

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER Pampa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1321 W Kentucky Pampa, TX 79065	
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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0584</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 and interview the facility failed to provide a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely for 2 (Resident #4 and Resident #12) of 12 resident's reviewed for homelike environment.1. The facility failed to ensure Resident #4 stored her chips in an airtight, sealed container.The facility failed to ensure Resident #4's personal refrigerator temperature was checked daily.2. The facility failed to ensure Resident #12's personal refrigerator was cleared of old food. These failures could place residents at risk of pests and/or food borne illness.Findings Included:1. Record review of Resident #4's admission record dated 07/22/25 revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included, but were not limited to, epilepsy (disorder that causes abnormal brain function, seizures), Parkinson's disease (chronic and progressive movement disorder that initially causes tremors in one hand and stiffness or slowing of movement), and mild cognitive impairment.Record review of Resident #4's quarterly MDS assessment completed on 05/16/25 revealed a BIMS score of 15 which indicated intact cognition. Resident #4 was coded to use a walker and a wheelchair. She was independent across all ADLs except for bathing where she needed partial/moderate assistance, walking where she needed supervision or touching assistance, and eating where she needed set up or clean up assistance.Record review of Resident #4's care plan completed 05/01/25 revealed no mention of personal food storage or a personal refrigerator.During an observation of Resident #4's room on 07/21/25 at 09:46 AM an open bag of barbeque potato chips was observed with the top of the bag standing open. The bag of potato chips was sitting on some clothes on top of a box at the end of Resident #4's bed. A bag of tortilla chips that was half full was observed sitting on top of Resident #4's refrigerator. The top of the bag was folded over once.During an observation of Resident #4's room on 07/22/25 at 10:24 AM the refrigerator temperature log for Resident #4's refrigerator was on the floor under the curtain that separated Resident #4's area of the room from her roommate's area of the room. The refrigerator contained sodas, individual puddings, and popsicle's. The log had no temperature entries for 07/21/25. Resident #4's tortilla and potato chip bags, each approximately half full, were both sitting on the top of the refrigerator with their open tops folded over once.During an observation and interview on 07/22/25 at 10:27 AM Resident #4 was seated in her wheelchair in the doorway to her room. She stated she thought staff had cleaned her refrigerator out one time. She stated staff had not spoken to her about keeping her chips in a sealed container with a lid.During an observation on 07/23/25 at 08:51 AM Resident #4's potato and tortilla chip bags were both on top of her refrigerator with the tops of the bags folded over one time.2. Record review of Resident #12's admission record dated 07/22/25 revealed an [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included, but were not limited to, unspecified dementia (a group of thinking and social symptoms that interferes with daily functioning) and Alzheimer's disease (a progressive disease that destroys memory and other important mental functions).Record review of Resident #12's quarterly MDS assessment completed on 05/29/25 revealed a BIMS score of 13 which indicated intact cognition. Resident #12 was coded to use a walker. She was independent across all ADLs except for bathing where she needed partial/moderate assistance and eating where she needed set up or clean up assistance. Record review of Resident #12's care plan completed 05/22/25 revealed no mention of personal food storage or a personal refrigerator.During an observation of Resident #12's room on 07/21/25 at 09:56 AM her personal refrigerator contained one, unopened bottle of soda, and a cheeseburger from a fast-food restaurant wrapped in the paper wrapper from the restaurant. The cheeseburger was hard to the touch. During an observation of Resident #12's room on 07/22/25 at 10:25 AM her personal refrigerator temperature log was up to date and signed every day of the month through 07/22/25. The cheeseburger was still in the refrigerator as was the unopened bottle of soda. The appearance of the cheeseburger when unwrapped from the paper wrapper was very dry, hard, and desiccated.During an observation of Resident #12 refrigerator on 07/23/25 at 08:53 AM her refrigerator temperature log was filled in for 07/23/25 and the cheeseburger was still in her refrigerator.During an observation and interview on 07/23/25 at 12:09 PM Resident #12 was seated in the dining room. She stated she knew