STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	45F197	A. Building B. Wing	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Booker Hospital District Dba: Twin Oaks Manor	112 Pioneer Dr Booker, TX 79005

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 39813 Based on observation, interview, and record review; the facility failed to ensure medications were stored in accordance with currently accepted professional principles for 1 (the medication room) of 3 medication storage areas reviewed for medication storage. The medication room refrigerator had medications that had been stored out of recommended storage temperatures. The facility's failure could result in a resident receiving a medication that would be ineffective for their treatment resulting in exacerbation of the resident's condition and disease processes. Findings included: Record review of the medication room (the facility had one medication storage room) refrigerator log for April 2025 revealed the following documented temperatures: (-per merriam-webster.com: freezing point of water is 32 degrees Fahrenheit.) 4-01-2025 - 34 degrees Fahrenheit 4-02-2024 - 34 degrees Fahrenheit 4-03-2025 - 32 degrees Fahrenheit 4-04-2024 - 32 degrees Fahrenheit 4-09-2024 - 34 degrees Fahrenheit 4-10-2024 - 32 degrees Fahrenheit 4-12-2024 - 32 degrees Fahrenheit 4-12-2024 - 34 degrees Fahrenheit (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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4-17-2024 - 34 degrees Fahrenheit 4-18-2024 - 32 degrees Fahrenheit 4-19-2024 - 34 degrees Fahrenheit 4-25-2024 - 34 degrees Fahrenheit 4-26-2024 - 34 degrees Fahrenheit During an observation on 04/29/25 at 08:25 AM wit RN A present the following medications were noted in the medication room refrigerator: -Ozempic Insulin Pen x1 with instruction printed on the box Do Not Freeze. The medication was filled on 4-15-2025. -Lantus Insulin Pen x2 with instruction printed on the box store between 36 to 46 degrees. The medication was filled on 6-26-2024. During an interview on 04/29/25 at 08:29 AM RN A reported that 32 degrees was considered freezing. RN A reviewed the list of April refrigerator temperatures and noted the 5 documented temperatures at 32 degrees. When questioned if the current medications in the refrigerator had been stored at a temperature that were freezing, RN A stated, It could have frozen. RN A did not offer any further information. During an observation and interview on 04/29/25 at 01:27 PM the ADON reported that 32 degrees was considered freezing. The ADON reported that it could affect a medication if it was to freeze. The ADON checked the med room refrigerator and noted the 5 documented temperatures at 32 degrees then reviewed the box for Lantus that read store between 36 to 46 degrees and the Ozempic box that read Do Not Freeze. The ADON reported that if either of these medications had frozen then someone would have told him and as far as he knows they have never frozen. The ADON reported that freezing a medication could affect the medication and the resident receiving it but again as far as he knew they had never been frozen. During an interview on 04/30/25 at 02:47 PM the DON reported that if a medication was stored outside its recommended storage range, then that could affect that medications longevity and potency which could affect the resident's condition and treatment. The DON reported that she did not know what the temperature was that was considered freeing. Record review of the facility provided polity titled, Medication Storage effective 1-2024, revealed the following: i. Medications with storage requirement for temperature, light, or humidity controls must be stored to meet specifications for the medication.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47159 Based on interviews and record reviews the facility failed to employ sufficient staff with the appropriate competencies and skill sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment for 1 of 1 Dietary Manager reviewed for Dietary Manager Certification. The facility failed to ensure the Dietary Manager was certified as a Dietary Manager. This failure could place residents at risk of not having their nutritional needs met and/or a decreased quality of life. Findings included: Record review of facility staff records on [DATE] at 9:41 AM, revealed the Dietary Manager's certificate expired on [DATE] . An interview with the Dietary Manager on [DATE] at 10:29 AM, reflected she was aware her certificate was expired. The Dietary Manager stated she needed to get registered to take the test for recertification, today . An interview with the Administrator on [DATE] at 10:48 AM, reflected he had been made aware the Dietary Manager's certificate was expired before today, but had a shunt replaced in his head and was unable to recall when and with whom the conversation had taken place. He stated he had spoken with the Dietary Manager, and she was registered to take the recertification test in [DATE]. The Administrator stated he was not suspending the Dietary Manager until she took the test. There was no facility policy regarding the employment of a certified Dietary Manager .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47159 Based on observations, interviews, and record reviews the facility failed to store, prepare, and serve food in accordance with professional standards for 1 out of 1 kitchen reviewed for food safety. The facility failed to ensure foods were labeled and dated. The facility failed to ensure frozen foods were properly closed. The facility failed to ensure foods and condiments served to residents were not expired. These failures could place residents at risk of food-borne illnesses. Findings included: An initial tour of the kitchen on [DATE] at 10:45AM revealed the freezer contained the following: (1) partial 1 gallon container of Neapolitan ice cream with no date opened, (1) partial 1 gallon container of Chocolate/Vanilla swirl ice cream with no date opened, (1) 11.25oz. partial box of Texas toast garlic bread with no date opened and open to air, (1) 5lb. bag of fish sticks with no date, (2) loose corn dogs in their original box, open to air, with no date opened, (1) 40oz. package of frozen mixed vegetables with no date, (1) 32lb. bag of frozen pork chops open to air, with no date, (4) 2lb. packages of Chuckwagon corn with no date. An observation of the dry pantry on [DATE] at 11:10AM revealed the following: (4) 2lb. packages of brown sugar with no date, (1) 0.25oz. box of assorted food coloring with an expiration date of [DATE], (1) 1oz. box of unflavored gelatin with an expiration date of [DATE], (1) 12 count box of Ritz Bits individually bagged cheese crackers with no date, (3) 4.5oz. packages of egg nog mix with no date, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(2) 32oz. packages of white chocolate caramel cappuccino mix with no date, (5) 32oz. packages of hot chocolate mix with no date, (2) 0.75oz bags of coffee with no date, (1) 6lb. box of traditional black tea bags with no date, (1) 5oz. bottle of Chalula hot sauce with no date opened, not refrigerated, with instructions to Refrigerate after opening, (1) partial 18oz. container of chili powder with no date, (1) 5oz. bottle soy sauce with no date, (4) 1.5lb. bags of country style grave mix with no date, (1) 25.9oz. container of ground coffee with no date, (1) 10.5oz can of Chicken and Stars condensed soup with no date. The refrigerator contained one kitchen employee's personal food, as well. An observation on [DATE] at 1:32PM of the condiments sitting on the dining room tables for resident use revealed the following: (7) partial 38oz. bottles of ketchup with the instructions to Refrigerate after opening. 3 of the bottles had a date written of them of [DATE]. 2 of the bottles had a date written on them of [DATE], and 2 of the bottles had a date written on them of [DATE]. (7) partial 14oz. bottles of yellow mustard with the instructions to Refrigerate after opening with a date written on them of [DATE], (7) partial 12oz. bottles honey with and expiration date of [DATE]. An interview with the Dietary Manager [DATE] at 09:47 AM, reflected the negative outcome of serving outdated or unrefrigerated foods and condiments to residents was they could become sick. Record Review of the undated facility policy for Food Storage revealed the following: 1. All staples are stored in sealed or tightly covered containers. 2. Food is stored to preserve flavor, nutritive value, and appearance. 3. Perishable foods are refrigerated immediately after receiving. 4. All employee's personal items should be kept away from all food items.

