

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER Seven Oaks Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 901 Seven Oaks Rd Bonham, TX 75418	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</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

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the resident had the right to and the facility made prompts efforts to resolve grievances the resident may have for 1 of 2 residents (Resident #3) reviewed for grievances. The facility failed to ensure a grievance was filed and Resident #3 was appropriately apprised of progress toward resolution when Resident #3's green pants were not returned from the laundry. This failure could place residents at risk for grievances not being addressed or resolved Findings include: Record review of Resident #3's face sheet, dated 07/23/25, reflected Resident #3 was a [AGE] year-old female readmitted to the facility on [DATE] with a diagnosis which included Alzheimer's (progressive disease that destroys memory and other important mental functions). Record review of Resident #3's quarterly MDS assessment, dated 06/05/25, reflected Resident #3 made herself understood, and understood others. Resident #3's BIMS score was 14, which reflected her cognition was intact. Resident #3 was independent with upper body dressing and required set up or clean-up assistance with lower body dressing. Record review of Resident #3's comprehensive care plan, revised on 05/08/22, reflected Resident #3 had an ADL Self Care Performance Deficit. The care plan interventions included: provide supervision with dressing as needed. Record review of the grievance file, dated 06/01/25-07/01/25, did not indicate a grievance was completed for Resident #3's missing clothing in the last 2 months. During a group meeting on 07/22/25 at 3:00 p.m., Resident #3 stated she reported to the Housekeeping Supervisor she was missing a pair of green pants, white capri pants and a bright colored blouse. Resident #3 was unable to give the exact date she had reported the missing items. Resident #3 stated her items had been missing for several weeks and she had not heard if the items were found or would be replaced. Resident #3 voiced being frustrated with not knowing if her clothing would be replaced. During a telephone interview on 07/22/25 at 3:42 p.m., the Housekeeping Supervisor stated Resident #3 did report to him on 07/14/25 about her missing green pants but never mentioned the white capris or blouse. The Housekeeping Supervisor stated, Unfortunately I did not do a sweep which indicated looking for the item in another resident's closet. The Housekeeping Supervisor stated when someone reported a missing clothing item, he would determine what was missing, look through the personal lost and found and perform a sweep which indicated he would go through resident's closets to see if the items were accidentally placed in another resident closet. The Housekeeping Supervisor stated if the items were not found he would report it to the Administrator for a grievance to be completed. The Housekeeping Supervisor stated he did not report Resident #3's green missing pants to the Administrator which he did not have much of an excuse why he did not. The Housekeeping Supervisor stated it was important for the residents to have their clothing returned because it was their right to have their belongings. During an interview on 07/22/25 at 5:08 p.m., the Administrator stated she had not received a grievance on Resident #3's missing clothing. The Administrator stated if she received a complaint of missing clothing, she would try to locate the missing items. If she could not locate them, she would offer to replace the items. The Administrator stated her expectation was for the Housekeeping Supervisor to report the missing items so a grievance could be filed. The Administrator stated she was responsible for monitoring and overseeing missing items by following up during QAPI meetings, morning stand up and champion rounds. The Administrator stated it was important for the residents to have their clothing because it was the right thing to do. Record review of the facility's policy titled Grievances, revised 11/02/16, reflected .The resident has the right to voice grievances to the facility or other agency or entity that hears grievances. 2. The grievance official of this facility is the administrator or their designee. 3. The grievance official will: receive and track grievances to their conclusion.</p>		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities (continued on next page)

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Pre-admission Screening and Resident Review (PASRR) Level I assessment accurately reflected the resident's status for 2 of 4 residents (Resident #8 and Resident #9) reviewed for PASRR. 1. The facility failed to complete the PASRR level 1 screening for Resident #8 who had a diagnosis of Bipolar with depression and psychotic disorder (where the individual is experiencing a depressive episode that is both severe and includes psychotic symptoms) on admission on [DATE]. 2. The facility failed to ensure Resident #9 had a new PASRR level 1 screening completed when she had a new diagnosis of schizoaffective disorder (a chronic brain disorder that significantly impacts a person's thoughts, feelings, and behavior) dated 04/05/22. These failures could place residents at risk of not receiving the needed PASRR services to meet their individual needs and could result in a decreased quality of life. Findings included: 1. Record review of Resident #8's face sheet, dated 07/23/25, indicated a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #8 had diagnoses which included Bipolar (a mental illness that causes unusual shifts in mood), Depression (a serious mental illness characterized by persistent feelings of sadness, loss of interest in activities, and difficulty functioning in daily life) and anxiety (excessive and persistent fear or worry that interferes with daily life). Record review of Resident #8's care plan, revised 01/29/25, indicated Resident #8 had diagnoses which included depression, anxiety as evidence of self-picking and bipolar. The intervention