| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675067 | A. Building<br>B. Wing | 12/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Gainesville Convalescent Center | 1900 O'Neal St<br>Gainesville, TX 76240 |

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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>(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 |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675067 | A. Building<br>B. Wing | 12/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Gainesville Convalescent Center | 1900 O'Neal St<br>Gainesville, TX 76240 |

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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure residents had a right to a safe, clean, comfortable and homelike environment for two of 10 residents (Resident #18 and Resident #59) and four of 4 shared bathrooms (room [ROOM NUMBER] and 304, room [ROOM NUMBER] and 308, room [ROOM NUMBER] and 309, and room [ROOM NUMBER] and 312) reviewed for homelike environment. 1. The facility failed to ensure Resident #18's restroom tile around the toilet was in good working condition on 12/09/25. 2. The facility failed to ensure Resident #59's restroom toilet was working properly, and fan blower wires were not exposed in bathroom ceiling on 12/09/25. 3. The facility failed to ensure the restroom handrails were in good repair for bathrooms shared by room [ROOM NUMBER] and 304, room [ROOM NUMBER] and 308, room [ROOM NUMBER] and 309, and room [ROOM NUMBER] and 312. These failures placed residents at risk of resident restroom in an unsafe environment and a lack of homelike environment for residents. Findings included:1. Record Review of Resident #18's Annual Assessment reflected Resident #18 was admitted to the facility on [DATE] with included diagnoses of coronary artery disease and heart failure. Resident #18 had a BIMS score of 15 indicating her cognition was intact. Resident #18 was independent with toileting. Observation on 12/09/25 at 11:46 AM revealed Resident #18's bathroom tile of about 3 inches was missing around the sides of the toilet and 6 inches behind the toilet. There were rocks where the missing tile was. Interview with Resident #18 revealed the tile had been like this since about June 2025 2. Record Review of Resident #59's admission assessment dated [DATE] reflected Resident #59 [was admitted to the facility on [DATE] with diagnoses of hip fracture, dementia (significant cognitive decline severe enough to disrupt daily life) and polyneuropathy (condition affecting multiple peripheral nerves in different body parts are damaged). Resident #59 was moderately impaired with cognitive skills for daily decision making. Resident #59 was dependent with ADLs. Resident #59 was on hospice services. Interview on 12/09/25 at 11:20 AM with Resident #59's RP revealed the wires showing in ceiling of bathroom had been like that since admission. Resident #59's RP stated the toilet was clogged and had been like this for a while. She stated Resident #59 was on hospice services. Interview on 12/11/2025 at 2:50 PM with the Maintenance Director revealed toilets on hall 200, including Resident #59's toilet was clogged/not working properly for the last week. He stated the wires in the ceiling of Resident #59's bathroom was from the fan blower. He stated he was having difficulty finding a replacement cover for the fan blower. He stated Resident #18's toilet had been fixed where they had to drill through the bathroom floor. He stated he was aware of the missing tile around the toilet but had not gotten to it yet. Interview on 12/11/2025 at 1:36 PM with the Administrator revealed his expectations for repairs and maintaining the bathrooms were that everything worked and there was a home-like environment. He said staff have been educated on how to report issues in the electronic maintenance system, which notified him and the Maintenance Director immediately. He said the Maintenance Director has 30 days to fix an issue unless the facility needed to hire a contractor; then it depended on who was hired. He stated the impact on residents would be not having a homelike environment. 3. An observation on 12/09/2025 at 10:15 am in the [NAME] and [NAME] bathroom (a shared bathroom with two doors, connecting two separate bedrooms) for room [ROOM NUMBER] and 304 revealed the round handrails located in the bathrooms next to the toilets, were rusted around the lower part of the handrail where it was attached to the wall approximately 2 up the handrail.An observation on 12/09/2025 at 10:18 am in the [NAME] and [NAME] bathroom for room [ROOM NUMBER] and 308 revealed the round handrails located in the bathrooms next to the toilets, were rusted around the lower part of the handrail where it was attached to the wall approximately 3 up the handrail.An observation on 12/10/2025 at 10:45 am in the [NAME] and [NAME] bathroom for room [ROOM NUMBER] and 312 revealed the round handrails located in the bathrooms next to the toilets, were rusted around the lower part of the handrail where it was attached to the wall approximately 3 up the handrail.An observation on 12/11/2025 11:18 am in the [NAME] and [NAME] bathroom for room [ROOM NUMBER] and 309 revealed the round handrails located in the bathrooms next to the toilets, were rusted around the lower part of the handrail where it was attached to the wall approximately 2 up the handrail.In an interview on 12/10/2025 at 10:50 am with the Maintenance Director it was revealed that he was responsible for replacing or repairing grab bars in the facility if they were loose, broken or rusted. He said any staff, resident or guest could report needed repairs by scanning the QR code posted throughout the facility, which directed them to the facility's TELS system.In an interview on 12/10/2025 at 12:06 pm with |