASRR positive related to developmental disability, will participate in quarterly care plan meetings with PASRR representative, the coordination of PASRR services, and Individual Service Plan would be developed by the PASRR representative. Record review of Resident #1's PCSP dated 12/19/2025 revealed the quarterly IDT meeting was held on 12/19/2025. Attendees included the PASRR Habilitation Coordinator, MDS Coordinator, and Resident #1. The following NFSS were identified and confirmed: Customized Manual Wheelchair - 6 (indicated pending), Durable Medical Equipment-Gait Trainer-6 (pending), and Orthotic Device-6 (pending). In section A3300, Local Authority Comments stated the CMWC, Orthotics, and gait trainer were still pending. During an observation on 1/14/2026 at 2:00 PM, Resident #1 was wheeling himself down the hall in his wheelchair to go to an activity. He was utilizing the handrails in the hallway to pull himself down the hall instead of pushing the wheels to make the chair go. Resident #1 was able to make it to the destination independently. During an interview on 1/14/2026 at 12:44 PM the PASRR Habilitation Coordinator recommended customized manual wheelchair, gait trainer, and orthotics. Habilitation Coordinator states these have been an ongoing request for almost a year now and it has not been completed. PASSR HC stated there has been no negative outcome but if it is not completed soon Resident #1 could have a decline in mobility. During an Interview on 1/14/2026 at 1:15 PM with Resident #1, he stated he has been waiting for approximately one year for a customized manual wheelchair, gait trainer, and orthotics. Resident #1 stated a guy came out and showed him a chair, got his measurements, and said he would bring the chair back once all the paperwork was completed. Resident #1 stated it was his understanding that the paperwork from the facility had not been approved. Resident #1 stated the Physical Therapist told him the current chair he was in was too big. Resident #1 stated the chair he was</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
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>using was fine, and he uses it for mobility. Resident #1 denied negative outcomes from not receiving this equipment. During an Interview on 1/14/2026 at 1:30 PM with the DOR (Physical Therapist), she stated Resident #1 was not currently on therapy services. The DOR stated she assisted the DME company with measurements for the wheelchair and gait trainer. DOR stated she does not know where the paperwork is in transition, but she doesn't remember it taking that long in the past. She stated she has not noticed or been reported to about a decline in Resident #1's physical mobility, but she does agree that he needs a better fitting chair. She stated the risk of this not getting completed could be a decline in physical mobility. During an Interview on 1/14/2026 at 2:00 PM with MDS Coordinator, she stated it was her responsibility to enter the NFSS form into the LTC online portal. She stated she has been trying to enter the information into the LTC portal to get funding approval for the wheelchair. She stated she keeps receiving error messages each time she tries to submit the form. MDS Coordinator has reported this to PASRR HC. She stated, she emailed the Lead PASRR specialist at the DME company for help, and the Lead PASRR specialist sent her a brochure. She stated she reached out to Simple LTC online portal, but they provided no assistance. She stated she worked at facility for 7 years and has not received training on PASRR. She stated she would continue to work on it. She stated the risk of not getting this done timely could result in Resident #1's physical decline in mobility and ADLs. MDS Coordinator stated it has not negatively affected Resident #1 at this time. During an interview on 1/14/2026 at 3:30 PM with the Administrator, he stated things kept getting messed up on multiple levels. He stated he was not aware the MDS Coordinator had not received PASRR training. He stated he would look into getting her some training. He stated, for training, they use computer-based software and do in services one on one on an as needed basis. He stated he met with the Habilitation Coordinator and knew they had some trouble getting paperwork completed, but he assumed things were taken care of. He stated determining the risk of this noncompliance was out of his scope. Administrator stated, he has not noticed a decline in Resident #1's condition. During an interview on 1/14/2026 at 3:43 PM with the DON, he stated he was not aware the process had not been completed. He was not aware of the complications. The DON stated they did not do PASRR training that he is aware of, and he was not aware of the MDS Coordinators' lack of knowledge or training on PASRR. He stated he does not have PASRR training himself. He stated the risk of Resident #1 not having the recommended equipment could be safety, and slower mobilization. During an interview on 1/14/2026 at 4:23 PM with Resident #1's Physician, he stated Resident #1 had not had a decline, but his mobility is expected to decline due to his diagnosis of Cerebral Palsy; not because CMWC and DME's have not been provided. He stated the risk of not having these items is minimal. Surveyor requested facility policy on PASRR but was not provided with a PASRR policy prior to exiting.</p>		