were to give medication as order, monitor for increased sadness, irritable, anger, confusion, lack of energy and inform the physician for any adverse effects and behavioral symptom. Record review of Resident #8's annual MDS assessment, dated 07/02/25, indicated Resident #8 understood others and was understood by others. Her BIMS score was a 15, which indicated her cognition was intact. Resident #8 was independent in her ADLs except required supervision with bathing. Resident #8 had diagnoses which included depression, anxiety and bipolar. Record review of a PL1 for Resident #8, dated 8/30/22, did not indicate she had any evidence or indication of MI, ID, or DD. Record review of Resident #8's admission face sheet, dated 07/23/25, indicated she was admitted to the facility on [DATE] with mental illness diagnoses of bipolar and major depression. During an interview on 07/23/2025 at 11:30 a.m., the PASRR Coordinator said she saw in her system where a PL1 was submitted on 09/1/22 for Resident #8. She said the form was marked No for mental illness but should have been marked Yes for mental illness by the admitting facility filling out the PL1 form. She said since the PL1 form was marked incorrectly it would not have notified the Local Intellectual and Developmental Disabilities Authority to come do a PASRR Evaluation. During an interview on 07/23/2025 at 12:26 p.m., the MDS nurse, she said the previous MDS nurses were responsible for ensuring the PL1 they received from the prior facility was correct, and if it was not, they should have done a query and explained she had a diagnosis of Bipolar. She said it was important to make sure the PL1 was done correctly so the resident could be evaluated by LIDDA and if they qualified, they could receive services. She said since employment she was responsible for the PL1 being entered correct into their electronic system. 2. Record review of Resident #9's face sheet, dated 07/23/25, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #9 had diagnoses which included Schizophrenia (a chronic brain disorder that disrupts how a person thinks, feels, and behaves), Depression (a serious mental illness characterized by persistent feelings of sadness, loss of interest in activities, and difficulty functioning in daily life) and anxiety (excessive and persistent fear or worry that interferes with daily life). Record review of Resident #9's comprehensive care plan, revised on 05/02/24, indicated Resident #9 had a mood problem related to a psychotic disorder with delusions, anxiety and a diagnosis of major depressive disorder. Record review of Resident #9's quarterly MDS assessment, dated 07/18/25, indicated Resident #9 usually understood and was usually understood by others. Resident #9's BIMS score was 03, which indicated her cognition was severely impaired. Resident #9 required assistance with toileting, bed mobility, dressing, personal hygiene, transfers and eating. Record review of a PL1 for Resident #9, dated 6/11/21, indicated she was not positive for MI, ID, or DD. Record review of Resident #9's PE for, dated 6/21/21, indicated she was not positive for MI, ID, or DD. Record review of Resident #9's nurses note, dated 04/05/22, indicated a new diagnosis of psychotic disorder with delusions was added. Record review of Resident #9's electronic medical records did not indicate a new PASRR level 1 screening was done, after the new diagnosis of schizoaffective disorder was added on 04/05/22. During an interview on 07/22/2025 at 4:32 p.m. the MDS nurse said she started in October of 2024. She said she was</p>		

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<p>F 0689</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as was possible for 2 of 2 residents (Residents #12 and #21) reviewed for accidents and hazards. 1. The facility failed to ensure Resident #12 did not have an electric razor and shaving gel on his bedside table on 07/21/25, 07/22/25 and 07/23/25. 2. The facility failed to ensure Resident #21 did not have razors in his bathroom on 07/21/25, 07/22/25 and 07/23/25. These failures could place residents at risk of harm or injury and contribute to avoidable accidents and a decline in health. Findings include:</p> <p>1. Record review of Resident #12's face sheet, dated 07/23/25, reflected Resident #12 was a [AGE] year-old male, readmitted to the facility on [DATE] with a diagnosis which included absence of right leg below knee.</p> <p>Record review of Resident #12's quarterly MDS assessment, dated 06/18/25, reflected Resident #12 made himself understood and understood others. Resident #12's BIMS score was 14, which reflected his cognition was intact. Resident #12 required supervision or touching assistance with personal hygiene which included shaving.</p> <p>Record review of Resident #12's comprehensive care plan, initiated 01/08/21, reflected Resident #12 had an ADL Self Care Performance Deficit. The care plan interventions included: assist with personal hygiene as required: hair, shaving, oral care as needed.</p> <p>During an interview and observation on 07/21/25 at 3:14 p.m., revealed Resident #12 had an electric razor, and a can of shaving gel on his bedside table. Resident #12 stated he shaved himself and indicated staff were aware he was in possession of the items.</p> <p>During an observation on 07/22/25 at 8:26 a.m., revealed Resident #12 sitting up in his recliner with an electric razor, and a can of shaving gel on his bedside table.</p> <p>During an observation on 07/23/25 at 9:00 a.m., revealed Resident #12 sitting up in his recliner with an electric razor, and a can of shaving gel on his bedside table.</p> <p>During an observation on 07/23/25 at 10:15 a.m., there was no resident's wandering from room to room on the hall with Resident #12.</p> <p>During an interview on 07/23/25 at 2:05 p.m., RN A stated if a resident had an electric razor or shaving gel at bedside the resident must be assessed, and an order obtained from the physician. RN A asked the state surveyor if she could speak to the DON about the items at the bedside and come back to complete the interview. After speaking with the DON and the Regional Compliance Nurse, RN A stated there was no policy and procedures for keeping an electric razor or shaving gel at the bedside. RN A stated the resident did not have to be assessed for razors at bedside. RN A stated it was his right for his hygienic purpose to have those items at his bedside. RN A stated a dementia resident could obtain the electric razor or shaving gel, and it could cause an injury or adverse reaction.