

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/02/2026
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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on record review and interview, the facility failed to conduct and document a comprehensive facility-wide assessment to determine what resources were necessary to care for its residents competently during day-to-day operations and review and update the assessment at least annually for 5 of 5 years (2021, 2022, 2023, 2024, and 2025) reviewed for facility assessment. The facility failed to conduct a Facility Assessment since 2021. This failure could place residents at risk of their needs going unmet and result in a lack of services provided by the facility to competently care for all residents. Findings included: A facility assessment was requested from the Administrator on 6/30/26 at 10:05 AM. Record Review of the most recent Facility Assessment revealed a completion date of 7/1/26. The previous Facility Assessment was completed on 10/18/21. In an interview on 05/26/24 at 1:47 PM, the Administrator said he had never completed a facility assessment and did not remember the requirement to complete/update it annually, even though he was sure he was trained previously. He said that was a failure on his part. He said he did not feel the failure would result in any negative consequences because the facility scheduled more than enough staff and had plans in place to move staff around during each shift if staff are absent. Record Review of the facility's policy Facility Assessment revealed, A facility assessment is conducted annually to determine and update our capacity to meet the needs of and competently care for our residents during day-to-day operations. Determining our capacity to meet the needs of and care for our residents during emergencies is included in this assessment.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 45F094	Facility ID: 45F094 If continuation sheet Page 1 of 3

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals used in the facility were labeled with currently accepted professional principles, and included the appropriate accessory and cautionary instructions, and the expiration date when applicable for 1 of 1 medication rooms that had Tuberculosis solution that was not labeled with an open date. The facility failed to ensure one Tuberculosis solution was labeled with the open date. This failure could place residents at risk of adverse medication reactions. Findings included: Observation on 6/30/2026 at 10:30 AM revealed the refrigerator in Medication room [ROOM NUMBER] had the following opened medications with no open date labeled: Aplisol Tuberculin solution Interview on 6/30/2026 at 10:41 AM with ADON, she said once Tuberculosis solution was opened, they need to be labeled with open dates. She stated tuberculosis solutions are good for 28 days after opening. She stated the risk of not having an open date was that they would not be able to know when they expire, and they will not be effective. She stated it was opened on Saturday 6/27/2026 when they had a new admit and only one dose was used. Interview on 6/30/26 at 12:36 PM with the DON revealed the tuberculosis solution when opened should be dated. He stated it was the responsibility of nursing management to check and audit the carts and medication rooms after the nurses. The DON said the nurses were responsible for dating the medication when opened. He stated tuberculosis solution was good for 28 days and should be dated once the vial was opened. He stated the risk of it not being dated is not knowing when it expires and could become ineffective. The DON stated there have been no negative outcomes due to the tuberculosis solution not being dated. Record review of the Recommended Medication Storage policy, undated, reflected the following: Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial.		

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and record review, the facility failed to post the daily nurse staffing information in a prominent place readily accessible for visitors, staff, and residents for 1 of 1 facility reviewed on 6/30/2026, 7/1/2026, and 7/2/2026 for nursing services. The facility failed to post the daily nurse staffing information in a readily accessible place for visitors, and residents. This failure could affect residents, their families, and facility visitors by placing them at risk of not having access to information regarding the numbers of staff caring for the residents each shift and the facility census. The findings included: During an observation on 06/30/2026 at 9:50a.m., the daily staffing posting was behind the nurses' station and not accessible to residents and visitors. During an observation on 7/1/2026 at 11:30a.m., the daily staffing post was behind the nurses' station on the wall and not accessible to residents and visitors. During an observation on 7/02/2026 at 10:15a.m., daily staffing post was behind the nurses' station and not accessible to residents and visitors. During an interview on 7/1/2026 2:05pm with the ADON, she stated the staffing sheet was updated every morning by her or night nurse. The ADON stated the purpose of the daily staffing sheets was so that family and residents were aware of how many staff were available. During an interview on 7/2/2026 at 3:00pm with the DON, he stated that it has been the night nurse's responsibility to update the staff posting. The DON stated he would move the clipboard to where it was visible on the hallway. The DON stated the expectation was that it should be posted daily as required. The DON stated the risk of not posting the daily staffing could be residents and families not being aware of the staff available. During an interview on 07/2/2026, at 3:30pm with the Administrator, he said that the expectation was that daily staffing was posted daily where it was accessible by residents and visitors. He stated they would be moving where it was located so it is visible to residents and visitors. He said the Daily Staffing Sheet should be updated to show everyone (visitors or family) how many staff are available each shift. Record review of the facility's policy titled, Posting Direct Care Daily Staffing Numbers, August 2022, indicated, Our facility will post daily for each shift Nurse staffing data, including the number of nursing personnel responsible for providing direct care to residents. Within two hours of the beginning of each shift, the number of licensed nurses and the number of unlicensed nursing personnel directly responsible for resident care is posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.		