the cheeseburger was in her refrigerator and she knew it was old and needed to be thrown away. She stated she was not going to eat the cheeseburger. Resident #12 stated, It's been in there a while.During an interview on 07/23/25 at 08:44 AM CNA B stated she had worked for the facility for a year and a half. She stated she worked for the facility</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record reviews, the facility failed to develop and implement a comprehensive person-centered care plan for each resident that included measurable objectives and timeframes to meet residents' medical, nursing and mental and psychosocial needs for 1 of 12 residents (Resident #42) whose care plans were reviewed. The facility failed to ensure Resident #42's care plan addressed the resident's need for oxygen therapy.</p> <p>This deficient practice could result in residents not receiving the appropriate and necessary care and services.</p> <p>Findings included:</p> <p>Record review of Resident #42's Face Sheet dated 7/22/2025, revealed an [AGE] year-old female resident admitted to the facility on [DATE] with diagnoses including but not limited to: Congestive Heart Failure (is a long term condition where the heart cannot pump blood effectively leading to fluid build up in the lungs), asthma (long term inflammatory disease of the lungs).</p> <p>Record review of Resident #42's MDS, dated [DATE], revealed that Resident #42 was to receive oxygen therapy. The ARD date for MDS was 07/09/2025. The MDS did reveal that Resident #42 had a BIMS score of 13, which indicated Resident #42 did not have any cognitive impairment. Resident #42 required substantial/maximal assistance was required for shower/bathing. Resident #42 required setup/clean-up assistance with oral and personal hygiene and eating.</p> <p>Record review of Resident #42's active medication orders, dated 07/22/2025, revealed Resident #42 had an oxygen order that reflected: "May use oxygen @ 2 L per NC to maintain sats @ =/> 90% and/or SOB. every shift for SOB Verbal Active ordered date: 04/03/2025, start date 04/04/2025";</p> <p>Record review of Resident #42's care plan, dated 03/26/2025, revealed nothing regarding Resident #42 receiving oxygen therapy.</p> <p>During an interview and observation on 07/22/2025 at 11:30 AM Resident #42 stated that she had been on oxygen for a long time due to being a heart patient. Resident #42 looked over the side of her bed and stated, "Yeah, it is on the right amount";</p> <p>During an observation on 07/22/2025 at 11:35 AM revealed Resident #42 had a NC on and the oxygen concentrator was delivering oxygen on 4.5L/min. to Resident #42.</p> <p>During an observation on 07/22/2025 at 01:15 PM revealed Resident #42's oxygen concentrator was set at 4.5L/min and Resident #42 had a NC on and was receiving oxygen at time of observation.</p> <p>During an interview on 07/22/2025 at 02:45 PM MD stated that if a resident was having out of the ordinary issues such as pneumonia, there could be a change in treatment strategy. MD stated if the resident had advanced COPD the O2 could be at a 4.5L/min depending on residents current status. Otherwise, it would be titrated to manage a O2 saturation at 92% or greater.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 07/23/2025 at 08:57 AM Resident #42 had a NC on and oxygen concentrator was delivering oxygen on 4.5L/min. to Resident #42.</p> <p>During an interview on 07/23/2025 at 9:01 AM Interview with MDS Nurse stated that she and the DON were responsible for updating the Care plans. MDS nurse stated that the negative outcome for not having an updated care plan would be that the resident would not be receiving the appropriate care that they need.</p> <p>During an interview on 07/23/2025 at 9:24 AM Interview with DON stated that she and the MDS nurse were responsible for updating the CP's. DON was responsible for changes and updates and MDS nurse performs the initial CP. DON stated the negative outcome for not updating the CP to mirror the MDS assessment puts the Residents at risk for not receiving the care that they need.</p> <p>During an interview on 07/23/2025 at 9:48 AM Interview with LVN A stated she rarely ever looks at the CP. LVN A stated a negative outcome for not having an updated CP, LVN A stated it could lead to not knowing what the patient needs in the way of their care.</p> <p>Record review of the facility provided policy titled, "Care Plans, Comprehensive Person-Centered", revised March 2022, revealed the following:</p> <p>"Policy Statement</p> <p>A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. . . .</p> <p>3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. . . .</p> <p>7. The comprehensive, person-centered care plan;</p> <p>a. Includes measurable objectives and timeframes;</p> <p>b. Describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including: . . .</p> <p>(3) which professional services are responsible for each element of care; . . .</p> <p>e. Reflects currently recognized standards of practice for problem areas and conditions. . . ."