STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675066	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Honey Grove Nursing Center	1303 E Main St Honey Grove, TX 75446

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to collaborate with hospice representatives and coordinate the hospice care for each resident receiving hospice services, to ensure the quality of care for the resident ensuring communication with the hospice medical team and others participating in the provision of care for 1 of 11 (Resident #1) residents reviewed for hospice services. The facility failed to coordinate care with Resident #1's hospice provider in that they administered IV fluids without notifying the hospice provider. These deficient practices could place residents who receive hospice services at risk of receiving inadequate end-of-life care due to lack of documentation, coordination of care, and communication of resident's needs. Findings included: Record review of Resident #1's face sheet dated 05/06/2026 revealed Resident #1 was a [AGE] year-old female admitted [DATE] with diagnoses that included COPD (Chronic Obstructive Pulmonary Disease, a progressive lung disease that makes breathing difficult), Alzheimer's Disease (a progressive disorder that affects memory, thinking, and behavior), Hypertension (high blood pressure), peripheral vascular disease (a circulation disorder that blocks blood flow) and insomnia (difficulty sleeping). Record review of the consolidated physician's orders dated May 2024 revealed Resident #1 had an order to admit to hospice services dated 07/11/2025 with a diagnosis of Senile degeneration of the brain. Record review of Resident #1's quarterly MDS dated [DATE] revealed Resident #1 had minimal hearing difficulty, was usually understood, usually understood what was said to her and had a BIMS score of 0 which indicated severe cognitive impairment. Further review of this quarterly MDS revealed Resident #1 was dependent in eating, required maximum assistance in toileting bed mobility and transfers, and required moderate assistance in upper and lower body dressing. Record review of the comprehensive care plan, accessed 05/06/2026, revealed Resident #1 had a terminal prognosis and was receiving hospice services. The goal of this care plan was that Resident #1 would have her comfort, dignity and autonomy maintained at the highest level. The interventions included to adjust provision of ADL's to compensate for resident's changing abilities, consult with the physician and social services, work cooperatively with the hospice team to ensure the resident's spiritual, emotional, intellectual, physical and social needs and no laboratory services, weights or other diagnostic services except as ordered by the hospice. Record review of Resident #1's physician's orders revealed an order dated 04/09/2026 for laboratory services to obtain a BNP, CBC and CMP (medical laboratory tests of the blood used to diagnosis heart failure, detect infections, organ function and electrolyte balance) and a subsequent order dated 04/09/2026 for IV hydration Sodium Chloride Intravenous Solution 0.9% (Sodium Chloride), use 60 cc intravenously every hour for IV hydration until 04/11/2026. This order was received from the attending physician, placed in the EMR system and the medication administered by LVN A. Record review of nursing progress notes dated 04/09/2026 revealed no documentation that a facility staff member notified the hospice agency of the orders for Sodium Chloride Intravenous Solution 0.9% (Sodium Chloride), use 60 cc intravenously every hour for IV hydration until 04/11/2026 obtained from the attending physician. During an interview on 05/06/2026 at 1:52 p.m., the Hospice Nurse stated that she was Resident #1's nurse who completed facility visits. (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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Hospice Nurse stated she was not notified by the facility that the non-hospice physician had given orders to obtain blood samples or to receive IV fluids prior to the implementation of these orders. The Hospice Nurse stated that she has only worked with this hospice agency for a few months, but it was her understanding that all services provided should be coordinated with the hospice services agency prior to implementation. The Hospice Nurse stated that IV hydration could be used as a form of comfort measure that would be acceptable for a hospice resident. During an interview on 05/06/2026 at 2:00 p.m., the ADON stated that she was aware that Resident #1 had received IV fluids, but she was not involved in obtaining the order and was not aware if any of the nursing staff involved had notified the hospice agency of the new orders. The ADON stated she had not contacted the hospice agency prior to obtaining blood work and administration of IV fluids. During an interview on 05/06/2026 at 2:31 p.m., the DON stated that the facility received an order from the attending physician to draw labs for blood work and based on the results of the blood work, obtained orders from the attending physician to administer IV fluids. The DON stated that the resident had received approximately 100 cc of fluids and then the fluids were discontinued at family request after resident had pulled the IV out on 04/10/2026. The DON stated that she did not contact the hospice agency to inform them of the orders received. The DON stated the facility is able to accept orders from the attending physician in conjunction with the hospice agency and that she did not feel the hospice needed to be contacted in this instance because the attending physician and the facility were acting on the resident's best interest. During an interview on 05/06/2026 at 3;22 p.m., LVN A stated that she did place the orders in the EMR for IV fluids for Resident #1 based on the directions provided to her from the DON and the MDS Nurse. The LVN stated that the DON had informed her that everything had been done and that all she had to do was to put the orders in the EMR and initiate IV fluids. LVN A confirmed that she did not contact the hospice agency or the family because she had understood the DON and the MDS Nurse had already contacted them. During an interview on 05/06/2026 at 4:00 p.m., the MDS Nurse stated that she was aware that the physician had given orders for IV fluids and notified the charge nurse to implement the IV fluids, but she assumed the charge nurse would contact the hospice agency to coordinate the care. The MDS Nurse stated she did not contact the hospice agency herself. During an interview on 05/06/2026 at 4:30 p.m., the DON stated that she felt if the attending physician gave orders, the facility should follow them, but in the future, she would ensure the nursing staff notified the hospice agency for care coordination. The DON acknowledged that failure to notify the hospice agency could result in poor care for the resident or go against the hospice agency and family wishes for palliative care measures. The DON stated she is responsible for ensuring nursing staff notify the hospice agency to coordinate residents care. During an interview on 05/06/2026 at 4:40 p.m., the Administrator stated that it was important to coordinate services provided with the appropriate hospice agency and that the Director of Nurses was responsible for ensuring care coordination to ensure palliative care measures are agreed upon by all entities involved to include the attending physician, the family, the facility staff and the hospice staff. Record review of the Hospice Program policy dated 2001 indicated hospice services were available to residents at the end of life. 1. Our facility has an agreement with at least one Medicare-certified hospice to ensure that residents who wish to participate in a hospice program may do so. 9. In general, it is the responsibility of the hospice to manage the resident's care as it relates to the terminal illness and related conditions, including a. determining the appropriate hospice plan of care .c. providing medical direction, nursing and clinical management of the terminal illness. 12. Our facility has designated the DON to coordinate care provided to the resident by our facility staff and the hospice staff. a. Collaborating with hospice representatives and other healthcare providers participating in the hospice care planning process for resident receiving there services; b. communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the resident and the family and 13. Coordinated care plans for residents receiving hospice (continued on next page)

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