

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Midwestern Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Midwestern Pkwy Wichita Falls, TX 76302	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408</p> <p>Based on interview and record review, the facility failed to act promptly upon the grievances of the resident group concerning issues of resident care and life in the facility and demonstrate their response and rationale for such response for 2 of 3 Resident Council Meetings, in that:</p> <ol style="list-style-type: none"> Concerns voiced during the monthly Resident Council Meetings were not addressed following meetings held on 4/17/2024 and 5/20/2024. The Resident Council members were not notified regarding facility action taken to address and resolve concerns voiced in prior Resident Council Meetings during the next monthly meetings held on 5/20/2024 and 6/04/2024. The follow-up to Resident Council concerns and discussion of old business were not documented as reviewed, read, resolved, or unresolved on the Resident Council Minutes form dated 5/20/2024. <p>These failure placed the residents at risk for a decreased quality of life and a decreased feeling of well-being within their living environment.</p> <p>The findings included:</p> <p>Review of the Resident Council Meeting Minutes revealed the following:</p> <p>5/20/24 - 9 residents attended and the Activity Director was present. The documented concerns included beds not being changed, more dental care/dentist visits were desired, and the residents wanted larger portions of food and more hamburger toppings.</p> <p>6/04/24 - 10 residents and the Activity Director attended. The Activity Director reviewed previous Council Minutes and reviewed the smoking policy and outdoor area. New concerns: want the dentist to come to the building more often; discussed food preferences; question regarding why residents could not go out the back door - discussed by Administrator.</p> <p>7/02/24 - 10 residents and Activity Director attended. New concerns: COVID (an acute and severe respiratory illness) screening before admission; cable for the television does not always work; food portions were too small; and headphones were needed for residents with 2 televisions in the room.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Midwestern Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Midwestern Pkwy Wichita Falls, TX 76302	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Grievance Log Reports for the Resident Council revealed a total of 12 grievance reports had been completed following the Resident Council Meetings.</p> <p>In an interview on 7/10/24 at 9:12 AM, the Social Worker stated the grievance reports were entered into the computer.</p> <p>In an interview on 7/10/24 at 9:17 AM, the Resident Council President stated Resident Council Meetings were held monthly and the Activity Director wrote the meeting minutes. He stated concerns were conveyed to the Administrator and the Administrator decided if a grievance report needed to be filed. The Resident Council President stated the Council was not told the outcome of their concerns, but they could usually see an improvement or difference. He stated the Administrator and the Dietary Manager were both invited to attend the last meeting but did not attend.</p> <p>During an interview and record review on 7/10/24 at 9:32 AM, the Social Worker provided a Grievance Log Report dated 1/01/24 - 7/10/24. She stated the Resident Council grievances were listed under the Resident Council President's name and were printed on a separate report.</p> <p>Interview on 7/11/24 at 9:12 AM, during a confidential Resident Council Meeting attended by 11 residents and the Assistant Ombudsman, the residents stated Resident Council concerns were not addressed by the Administrator, there was no follow-up with the Resident Council regarding the action that was taken to address their concerns, and their concerns were not resolved. The residents conveyed that the Administrator said, We will see what we can do, and nothing was ever done. The residents stated they would go to the Social Worker to file a grievance and could also tell the RN - MDS Nurse. The Resident Council President stated about 3 weeks ago during the smoke break, the Administrator went to the smoke break area and told the residents he did not want people to go outside to the smoking area earlier than the scheduled time. He said the residents who did not smoke were not supposed to go to the smoking area.</p> <p>In an interview on 7/12/24 at 11:19 AM, the Social Worker stated she tracked the grievance reports in the computer and no grievance reports resulted from the June 2024 Resident Council meeting.