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/23/25 at 3:57 p.m., the DON stated the actual policy for an electric razor and shaving gel stated to store in an appropriate place such as the counter, dresser or wherever Resident #12 would like it stored. The DON stated the policy did not state it could not be stored in his room. The DON stated Resident #12 had a private room and he was alert and oriented. The DON stated she was responsible for monitoring and overseeing resident safety by daily rounds. The DON stated there was not a particular assessment to check to see if a resident could have razors, shaving cream, soap etc. at bedside. The DON stated there was no residents who wander in other resident's rooms. The DON stated there was no risk for having electric razors or shaving cream at the bedside.</p> <p>During an interview on 07/23/25 at 5:21 p.m., the Administrator stated an electric razor, and shaving gel could be stored in the resident's room on the resident dresser. The Administrator stated the resident did not have to be assessed for safety. The Administrator stated Resident #12 was very independent and she did not go in his room often.</p> <p>2.Record review of Resident #21's face sheet, dated 07/23/25, reflected a [AGE] year-old male who was re-admitted to the facility on [DATE]. Resident #21 had diagnoses which included a stroke, arthritis (a group of over 100 conditions that cause joint pain and inflammation), glaucoma (a group of eye diseases that damage the optic nerve, leading to vision loss and potentially blindness), and high blood pressure.</p> <p>Record review of Resident #21's annual MDS assessment, dated 05/14/25, reflected Resident #21 understood and was understood by others. Resident #21's BIMS score was 15, which meant his cognition was intact. Resident #21 was independent with his activities of daily living but required supervision with bathing, required help with toileting, bed mobility, dressing, transfers, personal hygiene and was independent with eating.</p> <p>Record review of Resident #21's care plan, revised on 01/29/25, indicated he desired to have facial hair. The staff intervention was to shave him if he requested. It did not indicate if he was able to have unattended razors in his room.</p> <p>During an observation on 07/21/25 at 11:01 a.m., revealed 3 disposable razors lying on Resident #21's sink. Resident #21 was not in his room. No wandering residents noted on the hallway.</p> <p>During an observation and interview on 07/22/25 at 8:30 a.m., Resident #21 had 3 disposable razors lying on his sink. Resident #21 said he shaved himself and staff (unknown) brought the razors to him.</p> <p>During an observation on 07/22/25 at 9:30 a.m., revealed no resident's wandering on the hall of Resident #21.</p> <p>During an observation and interview on 07/23/25 at 9:40 a.m., revealed a pack of unopened disposable razors lying on Resident #21's sink. CNA C said she thought he was care planned to have razors, but said if he was not, then he should not have them in his room. CNA C said he should not have a pack of razors lying in his bathroom for his safety and the safety of others who might wander into another resident's room.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/23/2025 at 9:42 a.m., RN A said no residents should have razors in their room for safety reasons. She said she could not recall any resident being able to keep razors in their room. She said Resident #21 could shave himself, but staff needed to be around for supervision and disposal of the razors when he completed the shaving process.</p> <p>During an interview and observation on 07/23/2025 at 9:43 a.m., the DON said Resident #21 was care planned for razors. She said he was safe to have razors. She said he had 2-3 razors on his sink this morning (07/23/25) and she removed them and gave him the new pack of razors. The DON and the state surveyor reviewed Resident #21's care plan, and it indicated if Resident #21 wanted to be shaved, then staff should shave him. It did not indicate for Resident #21 to have razors in his room or bathroom. The DON said he was safe, and he was in the room by himself, so she did not see any risk.</p> <p>During an interview on 07/23/25 at 5:23 p.m., the Administrator said razors should not be in the room for the safety of others. She said it was everyone's responsibility to ensure razors were not in rooms. She said department heads monitored with champion rounds (rounding on different resident by department heads or management). She said she was Resident #21's champion and she went into his room but did not check his bathroom.</p> <p>Record review of the facility's, undated, policy titled "Shaving, Electric/Safety Razors" reflected "12. Store all articles in the appropriate place";</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview and record review, the facility failed to ensure each resident received and the facility provided food and drink that was palatable, attractive, and at a safe and appetizing temperature for 1 of 1 breakfast meals reviewed for dietary services. The facility failed to serve an appetizing bowl of oatmeal. The oatmeal served was thick, porous texture that resembled cornbread during the breakfast meal on 07/22/25. This failure could place residents at risk of weight loss, altered nutritional status, and a diminished quality of life. Findings include: During an interview and observation on 07/22/25 at 8:26 a.m., the state surveyor asked Resident #12 how his breakfast was, Resident #12 stated, you're able to cut the oatmeal with his knife. The state surveyor observed a bowl of oatmeal that was thick, porous texture that resembled cornbread. During an observation on 07/22/25 at 8:30 a.m., revealed Resident #13 was sitting in her recliner, eating her breakfast. She stated the