

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  05/15/2025
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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30057</p> <p>Based on observation, interview, and record review, the facility failed to review and revise the care plans for 1 of 4 residents (Resident #21) whose care plans were reviewed in that:</p> <p>The facility failed to ensure Resident #21's care plan was revised to accurately reflect current indwelling urinary foley catheter status that was removed on 02/12/2025.</p> <p>These failures could place residents at risk of receiving inadequate individualized care and services.</p> <p>Findings included:</p> <p>Record review of Resident #21's electronic admission record dated 05/13/2025 indicated he was admitted to the facility on [DATE] with diagnoses of overactive bladder and Parkinson's disease. He was [AGE] years of age.</p> <p>Record review of Resident #21's care plan revised 12/18/24 indicated in part: Focus: Resident has foley catheter due to Benign prostatic hyperplasia with urinary retention. Will refer him to Urologist (doctor who focuses on the diagnosis and treatment of conditions related to the urinary [NAME]). GOAL: Resident will be/remain free from catheter-related trauma through review date. Interventions: Check tubing for kinks each shift. Monitor/document for pain/discomfort due to catheter.</p> <p>Record review of Resident #21's quarterly MDS assessment dated [DATE] indicated in part: BIMS = 7 indicating had severe impairment. Section H Bladder and bowel indicated none for indwelling catheter.</p> <p>Record review of Resident #21's order summary report for May 2025 documented in part: Discontinue Catheter today. May replace catheter if unable to void within 6-8 hours after removing catheter. Order start date: 01/16/2025.</p> <p>During an interview and observation on 05/14/25 at 10:52 AM Resident #21 was sitting up in his recliner in his room awake and alert. There was no observation of an indwelling urinary catheter being used by the resident. Resident #21 said he used to have a catheter some months ago but no longer had one and that it had been removed. The resident said he now used a urinal to pee whenever he had to go.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/14/25 at 11:55 AM CNAs A and B said Resident #21 no longer had an indwelling urinary catheter but did have one several months ago.</p> <p>During an interview on 05/14/25 at 2:35 PM charge nurse RN E said she was Resident #21's charge nurse. RN E said the resident did not have an indwelling catheter anymore at this time. RN E said she had removed that urinary catheter back in January 2025 but had restarted it back on 02/04/2025 then another nurse discontinued it again on 02/12/25.</p> <p>Record review of Resident #21's nurses note indicated 2/12/2025 04:42 am, Foley catheter. Discontinued per order, resident tolerated procedure well, urine yellow in color without sediment. Completed LVN F.</p> <p>During an interview on 05/14/25 at 2:45 PM the MDS coordinator said she updated the care plans as needed or quarterly or annual as triggered on the MDS. The coordinator said if for example a resident went off an indwelling urinary catheter then it should have come off the care plan. The coordinator said she must have missed that because she had not removed the indwelling urinary catheter from Resident #21's care plan and that she would update it.</p> <p>During a phone interview on 05/14/25 at 4:00 LVN F stated she had discontinued Resident #21's indwelling catheter on 02/12/2025 and as far as she knew the resident did not have another one reinserted.</p> <p>During an interview on 05/15/25 at 3:10 PM the DON stated that the MDS coordinator was the person in charge of updating the care plans whenever there was a change and that he would sign off on them. The DON said after Resident #21 had his urinary indwelling catheter discontinued back in February 2025 then it should have been removed from his care plan, but it was missed.</p> <p>During an interview on 05/15/25 at 3:24 PM the Administrator said it was expected for the resident's care plans to be kept up to date. The Administrator said that the indwelling urinary catheter care should have been removed from the care plan, but it was missed. The Administrator said the care plan had already been updated to reflect what?.</p> <p>Record Review of the facility's policy titled Care Plans dated 2001 indicated in part: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The interdisciplinary team (IDT) in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. The comprehensive, person-centered care plan includes: measurable objectives and time frames; describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change. The interdisciplinary team reviews and updates the care plan: at least quarterly, in conjunction with the required quarterly MDS assessment.