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Midwestern Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Midwestern Pkwy Wichita Falls, TX 76302	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 7/12/24 at 11:23 AM, the Activity Director stated she gave a copy of the Resident Council meeting minutes to the Social Worker, who then completed a grievance report form and gave the form to whichever department it applied to and needed to address the grievance. The Social Worker then entered the completed form into the computer and the Administrator reviewed the forms and signed them electronically. The Activity Director stated she did not give the Resident Council a follow-up response to their complaints. She stated she did not see the grievance reports after they were completed and did not know what action had been taken or what had been done to resolve the problems. She stated she did not know if she was allowed to see the reports after they had been completed. The Activity Director stated she told the residents to keep complaining until something changed and grievance reports would be filed until the concerns were resolved. The Activity Director stated the Resident Council President invited department supervisors to the Resident Council meeting before telling her. The Activity Director stated last week she did not know the Dietary Manager and Administrator were invited and did not attend. She stated she tried to remind staff when their attendance was requested at Resident Council meetings. She stated she mentioned it to staff in the morning meetings. The Activity Director thought the Administrator had a prior commitment or appointment during the last Resident Council meeting time. She stated the Administrator did meet with a group of residents who smoke on 7/02/24 at 11:00 AM. She stated the Administrator told the residents they needed to use separate patio areas for the smokers and non-smokers due to limited space in the smoking area. The list of resident smokers had increased.</p> <p>In an interview on 7/12/24 at 11:31 AM, the facility Social Worker stated the Administrator went and talked to the Resident Council President and discussed the grievances and told him what had been done. She stated the list of residents who smoke had increased and they had complained about the designated smoking area located off Hall C outside the laundry building. The Social Worker stated she was the Grievance Officer but the Administrator needed to sign off on the grievance reports.</p> <p>In an interview on 7/12/24 at 12:44 PM, the Administrator stated he met with a group of resident smokers on 7/02/24 at 11:00 AM in the smoking area and went over the smoking policy and the rule regarding no unsupervised smoking. He stated the residents were required to give all cigarettes, lighters, matches and paraphernalia to the staff to keep in the box locked in the medication room. He stated there was a resident who would go out to the smoking area and beg and [NAME] other residents to give her a cigarette. He stated the non-smoking residents were told they were not to be out in the smoking area. The residents who smoke were told if they could not or would not comply with the smoking policy and continued to put other residents' lives at risk, they would receive a 30-day written discharge notice. The Administrator stated he had spoken to the residents about it two times now. He stated so far the residents were ok with it. The Administrator stated he followed up with the Resident Council President regarding all Resident Council complaints and grievances. He stated he would start giving the completed grievance reports to the Activity Director to review with the Resident Council during their next meetings.</p> <p>Review of the facility's policy and procedure for Filing Grievances/Complaints, dated as revised 6/2024, indicated the following [in part]:</p> <p>Policy Statement:</p> <p>Our facility will assist residents, their representatives (sponsors), other interested family members, or advocates in filing grievances or complaints when such requests are made.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Midwestern Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Midwestern Pkwy Wichita Falls, TX 76302	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. Any resident, his or her representative (sponsor), family member or advocate may file a grievance or complaint concerning his or her treatment, medical care, behavior of other residents, staff members, theft of property, etc., without fear of discrimination, threat or reprisal in any form. 2. Grievances and/or complaints may be submitted orally, in writing, or electronically and may be filed anonymously. 3. All grievances, complaints, or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to in writing (if requested), including a rationale for the response . <p>11. The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed verbally and in writing (if requested) of the findings of the investigation and the actions that will be taken to correct any identified problems .</p> <p>Review of the policy for Grievance Procedures - Residents, dated as revised 12/2020, indicated the following [in part]:</p> <p>Policy:</p> <p>.to provide an open line of communication and a process which allows residents the opportunity for expressing suggestions, questions, concerns, and complaints without fear of retribution.</p> <p>Procedure:</p> <p>Resident Council:</p> <p>In order to facilitate communication in the community in an organized manner, a Resident Council is established. Meetings each month provide a forum for all residents to make suggestions, recommendations, and voice concerns regarding items such as policies and procedures .and the functioning of resident committees.</p> <p>Staff members will attend meetings by invitation only.