oatmeal did not look like oatmeal; it looked hard, so she did not even touch it. During an interview on 07/22/25 at 8:32 a.m., the Director of Food and Nutrition stated the oatmeal did look to thick. The Director of Food and Nutrition stated she should have split the oatmeal in two pans instead of one when she prepared it and add either milk or boiling water. The Director of Food and Nutrition stated she should have not let the oatmeal leave the kitchen, but she was thinking about compliance on mealtimes. The Director of Food and Nutrition stated it was important that food was palatable to prevent weight loss. During an interview on 07/23/25 at 3:40 p.m., the Regional Compliance Nurse stated there was no policy and procedures regarding food palatability. During an interview on 07/23/25 at 3:57 p.m., the DON stated oatmeal should not be thick or clumpy but a smooth texture. The DON stated the Director of Food and Nutrition should have fixed more oatmeal before servicing. The DON stated it was important to ensure food was palatable for health and enjoyment. During an interview on 07/23/25 at 4:40 p.m., the Traveling Certified Dietary Manager stated oatmeal should be served smooth not lumpy or too thick. The Traveling Certified Dietary Manager stated the oatmeal should not have been served. The Traveling Certified Dietary Manager stated it was important to ensure food was palatable for nutritional value. During an interview on 07/23/25 at 5:21 p.m., the Administrator stated she expected oatmeal to be served not to thick or runny. The Administrator stated the oatmeal should not have been served but corrected by making a new batch. The Administrator stated she monitored food palatable by random spot checks and ensured the recipe was followed. The Administrator stated it was important to ensure food was palatable to prevent choking weight loss.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>(continued on next page)</p>

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure each resident received food prepared in a form to meet their individual needs for 4 of 4 residents (Residents #13, #27, #28, and #12) reviewed for the lunch menu on 07/21/25. The facility failed to ensure Residents #13, #27, #28, and #12 was served the correct portion of food on 07/23/25. These failures could place residents at risk of inadequate nutrition. Findings included: 1. Record review of Resident #13's face sheet, dated 07/23/25, indicated she was an [AGE] year-old female, admitted to the facility on [DATE]. Her diagnoses included dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), diabetes (a chronic illness where the body either doesn't produce enough insulin or can't effectively use the insulin it produces, leading to high blood sugar levels), and depression (a serious mood disorder that affects how you think, feel, and behave). Record review of Resident #13's quarterly MDS assessment, dated 04/17/25, indicated she had a BIMS score of 09, which indicated moderately cognitive impairment. She was usually able to make herself understood and she was sometimes able to understand others. She required set up for her activities of daily living including eating She required a mechanically altered diet (require change in texture of food). Resident #13 did not have a 5% weight loss or more in the last month or loss of 10% or more in last 6 months. Record review of Resident #13's Order Summary Report, dated 07/23/25, indicated she had an order for: *Mechanical Soft texture, Regular consistency with a start date of 09/19/24. Record review of Resident #13's care plan, last revised 05/23/25, indicated a focus of Resident #13 had a mechanical ground meat diet other than Regular and was at risk for unplanned weight loss or gain. Interventions were to serve diet as ordered. Record Review of Resident #13's Food Tray Ticket for Lunch 07/21/25 indicated .Mechanical Soft texture, Regular consistency Diet .Entree .Pasta Manicotti Cheese w/MarinaraStarch garlic breadVegetable .Zucchini.Dessert .strawberry bread pudding 2. Record review of Resident #27's face sheet, dated 07/23/25, indicated she was a [AGE] year-old female, admitted to the facility on [DATE]. Her diagnoses included dysphagia (difficulty swallowing), stroke and dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life., Record review of Resident #27's quarterly MDS assessment, dated 05/16/25, indicated she had a BIMS score of 03, which indicated severe cognitive impairment. She was able to make himself understood and she was usually able to understand others. She required set up for eating. She required a mechanically altered diet (require change in texture of food or liquids) while a resident at the facility. Resident #27 did not have a 5% weight loss or more in the last month or loss of 10% or more in last 6 months. Record review of Resident #27's Order Summary Report, dated 07/23/25, indicated she had an order for: *Regular diet Mechanical Soft texture, Regular with a start date of 01/05/23. Record review of Resident #27's care plan, last revised on 02/07/25, indicated a focus of Resident #27 had a potential nutritional problem in which she required a mechanical soft diet. Interventions were for staff to provide and serve diet as ordered. Record Review of Resident #27's Food Tray Ticket for Lunch 07/21/25 indicated .Mechanical Soft texture, Regular consistency Diet .Entree .Pasta Manicotti Cheese w/MarinaraStarch Garlic breadVegetable .Zucchini.Dessert .strawberry bread pudding 3. Record review of Resident #28's face sheet dated 07/23/25 indicated he was an [AGE] year-old male who admitted to the facility on [DATE] and re-admitted on [DATE] with the diagnosis non-pressure chronic ulcer of the buttocks, major depressive disorder, high blood pressure, and anxiety. Record review of Resident #28's other payment MDS dated [DATE] indicated he made himself understood. The MDS also indicated he had a BIMS score of 14 which meant he was cognitively intact. The MDS also indicated Resident #28 required setup and supervision for eating. Resident #28 did not have a 5% weight loss or more in the last month or loss of 10% or more in last 6 months. Record review of Resident #28's comprehensive