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>30057</p> <p>Based on observation, interview, and record review, the facility failed to store and prepare food in accordance with professional standards for food service safety for 1 of 1 kitchen and 1 of 2 Maintenance personnel (Ground Maintenance D) reviewed for kitchen sanitation in that:</p> <p>The facility failed to ensure Ground Maintenance D was wearing a moustache guard or a beard guard when he was in the kitchen and while staff was preparing uncovered food.</p> <p>These deficient practices could place residents who consumed meals and/or snacks from the kitchen at risk for food borne illness.</p> <p>The findings included:</p> <p>During an observation on 05/13/25 at 10:05 AM the facility Ground Maintenance Man D was observed in the kitchen while food was being prepared by the kitchen staff. Ground maintenance man D was observed to have a moustache and beard which was not covered. On the kitchen entrance door was a posted sign that indicated Notice hairnets and beard must be covered beyond this point.</p> <p>During an interview on 05/14/25 at 3:45 PM Ground Maintenance Man D said that he normally wore a face mask when he entered the kitchen. He said yesterday when he had entered the kitchen, he had gone in to repair the food disposal and forgot to wear his mask.</p> <p>During an interview on 05/15/25 at 9:52 AM the Dietary Supervisor said that staff were expected to wear a hair or beard restraint whenever they entered the kitchen to prevent hair from landing on the food. The Dietary Supervisor said Ground Maintenance Man D had entered the kitchen to unstick (unclog) the food disposal but that he should have covered his beard and moustache.</p> <p>During an interview on 05/15/25 at 3:36 PM the Administrator said it was expected for staff to put on a hair net and beard restraint when entering the kitchen. The Administrator was made aware of the observation of Ground Maintenance D seen in the kitchen without a beard restraint while there was food in the open. The Administrator said the maintenance man should have put a beard restraint on as not wearing one could lead hair landing on the food. The Administrator said he believed the failure occurred because the maintenance man forgot to put on a beard restraint.</p> <p>Record review of the facility's policy titled Preventing foodborne illness-employee hygiene and sanitary practices and dated May 2021 indicated in part: Hairnets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils, and linens.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>48593</p> <p>Based on interview and record review, the facility failed to follow guidelines for mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS (Centers for Medicare &amp; Medicaid Services) complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS .</p> <p>The facility failed to submit Payroll Based Journal staffing information to CMS for the fiscal year Quarter 1 2025 (October 1 - December 31).</p> <p>The facility's failure could place residents at risk for personal needs not being identified and met, decreased quality of care, decline in health status, and decreased feelings of well-being within their living environment.</p> <p>The findings included:</p> <p>Record review of the PBJ Staffing Data Report CASPER Report 1705D FY (Fiscal Year) Quarter 1 2025 (October 1 - December 31) dated 05/12/2025, revealed the following entry: Failed to Submit Data for the Quarter .Triggered .Triggered=No Data Submitted for the Quarter.</p> <p>Review of the facility's Employee List dated 6/27/23 indicated the following staff quantities:</p> <p>1 Administrator</p> <p>3 RNs (included DON)</p> <p>5 LVNs.</p> <p>14 CNAs</p> <p>3 Maintenance Personnel</p> <p>9 Housekeeping Personnel</p> <p>1 Human Resources</p> <p>10 Dietary Personnel</p> <p>1 Activity Director.</p> <p>Record review of the facility CMS form 672 (Resident Census and Conditions of Residents) dated 05/13/2025 provided by the DON indicated a total of 27 residents in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 05/13/2025 at 10:45 AM Chief Financial Officer (CFO), stated that Quarter 1 was the first time she had submitted the data on her own and assumes she did it wrong. CFO stated she had submitted the information, but it apparently did not go through. CFO stated she did not know she was supposed to receive an email, so she did not follow up with it. CFO stated since it was past the deadline it would not let her submit any data. CFO stated that she has all the data to submit and was submitting early, so she had a few days to follow up and correct anything if needed.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30057</p> <p>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 diseases and infections for 1 of 2 residents (Resident #2) reviewed for incontinent care.</p> <p>The facility failed insure CNA A changed her contaminated gloves and clean Resident #2's penis area during incontinent care.</p> <p>These failures could place resident's risk for cross contamination and the spread of infection.