</p> <p>Minutes of the monthly meetings are to be taken and a copy given to Executive Director (Administrator). The Activity Director will attend and serve as a liaison between the council and administration. The Activity Director will also record the minutes of the meeting.</p> <p>Issues of concern shall be addressed with the Executive Director (Administrator) or designee who will communicate the resolution of such issues of concern to the residents in a timely fashion .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Midwestern Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Midwestern Pkwy Wichita Falls, TX 76302	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen, in that:</p> <ol style="list-style-type: none"> 1. Appliance surfaces were soiled with dried food, grease and burned food. 2. Bulk storage container lids were soiled with food particles and dust. 3. Opened food item packages in the refrigerator, freezer, and dry food storage room were not placed in sealed containers, were not labeled with the contents, and were not dated when opened. 4. Expired milk was stored on the shelves in the refrigerator. 5. Cartons of expired prune juice was stored on a shelf in the dry food storage room. 6. Cooking utensils and pans were stored with their sanitized surfaces exposed to contaminants in the air. 7. A live fly moved throughout the main kitchen and food preparation area during a follow-up visit to the kitchen on [DATE]. <p>This failure could place residents at risk for foodborne illness, compromised nutritional health status, and being served food items that may not be fresh, taste stale, or be contaminated.</p> <p>The findings included:</p> <p>Observations and interviews starting at [DATE] at 9:18 AM, during the initial tour of facility kitchen, revealed the following:</p> <ul style="list-style-type: none"> - the hand washing sink interior surface was soiled with dried brown colored spots; - the manual can opener, mounted to the end of the stainless-steel food preparation counter, food contact surface was soiled with dark colored substance build-up; - the toaster surface was soiled and rusted; - the stainless steel counter above toaster was soiled with spilled spices, dust and grease; - 3 bulk storage containers beneath the food preparation counter were used for storing food thickener, granulated sugar, and flour and had soiled lids; a piece of grated cheese was stuck to the inside of the lid for the food thickener; - the storage container for corn meal had a soiled lid; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Midwestern Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Midwestern Pkwy Wichita Falls, TX 76302	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> - the convection oven top exterior surface was soiled with dust and grease; the interior surface soiled with spilled burned food; - the top exterior surface of the steamer was soiled with dust and grease; - the 2 gas ovens had spilled and burned food on their interior bottom surfaces; - the deep fryer unit had dark colored cooking oil; the interior surface was soiled with fried food crumbs; the 2 fryer baskets were soiled with fried food crumbs - the unit was not in use; - the commercial refrigerator used for bread and milk contained 3 one-half gallon cartons of lactose free milk with a manufacturer's expiration dates of [DATE] (unopened) and 3 one-half gallon containers of buttermilk with expiration dates of [DATE] (unopened) - the Dietary Manager removed the cartons and placed them on a cart to throw them away; - the nonperishable food storage room had wire rack shelf units with 9 unopened 46-ounce cartons of prune juice with ,d+[DATE] written with a black marker pen on them and had manufacturer's expiration dates of [DATE] - the Dietary Manager stated they were delivered [DATE]; she removed the 9 cartons of prune juice and placed them on the cart with the milk and buttermilk to dispose of them; - an open bag of cookie pieces was wrapped with plastic and dated [DATE] (not in a sealed container or resealable bag); - an open of bag white cake mix was wrapped in plastic and dated [DATE]; - an open bag of pound cake mix was wrapped in plastic and not dated when opened; - an open pouch of blueberry muffin mix was in a resealable bag and was not labeled and dated; - an open 50-pound paper bag with pancake mix had the top of opened bag rolled to close; the Dietary Manager proceeded to use a marker pen and wrote ,d+[DATE] on the bag and stated it should have tape on it; - an open bag with dry spaghetti was tied/knotted closed and was not labeled or dated; - an open bag with dry pasta was closed with a binder clips and was not labeled and dated; - the walk-in refrigerator contained cheese slices wrapped in plastic that were not labeled and dated; deli ham slices were in a resealable bag that was not labeled and dated; breaded ribs were in a resealable bag dated ,d+[DATE] - the Dietary Manager stated the ribs were in the freezer and she was not sure why they were taken out; - raw ground beef was wrapped in plastic and not labeled and dated on a shelf in the walk-in freezer; the Dietary Manager removed the frozen ground beef from the freezer; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Midwestern Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Midwestern Pkwy Wichita