care plan dated 03/01/21 and last updated 05/26/25 indicated he was at risk for malnutrition. The care plan interventions included: monitor/document meal intake, offer diet as ordered by the physician and update food preferences as needed. Record review of Resident #28's Order Summary Report, dated 07/23/25 indicated he had an order for: *Regular diet mechanical soft texture, regular consistency, add extra salt to meals, large protein portions with meals with a start date of 03/28/24. Record Review of Resident #28's Food Tray Ticket for Lunch 07/21/25 indicated .Mechanical Soft texture, Regular consistency Diet . large protein portions .Entree .Pasta Manicotti Cheese w/MarinaraStarch Garlic breadVegetable .Zucchini. Dessert .strawberry bread pudding 4 Record review of Resident #12's face sheet, dated 07/23/25, indicated</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER Seven Oaks Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 901 Seven Oaks Rd Bonham, TX 75418	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed ensure each resident receives and the facility provides food that accommodates residents' food preferences for 3 of 22 residents (Resident #29, Resident #15, and Resident #3) reviewed for food preferences and the accommodation of resident's meal choices. 1. The facility did not honor Resident #29's preference for milk with her supper meals. 2. The facility failed to honor Resident #15's preferences for a bacon and toast for breakfast. 3. The facility failed to provide condiments (jelly and butter) and bread for Resident #3 on 07/20/25. These failures could result in a decrease in resident choices, diminished interest in meals, and weight loss.</p> <p>Findings included:</p> <p>1. Record review of Resident #29's face sheet dated 07/23/25 indicated she was an [AGE] year-old female who had admitted to the facility on [DATE] with the diagnoses diabetes mellitus (disease causing too much sugar in the blood stream), high blood pressure, depressive disorder, and congestive heart failure (condition in which the heart does not pump well).</p> <p>Record review of Resident #29's annual MDS dated [DATE] indicated she made herself understood and was able to understand others. The MDS also indicated she had a BIMS score of 15 which meant she was cognitively intact. The MDS also indicated Resident #29 required set-up or clean up assistance with eating.</p> <p>Record review of Resident #29's care plan dated 07/24/23 indicated she was at risk for malnutrition with interventions in place to monitor and document meal intake, offer diet as ordered by the physician, and to update food preferences as needed.</p> <p>Record review of Resident #29's dietary profile dated 08/09/24 completed by the previous dietary manager indicated Resident #29 was independent with eating, and had no food likes, dislikes, or preferences noted.</p> <p>Record review of Resident #29's meal cards dated 07/23/25 indicated she was to receive 8 ounces of milk at breakfast, 8 ounces of iced tea for lunch, and 8 ounces of beverage of choice at supper.</p> <p>During the resident council meeting on 07/22/25 at 3:32 PM Resident #29 stated that she wanted milk during her supper meals and the facility continued to bring her tea with her supper tray.</p> <p>During an interview on 07/23/25 at 2:50 PM CNA E said the kitchen normally sent out the milk on Resident #29's trays at supper time. She said she did not know who, but the kitchen sent trays out on the weekend of 07/19/25 and 07/20/25 and did not send any milk because the facility was out of milk. CNA E said she did get her milk on 07/22/25 because she took her tray to her room.</p> <p>(continued on next page)</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/23/25 at 4:00 PM the Director of Food and Nutrition said the dietary department were responsible for sending drinks out to residents at meals on the hall. She said the kitchen has not run out of milk and she was unsure why Resident #29 did not get her milk. The Director of Food and Nutrition said all residents had the right to have what they would like to drink at meals.</p> <p>During an interview on 07/23/25 at 4:10 PM the DON said Resident #29 should have milk if they want milk. She said it was the resident's rights violated if she does not get milk as she requested at supper.</p> <p>During an interview on 07/23/25 at 5:30 PM the Administrator said she was never aware of the kitchen being out of milk and that Resident #29 had the right to have milk if she wanted it at any meal.</p> <p>2.Record review of Resident #15's face sheet, dated 07/23/25, indicated she was a [AGE] year-old female, who re-admitted to the facility on [DATE]. Her diagnoses included dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), stroke, and depression (a serious mood disorder that affects how you think, feel, and behave).</p> <p>Record review of Resident #15's quarterly MDS assessment, dated 06/16/25, indicated she had a BIMS score of 14, which indicated she was cognitively intact. She was able to make herself understood and she was able to understand others. She required set up for her activities of daily living and independent with eating.</p> <p>Record review of Resident #15's Order Summary Report, dated 07/23/25, indicated she had an order for:</p> <p>*Regular diet Regular texture, Regular consistency, offer sandwich or house supplement if less than 50% of meal was eaten. Wants Bacon and oatmeal only for breakfast with a start date of 02/24/23.</p> <p>Record review of Resident #15's care plan, last revised 01/29/25, indicated a focus of Resident #13 had a potential risk for malnutrition. Interventions were to serve diet as ordered and update preference as needed.</p> <p>Record review of Resident #15's dietary profile dated 07/15/25 completed by the Director of Food and Nutrition indicated Resident #15 liked oatmeal, bacon, and bread at breakfast only. It stated she disliked sausage and eggs.</p> <p>During an observation and interview on 07/22/25 at 8:30 a.m., Resident #15 was sitting in her recliner, eating her breakfast. She said she liked bacon and toast but had sausage and a biscuit. She said she had told the staff (unknown) about her wanting bacon and toast but was still receiving sausage and biscuit. Her tray card said likes toast and bacon for breakfast.