</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that residents who need respiratory care were provided such care consistent with professional standards of care for 1 of 12 residents (Resident #42) reviewed for respiratory care.</p> <p>The facility failed to administer oxygen at the correct dose for Resident #42.</p> <p>This failure could affect all residents on oxygen therapy by placing them at risk for respiratory compromise and associated complications such as shortness of breath, confusion, respiratory failure, and exacerbation of their condition.</p> <p>Findings included:</p> <p>Record review of Resident #42's face sheet, dated 07/22/2025, revealed Resident #42 was a [AGE] year-old female resident admitted to the facility on [DATE] with diagnoses to include type 2 diabetes mellitus without complications (a condition where blood sugar levels are persistently high due to either the body's inability to use insulin effectively (insulin resistance) or the pancreas doesn't produce enough insulin, or both), essential hypertension (a condition in which the force of blood against the walls of the arteries is consistently elevated above normal levels), chronic combined systolic (congestive) and diastolic (congestive) heart failure, rheumatoid arthritis, sleep apnea, unspecified asthma, and heart failure.</p> <p>Record review of Resident #42's MDS, dated [DATE], revealed that Resident #42 was to receive oxygen therapy. The ARD date for MDS was 07/09/2025. The MDS did reveal that Resident #42 had a BIMS score of 13, which indicated Resident #42 did not have any cognitive impairment.</p> <p>Record review of Resident #42's active medication orders, dated 07/22/2025, revealed Resident #42 had an oxygen order that stated: "May use oxygen @ 2 L per NC to maintain sats @ =/> 90% and/or SOB. every shift for SOB Verbal Active ordered date: 04/03/2025, start date 04/04/2025"</p> <p>Record review of Resident #42's care plan, dated 03/26/2025, revealed nothing regarding Resident #42 receiving oxygen therapy.</p> <p>During an interview and observation on 07/22/2025 at 11:30 AM Resident #42 stated that she had been on oxygen for a long time due to being a heart patient. Resident #42 looked over the side of her bed and stated, "Yeah, it is on the right amount"</p> <p>During an observation on 07/22/2025 at 11:35 AM Resident #42 had a NC on and oxygen concentrator was delivering oxygen on 4.5L/min. to Resident #42.</p> <p>During an observation on 07/22/2025 at 01:15 PM revealed Resident #42's oxygen concentrator set at 4.5L/min and Resident #42 had NC on and receiving oxygen at time of observation.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/22/2025 at 02:45 PM MD stated that if a resident was having out of the ordinary issues such as pneumonia, there could be a change in treatment strategy. MD stated if the resident had advanced COPD the O2 could be at a 4.5L/min depending on residents current status. Otherwise, it would be titrated to manage a O2 saturation at 92% or greater.</p> <p>During an observation on 07/23/2025 at 08:57 AM Resident #42 had a NC on and oxygen concentrator was delivering oxygen on 4.5L/min. to Resident #42.</p> <p>During an interview on 07/23/2025 at 09:01 AM MDS nurse stated it was not common practice to have a resident on 4.5L/min of oxygen. MDS nurse stated the facility had a standing order for 2-3L/min to maintain an O2 saturation of 92% or greater. MDS nurse was asked If a resident has some type of respiratory distress caused by pneumonia, flu, or COVID would the oxygen be titrated to maintain the O2 saturation of 92% or greater, MDS stated No usually it is just medications that are changed.</p> <p>During an interview on 07/23/2025 at 09:24 AM Interview with DON stated that the negative outcome for having an oxygen concentrator set to high could lead to the resident becoming more dependent upon oxygen.</p> <p>During an interview on 07/23/2025 at 09:48 AM Interview with LVN stated that she checks Resident #42's oxygen saturation levels all of the time. LVN was asked if she observed the concentrator to see what it is set to, LVN stated that she had not. LVN stated that a negative outcome for having oxygen to high could lead to overload for the resident.</p> <p>Interview on 07/23/2025 at 09:52 AM Interview with DON stated NP was made aware that Resident #42's oxygen level was increased by the day shift nurse (LVN C). NP let the DON know that she would like for the level to be returned to the 2L/min. No new orders were provided to DON during her phone call to NP.</p> <p>Record review of the facility provided policy titled, "Oxygen Administration", revised October 2010, revealed the following:</p> <p>&ldquo;Purpose</p> <p>The purpose of this procedure is to provide guidelines for safe oxygen administration.</p> <p>Preparation</p> <p>1. Verify that there is a physician's order for this procedure. Review the physician's orders for facility protocol for oxygen administration. &hellip;&rdquo;</p>		