</p> <p>Finding included:</p> <p>1. Record review of Resident #2's electronic admission record dated 05/14/2025 indicated he was admitted to the facility on [DATE] with diagnoses of Alzheimer ' s disease and aphasia (difficult talking). He was [AGE] years of age.</p> <p>Record review of Resident #2's care plan revised 11/22/23 indicated in part: Focus: Resident has frequent bladder and bowel incontinence. Is at risk for skin breakdown and infection. GOAL: Resident will have minimal to no signs/symptoms of skin breakdown or infection due to incontinence and brief use. Interventions: Clean peri-area with each incontinence episode.</p> <p>Record review of Resident #2 ' s quarterly MDS dated [DATE] indicated in part: BIMS = 5 indicating the resident had severe impairment. Bladder and bowel: Urinary continence = Occasionally incontinent. Bowel continence = Occasionally incontinent.</p> <p>During an observation on 05/13/25 at 11:22 AM CNA A and CNA B performed incontinent care for Resident #2. Both staff members entered the resident's room, sanitized their hands, and put some gloves on. CNA A then undid the resident's brief, took some wet wipes, and cleansed the resident's scrotum but did not perform peri-care to the resident's penis. Both CNAs then turned the resident on his side and without changing gloves CNA A wiped the residents ' buttocks with some wipes and then took some barrier cream and applied it to the residents ' buttocks. While still wearing the same gloves first put on by CNA A, CNA A took the new brief and fastened</p> <p>it to Resident #2, pulled up the resident's pants, placed the mechanical lift sling under the resident and handled the mechanical lift machine remote to transfer the resident to the Geri- chair. After they were done the CNA ' s sanitized their hands and exited the room.</p> <p>During an interview on 05/15/25 at 3:07 PM the DON was made aware of the observation of the incontinent care performed by CNA A. The DON said it was expected for the CNAs to change gloves once they became contaminated to prevent cross contamination. The DON said it was also expected for CNAs to perform peri-care to the resident penis. The DON said that the ADON and himself were responsible to monitor that staff was using infection control procedures. The DON said they did that by rounds being conducted and in-services on proper incontinent care. The DON said the CNA not providing proper incontinent care and not changing her gloves could lead to cross contamination and possibility of UTIs.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/15/25 at 3:20 PM the Administrator was made aware of the observation of the incontinent care performed by CNA A. The Administrator said it was expected for the CNA to change their gloves once they became contaminated to prevent cross contamination. The Administrator said the CNA should have performed incontinent care to the resident ' s penis. The Administrator said he believed the failure occurred because CNA A got nervous and forgot the steps. The Administrator said the CNA ' s received in-services and training of proper incontinent care and glove use.</p> <p>Record review of the facility's policy titled Perineal Care dated 02/2018 indicated in part: Purpose - The purpose of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation and to observe the resident ' s skin condition. Preparation - review the resident ' s care plan to assess for any special needs of the resident. Assemble the equipment and supplies as needed. For a male resident - wet washcloth and apply soap or skin cleansing agent. Wash perineal area starting with urethra and working outward. Retract foreskin of the uncircumcised male. Wash and rinse urethral area using a circular motion. Continue to wash the perineal area including the penis, scrotum, and inner thighs. Thoroughly rinse perineal area in same order, using fresh water and clean washcloth. Reposition foreskin of uncircumcised male. Ask</p> <p>the resident to turn on his side with is upper leg slightly bent, if able. Rinse washcloth and apply soap or skin cleansing agent. Wash and rinse the rectal area thoroughly, including the area under the scrotum, the anus, and the buttocks. Dry area thoroughly. Discard disposable items into designated containers. Remove gloves and discard into designated container. Wash and dry your</p> <p>hands thoroughly.</p> <p>Record review of the facility's policy titled Handwashing/Hand hygiene dated 2001 indicated in part: This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. Indications for hand hygiene - Hand hygiene is indicated after contact with blood, body fluids or contaminated surfaces; after touching a resident; Before moving from work on a soiled body site to a clean body site on the same resident and immediately after glove removal. Use an alcohol-based hand rub containing 60% alcohol for most clinical situations: Single-use disposable gloves should be used; before aseptic procedures; when anticipating contact with blood or body fluids; The use of gloves does not replace handwashing/hand hygiene.</p> <p>48593</p> <p>51011</p>		