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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** 39813 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 and to help prevent the development and transmission of communicable diseases and infections for 1 (CNA B) of 4 staff observed for infection control. -CNA B did not wash her hands while performing incontinent care for Resident #34. This deficient practice placed residents at risk of infections. Findings include: Record review of Resident #34's face sheet revealed she was an [AGE] year-old female resident admitted to the facility on [DATE] with diagnoses to include dementia (a group of thinking and social symptoms that interferes with daily functioning), fracture of the greater trochanter of right femur (right hip), macular degeneration (a degenerative condition affecting the central part of the retina), and hallucinations (sensory experiences that occur in the absence of an external stimulus). Record review of Resident #34's last MDS revealed an admission assessment completed on 02/10/25 with a BIMS score of 07 indicating she was severely cognitively impaired, she had a functional status of requiring partial/moderate assistance with most of her activities of daily living, and she was frequently incontinent of urine. Record review of the care plan with admitted [DATE] for Resident #34 revealed the following: Focus: Potential for impaired skin integrity d/t incontinence. - Date initiated 02/16/25 Interventions: Good pericarp after each incontinent episode. - Date initiated 02/16/25. During an observation on 04/29/25 at 09:05 AM CNA B was observed assisting with incontinent care for Resident #34. CNA B wash her hands and put on gloves then pull Resident #34's bed out from the wall so she could access Resident #34. CNA B then pulled Resident #34's covers down and assisted with removing Resident #34's used brief. CNA B pulled wipes from the wipe package to give to the primary CNA giving care, then rolled Resident #34 to her left side and place both gloved hands on Resident #34's right hip to hold her in place for the primary CNA to perform rectal care. When the primary CNA left to change her gloves and wash her hands in the bathroom, CNA B picked up the new brief with her used gloves and placed the new brief under Resident #34. CNA B then rolled Resident #34 to her back and finished placing the new brief. CNA B then replaced Resident #34's covers, replaced the bed to its original position, removed the used supplies and cleaned the area, then removed her used gloves and washed her hands. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/29/25 at 01:10 PM CNA B said she assisted with for Resident #34's incontinent care she said, she washed her hand, moved the bed, removed the residents covers, assisted with removing the resident used brief, then assisted with rolling the resident to her left side and using both hands on the resident to maintain the resident position during the incontinent care and then picking up the new brief putting it on the resident. When questioned if she should have removed her gloves and washed her hands before applying the new brief, CNA B shook her head no and stated no. CNA B reported that she felt like her hands were still clean and that she did not need to perform hand hygiene. CNA B reported that she had been instructed on hand hygiene by the ADON. During an interview on 04/29/25 at 01:22 PM the ADON reported that he does the hand hygiene training for the facility. The ADON reported that he expects staff to change gloves and wash hands before and after entering a resident's room and when removing the dirty portion of the care and before moving to the clean portion especially before applying the new brief. The ADON reported that if a staff member touches things such as the call light or moves the resident back and forth then they need to remove their gloves and wash their hands. The ADON reported that if the process for good hand hygiene was not followed then cross contamination would occur with the residents. During an interview on 04/29/25 at 02:43 PM the DON reported that she expects her staff to complete hand hygiene to include glove changes and handwashing with resident care upon entering the room, during the care, and when exiting the room. They should complete hand hygiene when they change a brief or their gloves get dirty. The DON reported that staff should change their gloves and wash their hands before applying a new brief. The DON reported that if a staff member does not use the correct hand hygiene process, then a resident could get an infection and cross contamination could occur. Record review of training provided for CNA B dated 04/10/25 revealed the following instructions: 9. Removed gloves after cleaning perineal area and removal of soiled incontinence product. Applied new gloves after using handrub sanitizer and applied new incontinent product. -instructions completed by the ADON Record review of the facility provided policy titled Handwashing/Hand Hygiene revised August 2019, revealed the following: Policy Statement: The facility considers hand hygiene the primary means to prevent the spread of infection. Policy Interpretation and Implementation: 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: h. Before moving form a contaminated body sit to a clean body site during resident care.