Falls, TX 76302	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- a reach-in freezer unit against the wall in the food preparation area contained open packages of mixed vegetables that were not labeled and dated, with 1 bag wrapped in plastic and 1 bag tied/knotted closed; an opened bag of broccoli wrapped in plastic and not labeled and dated; an opened bag with biscuit dough was tied/knotted closed and was not labeled and dated; raw beef patties were stored in a large resealable bag and were not labeled and dated;</p> <p>- cooking utensils, including a wire whisk, serving spoons and scoops were hanging from a metal panel on the wall above the steam table with their sanitized surfaces exposed to contaminants in the air;</p> <p>- the beverage station area of the kitchen had an ice machine; the top exterior surface of the ice machine was soiled with dust;</p> <p>- the beverage station area of the kitchen had a residential style refrigerator with top freezer compartment; the top exterior surface was soiled with dust.</p> <p>Observation and interview on [DATE] at 4:37 PM, during preparation of the evening meal, revealed a live fly moving in the area of the food preparation counter. The fly landed on the lid to the bulk storage container used for food thickener on the shelf beneath the counter. [NAME] A stated the flies had been bad this year. She stated the flies came in when the doors to the outside were opened, especially the door to the designated smoking area off Hall C.</p> <p>During an interview and record review on [DATE] at 2:58 PM, the Dietary Manager stated the cooks and dietary aides had cleaning schedules for daily cleaning tasks to be completed during the morning and evening shifts. She stated the forms were kept in a binder notebook on a shelf in the kitchen. Review of the cleaning schedule forms revealed the staff initialed assigned tasks as completed.</p> <p>During an observation and interview on [DATE] at 3:05 PM, the serving utensils continued to hang from the metal panel on the wall above the steam table with their sanitized food surfaces exposed to the open air and any contaminants in the air. The Dietary Manager started removing the utensils and stated she would find a storage bin with a lid to put them in.</p> <p>Review of the facility policy and procedure for Sanitization, dated as revised [DATE], specified the following [in part]:</p> <p>Policy Statement</p> <p>The food service area is maintained in a clean and sanitary condition.</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 1. All kitchens, kitchen areas and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects. 2. All utensils, counters, shelves and equipment are kept clean, maintained in good repair . <p>Review of the facility policy and procedure for Food Receiving and Storage, dated [DATE], specified the following [in part]:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Midwestern Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Midwestern Pkwy Wichita Falls, TX 76302	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Policy Statement</p> <p>Food shall be received and stored in a manner that complies with safe food handling practices.</p> <p>Policy Interpretation and Implementation</p> <p>8. All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date) .</p> <p>Review of the facility policy and procedure for Dry Storage, dated [DATE], specified [in part]:</p> <p>4. If a food is taken out of the original container (what the manufacturer placed the product in) it must be labeled and dated.</p> <p>5. All expired foods must be removed from the store room .</p> <p>9. If an item is opened, the food must be tightly sealed. It should be dated with the date that it was opened. If the product was removed from its original container, then the product should also have the name of the product. If using large bags to seal open items in their original packaging, the bag may be reused, but needs to be re-dated. If the food is directly in the bag, the bag must be labeled and dated, and when the bag is emptied, it should be discarded. Bags must be sealed .</p> <p>The Food and Drug Administration Food Code 2022 specified [in part]:</p> <p>Chapter 3 Food</p> <p>.d+[DATE].15 Package Integrity.</p> <p>FOOD packages shall be in good condition and protect the integrity of the contents so that the FOOD is not exposed to ADULTERATION or potential contaminants.</p> <p>Chapter 4 Equipment, Utensils, and Linens</p> <p>.d+[DATE].11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles.</p> <p>(A) Except as specified in (D) of this section, cleaned EQUIPMENT and UTENSILS, laundered LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES shall be stored:</p> <p>(1) In a clean, dry location;</p> <p>(2) Where they are not exposed to splash, dust, or other contamination;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Midwestern Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Midwestern Pkwy Wichita Falls, TX 76302	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>and</p> <p>(3) At least 15 cm (6 inches) above the floor.</p> <p>(B) Clean EQUIPMENT and UTENSILS shall be stored as specified under (A) of this section and shall be stored:</p> <p>(1) In a self-draining position that allows air drying; and</p> <p>(2) Covered or inverted.</p>