</p> <p>During the resident council meeting on 07/22/25 at 3:32 PM Resident #15 stated that she wanted bacon and toast but was receiving sausage and biscuit for breakfast.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Record review of Resident #3's face sheet, dated 07/23/25, indicated she was a [AGE] year-old female, who re-admitted to the facility on [DATE]. Her diagnoses included anxiety (feeling of unease, worry, or fear), Bipolar (mental illness that causes unusual shifts in mood), and Depression (a common and serious mood disorder that can affect how a person feels, thinks, and handles daily activities).</p> <p>Record review of Resident #3's quarterly MDS assessment, dated 06/05/25, indicated she had a BIMS score of 14, which indicated she was cognitively intact. She was able to make herself understood and was able to understand others. She was completely independent with eating.</p> <p>Record review of Resident #3's Order Summary Report, dated 07/23/25, indicated she had an order for:</p> <p>*Regular diet with a start date of 02/06/24.</p> <p>Record review of Resident #3's care plan, last revised on 03/31/22, indicated a focus of Resident #3 had a potential risk for Malnutrition. Interventions were for staff to provide and serve diet as ordered and update food preference as needed.</p> <p>During an interview on 07/21/25 at 11:32 a.m., Resident #3 said at times they do not have bread, butter, or Jelly. She said she did not have any bread, butter, or jelly this morning for breakfast. She said yesterday (07/20/25) they had a potatoes for supper with no butter or cheese. She said staff told her they were out of butter and cheese.</p> <p>During an interview on 07/21/25 at 12:14 p.m., CNA D said they did not have butter this morning, and they do not have any at lunch today (07/21/25). She said the Director of Food and Nutrition said it would be on the truck today (07/21/25).</p> <p>During an interview on 07/21/25 at 12:15 p.m., RN A said she asked about butter and was told they did not have any butter, and today (07/21/25) for lunch they had to substitute the strawberry dessert for green pudding because they did not have strawberries. She said the kitchen does occasionally run out of different things but mostly it would be delivered with the next truck delivery.</p> <p>During an interview on 07/21/23 at 2:52 p.m., the Director of Food and Nutrition said she was responsible to order food. She said she was aware they were low on butter, bread, and jelly but thought she had enough until the truck came in today (07/21/25). She said they were out of butter, bread and jelly for breakfast. She said she served croissants for breakfast. She said they had cheese in the kitchen and was not aware why the residents did not have cheese for their potatoes. She said she did tell anyone like the Administrator or the Dietitian she was out of condiments or bread. She said she should have told someone so she could have gone to the store and picked up what she needed until the truck came in. She said the supply truck ran today (07/21/25) but still did not bring any bread, she said she was going to see what she needed to do to get the bread. She said it was important to have food required for the health of the residents.</p> <p>During a confidential group interview with 9 residents on 07/22/25 starting at 3:00 p.m., the resident group said the facility had been running out of condiments and food. Resident #3 mentioned about the butter, cheese, jelly and bread and other residents agreed that they do not always have condiments on their trays.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/22/2025 at 4:09 p.m., The Dietitian said she had not had any concerns about condiments or foods. She said she expected the Director of Food and Nutrition to have the food the residents needed to meet the food preferences and nutrition. She said it was important to provide and serve nutritious food to prevent weight loss. She said if the Director of Food and Nutrition was having any problems with ordering food, she expected the Director of Food and Nutrition to reach out to her or the cooperate dietitian.</p> <p>During an interview on 07/23/25 at 5:16 p.m., the DON said all residents should have choices of the food being served. She said she was the nurse in the dining room checking tray cards when she asked about butter, jelly and bread and the dietary staff told her they were out and waiting on their food truck today (07/21/25). She said she expected the food the resident wanted or required to be in the facility. She said if a resident requested bacon, toast, jelly, bread, or butter they should be receive it. She said failure to provide the resident with food they like or condiments that might make their food more tasteful could cause the resident not to eat and potentially loss weight.</p> <p>During an interview on 07/23/25 at 5:23 p.m., the Administrator said she expected the residents to receive the foods they wanted. She said the Director of Food and Nutrition was responsible for ensuring she was ordering enough food and condiments. She said the dietary staff was responsible for placing the condiments on the tray. She said if bacon was on a resident's tray card, then she expected that resident to receive bacon. She said she was not aware they were out of butter, jelly, bread, or milk. She said it was important to have what the resident needs as well as what they prefer for their overall health and nutrition. She said if a resident does not like the food they get or does not get the condiments for the food it could cause them not to eat and lose weight.</p> <p>Record review of the facility policy titled, Resident Rights, revised 11/28/16, indicated, "The resident has a right to a dignified existence, self -determination, and communication with and access to persons and services inside and outside the facility, including those specified in this policy. The resident has a right to be treated with respect and dignity, including: #3. The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences."</p>

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure food was prepared in a form designed to meet individual needs and as prescribed by the physician for 2 of 15 residents (Residents #12 and #28) reviewed for therapeutic diets. 1. The facility did not ensure Resident #12 was given double protein portion as ordered by the physician. 2. The facility did not ensure Resident #28 was given large protein portions as ordered by the physician on 07/21/25 during the lunch service. This failure could place residents at risk for poor intake, weight loss, unmet nutritional needs, and a loss of dignity. Findings Included:</p> <p>1. Record review of Resident #12's face sheet, dated 07/23/25, reflected Resident #12 was a [AGE] year-old male, readmitted to the facility on [DATE] with a diagnosis which included absence of right leg below knee.</p> <p>Record review of Resident #12's quarterly MDS assessment, dated 06/18/25, reflected Resident #12 made himself understood, and understood others. Resident #12's BIMS score was 14, which reflected his cognition was intact. Resident #12 required setup or clean-up assistance with eating. Resident #12 did not have a 5% weight loss or more in the last month or loss of 10% or more in last 6 months.</p> <p>Record review of Resident #12's comprehensive care plan initiated 09/05/21, reflected Resident #12 was at risk for malnutrition. The care plan interventions included: monitor/document meal intake, offer diet as ordered by the physician and update food preferences as needed.</p> <p>Record review of Resident #12's physician order summary report, dated 07/23/25, reflected regular texture, regular consistency, double meat/protein portions all meals with a start date 03/12/24.</p> <p>Record review of Resident #12's lunch meal ticket dated 07/21/25, reflected entrée: large meat portion only. The entrée was 2 cheese manicottis with marinara.</p> <p>During a dining observation and interview on 07/21/25 at 12:45 p.m., RN A was checking the meal trays for the hall cart. RN removed the cover to Resident #12's tray and stated, "that not enough." RN placed the cover back and moved onto the next resident. Resident #12 received 1/2 serving of the entrée which was 1 cheese manicotti with marinara. After the state surveyor intervention RN stated Resident #12 was supposed to receive double portions.</p> <p>During an interview on 07/21/25 at 1:15 p.m., Resident #12 stated he had never received double meat with his meals until today (07/21/25). Resident #12 stated he was unaware that he was supposed to received double meat.</p> <p>2. Record review of Resident #28's face sheet dated 07/23/25 indicated he was an [AGE] year-old male who admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses of non-pressure chronic ulcer of the buttocks, major depressive disorder, high blood pressure, and anxiety.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #28's other payment MDS dated [DATE] indicated he made himself understood. The MDS also indicated he had a BIMS score of 14 which meant he was cognitively intact. The MDS also indicated Resident #28 required setup and supervision for eating. Resident #28 did not have a 5% weight loss or more in the last month or loss of 10% or more in last 6 months.</p> <p>Record review of Resident #28's comprehensive care plan dated 03/01/21 and last updated 05/26/25 indicated he was at risk for malnutrition. The care plan interventions included: monitor/document meal intake, offer diet as ordered by the physician and update food preferences as needed.</p> <p>Record review of Resident #28's physician order summary report dated 07/23/25 indicated he had an order for a regular diet mechanical soft texture, regular consistency, add extra salt to meals, large protein portions with meals with a start date 03/28/24.</p> <p>During a dining observation and interview on 07/21/25 at 1:00 PM, RN A was checking the meal trays for the hall carts while surveyor was observing the trays. RN A removed the cover to Resident 28's tray and stated, "that not enough." RN A asked the kitchen staff to provide another portion of the cheese manicotti with marinara after surveyor intervention because his lunch card indicated large protein portion. The kitchen staff handed her another portion of the cheese manicotti with [NAME] on a separate covered plate.</p> <p>During an observation and interview on 07/21/2025 at 1:05 PM Resident #28 was in bed eating his lunch. Resident #28 said he was enjoying his lunch and having all that food" . Resident #28 said he did not normally receive that much food on his tray.</p> <p>During an interview on 07/21/25 at 2:50 p.m., Dietary Manager B stated she was from a sister facility and came over to assist the facility dietary manager because she was by herself. Dietary Manager B stated the Director of Food and Nutrition had fixed Resident #12's tray prior to her correcting the discrepancy. Dietary Manager B stated Resident #12 should have received 4 cheese manicottis with marinara instead of 1. Dietary Manager B stated it was important to ensure residents received the correct diet order for proper nutrients and prevent further weight loss.</p> <p>During an interview on 07/21/25 at 3:06 p.m., the Director of Food and Nutrition stated she was the dietary manager for the facility and was aware of Resident #12 receiving double meat/protein portions. The Director of Food and Nutrition stated she did not have his lunch meal ticket while preparing his tray which she was supposed to. The Director of Food and Nutrition stated he should have received 4 cheese manicottis with marinara. The Director of Food and Nutrition stated the reason she believed he was receiving double meat/protein because he did not like vegetables so receiving double protein would help with his calorie intake. The Director of Food and Nutrition it was important to ensure residents received the correct diet order to prevent weight loss.</p> <p>During a telephone interview on 07/22/25 at 3:49 p.m., the Dietitian stated Resident #12 received double meat/protein related to a non-pressure wound to his RLE that currently had resolved and she expected Resident #28 to receive double protein portions as well due to a previous weight loss. The Dietitian stated she expected double servings of protein and large portions of protein which would have been 4 cheese manicottis with marinara. The Dietician stated it was important for the diet order to be followed until she come to assess the residents to see if the order needed to be change.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/23/25 at 9:46 a.m., the Medical Director stated he expected the diet orders to be followed. The Medical Director stated it was important for Resident #12 to received double meat/protein to help with wound healing and to build muscle and he expected Resident #28 to receive double protein portions to ensure no further weight loss.</p> <p>During an interview on 07/23/25 at 3:57 p.m., the DON stated she expected the diet order to be followed. The DON stated the Director of Food and Nutrition was responsible for responsible for monitoring diet orders. The Administrator stated it was important to ensure Resident #12 and Resident #28 received double meat/protein to prevent weight loss.</p> <p>During an interview on 07/23/25 at 5:21 p.m., the Administrator stated she expected the diet order to be followed. The Administrator stated the Director of Food and Nutrition was responsible for monitoring diet orders. The Administrator stated she oversees the kitchen by random spot checks several times a week and has not had any issues with staff not following the diet orders. The Administrator stated it was important to ensure Resident #12 and Resident #28 received double meat/protein for nutrition.</p> <p>Record review of the facility policy "Large Portions Diet undated indicated:</p> <p>We will add extra calories and protein to the regular diet as appropriate. Large portions may be used to promote weight gain if the resident has a good appetite or to satisfy the resident with a large appetite. Extra food items are added to the regular diet throughout the day. This diet provides the recommended Dietary Allowances for all nutrients. This diet provides over 2800 calories, 120 grams of protein per day.</p> <p>Procedure:</p> <p>Serve the Regular (or consistency modified) diet per the menu with additional foods as indicated;</p> <p>Lunch and Dinner</p> <p>Soups, salad, bread, starch, vegetable, fruit, condiments, beverages and desserts per regular menu portions</p> <p>Double servings of entr&eacute;e/protein portions;"</p>		

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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 - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</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 for 1 of 1 ice machine reviewed for kitchen sanitation. The facility failed to ensure the ice machine, stored in the kitchen area, was free from a pink like substances on it and black like substance in the scoop container on 07/21/25. This failure could place residents at risk for foodborne illness. Findings included: During an observation on 07/21/25 at 9:07 a. m., revealed the ice scoop located in the main area of the kitchen had a pink like film on it. The ice container that held the ice scoop had some black and brown film inside of it. During an observation and interview on 07/21/25 at 9:10 a.m., the Director of Food and Nutrition came out of the kitchen and observed the ice scoop had some pink like substance on the ice scoop and the ice scoop holder had some black and brown film in the bottom of it. She said the kitchen staff were responsible for cleaning the ice scoop and holder. She said she was not sure about the cleaning schedule but said they clean the ice scoop daily and the ice scoop holder monthly. The Director of Food and Nutrition immediately took the ice scoop and the ice scoop holder and washed it. The Director of Food and Nutrition said the ice scoop holder was gross and since both were dirty it could lead to infection control issues. During an interview on 07/23/25 at 5:17 p.m., the DON said the kitchen staff were responsible for cleaning the ice scoop and ice scoop container. She said she was not aware of the cleaning schedule but knew they should be clean to prevent residents' from becoming sick. During an interview on 07/23/25 at 5:23 p.m., the Administrator said she did not expect for the ice scoop or the ice container to be dirty. She said the dietary staff was responsible to ensure the ice scoop and ice scoop container was clean. She said failure to keep clean could cause infection control issues and illness. Record review of the facilities policy titled, Equipment Sanitation, from the Dietary Services Policy & Procedure Manual dated 2012, indicated, We will provide clean and sanitized equipment for food preparation. The facility will clean all food service equipment in a sanitary manner. Procedure:f All equipment and utensils shall be sanitized by one of the following methods:g. Immersion for at least one-half minute in clean, hot water at a temperature of at least 180 degrees F.h. Immersion for a period of at least one minute in a sanitizing solution containing: At least 50 ppm of available chlorine at temperature not less than 75 degrees F. At least 12.5 ppm of available iodine in a solution having a pH higher than 5.0 and a temperature of not less than 75 degrees F. Any other approved chemical-sanitizing agent containing at least 150-400 ppm of quaternary ammonia at a temperature of approximately 70 degrees F. Record review of the facilities policy titled, Equipment Sanitation, from the Dietary Services Policy & Procedure Manual dated 2012 and revised 4/25, indicated, We will ensure that all employees practice infection control in the Food and Nutrition Services Department, and maintain sanitary food preparation. Procedure: #1. Personal cleanliness is required in sanitary food preparation. Employees should follow general sanitation guidelines from the Center of Disease Control (CDC) and the state food code when working in the Food and Nutrition Department. #5. Equipment Sanitation: a. All kitchenware and food contact used in the preparation and/or serving of food are cleaned and sanitized before use and cleaned after each meal preparation. Sanitizing agents are used for cleaning all surfaces.</p>		