

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Wharton Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1220 Sunny Lane Wharton, TX 77488	

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 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** 36232</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at S483.10(c)(2) and S483.10(c)(3), that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 8 residents (Resident #81) whose comprehensive person-centered care plans were reviewed.</p> <p>The facility failed to ensure that Resident #81's diagnosis of depression was a focus area in the resident's comprehensive care plan.</p> <p>This deficient practice could affect residents by failing to ensure residents received appropriate care for their health conditions.</p> <p>The findings included:</p> <p>Record review of Resident #81's face sheet dated 08/21/2024 revealed the resident was a [AGE] year old female admitted to the facility on [DATE] with diagnoses including: Alzheimer's disease (a progressive brain disorder that causes memory loss, confusion, and other cognitive decline), depression (a common mental health condition characterized by persistent feelings of sadness, loss of interest, and low energy levels) and hyperlipidemia (a condition characterized by high levels of fats in the blood).</p> <p>Record review of Resident #81's admission MDS dated [DATE] revealed a BIMS of 04, indicating severely impaired cognition. Further review of this MDS revealed Depression (other than bipolar) was checked in Section I - Active Diagnoses.</p> <p>Record review of Resident #81's comprehensive care plan, updated 02/11/2025, revealed the diagnosis of depression as was not listed as a focus area.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/27/2025 at 2:47 PM, MDS RN B stated a focus area of Depression was missing from Resident #81's comprehensive care plan, and this diagnosis should have been noted as a focus area. The resident recently discontinued use of all psychotropic medications, and when the focus area listing the medications was removed from the care plan, the diagnosis of depression was inadvertently removed as well. RN B usually did not list the diagnosis and medications together in one focus area and she did not know why she had done so this time. RN B was responsible for updating care plans, and they were updated quarterly or when there was a significant change requiring an update. It was important the diagnosis of depression was a focus area to ensure the resident was monitored for signs and symptoms of the depression and received appropriate treatment and care. The MDS RN received yearly training on the latest updates to MDS and care plans.</p> <p>During an interview on 03/27/2025 at 3:30 PM the Regional Nurse Consultant stated Resident #81's diagnosis of depression needed to be a focus area in the resident's care plan even if the resident was not taking medication to ensure all her needs are addressed.</p> <p>Record review of the facility's policy Comprehensive Care Plans implemented 10/24/2022 revealed: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychological needs that are identified in the comprehensive assessment. 5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment. 6. The comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented, as needed.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>36232</p> <p>Based on observation, interviews 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 kitchen reviewed for kitchen sanitation.</p> <ol style="list-style-type: none"> The facility failed to store a mop in the proper position in the utility closet. The facility failed to store bowls and cups properly. The facility failed to ensure the food preparation area was free of personal food and beverage items. <p>These deficient practices could place residents who received meals and snacks from the kitchen at risk for food borne illness.</p> <p>The findings were:</p> <ol style="list-style-type: none"> Observation on 03/25/2025 at 10:58 AM revealed a soiled mop was stored head-side down in the drain compartment of a mop bucket in the utility closet. There was dirty water in the bottom of the bucket. The mop was not in use at the time of the observation. <p>During an interview on 03/25/2025 at 11:19 AM, the regional dietary manager stated the mop should have been stored in an upright position on one of the hooks inside the utility closet to ensure it dried properly and did not harbor bacteria.</p> <ol style="list-style-type: none"> Observation on 03/25/2025 at 11:31 AM in the dish room revealed there were 14 trays of plastic bowls, each with 11-12 bowls, stored face-down on wet trays. There were also two trays of translucent plastic cups, one with 42 cups and one with 15 cups, stacked on top of each other and face-down on wet trays. <p>During an interview on 03/25/2025 at 11:32 AM, the regional dietary manager stated the trays were missing air-drying nets separating the bowls and cups from the trays. It was important to ensure clean dishes were air-dried to prevent the potential accumulation of germs and bacteria which could lead to foodborne illness.</p> <ol style="list-style-type: none"> Observation on 03/27/2025 at 10:23 AM in the kitchen revealed a quart-sized plastic container next to the toaster with contents resembling a chopped salad. There was no label or date indicating the contents of the container or a use-by date. Further observation revealed a large Styrofoam cup filled with ice and a brown liquid on a shelf below the container. There was no lid on the cup. <p>During an interview on 03/27/2025 at 11:26 AM, [NAME] C stated the container belonged to her and was salsa for her lunch. The cup with the brown beverage without the lid was also hers. She knew personal food items should not be stored in the food preparation area of the kitchen and had no explanation as to why the items were there.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/27/2025 at 11:27 AM, the DM stated the personal food item belonging to [NAME] C should not have been in the food preparation area of the kitchen and the cup should have been covered. All dietary staff had been trained on the proper place to store personal food and to cover beverages. He conducted training for staff upon hire and monthly.</p> <p>Record review of the facility's policy Janitor's Closet approved 10/01/2018 revealed, Policy: The facility will maintain the janitor's closet in a sanitary manner to minimize the risk of food hazards. The janitor's closet will be cleaned once per week or more often as needed. 8. Mops and brooms must be stored head up.</p> <p>Record review of the facility's policy Mechanical Cleaning and Sanitizing of Utensils and Portable Equipment approved 10/01/2018 revealed, Policy: The facility will follow the cleaning and sanitizing requirements of the state and US Food Codes for mechanical cleaning in order to ensure that all utensils and equipment are thoroughly cleaned and sanitized to minimize the risk of food hazards. 9. Air dry all equipment and utensils after sanitizing. Handle cleaned and sanitized equipment and utensils and all single-service articles in a way that protects them from contamination.</p> <p>Record review of the facility's policy Employee Sanitation approved 10/01/2018 revealed, Policy: The Nutrition & Foodservice employees of the facility will practice good sanitation practices in accordance with the state and US Food Codes in order to minimize the risk of infection and food borne illness. e. Employees will not eat or drink in food storage and preparation areas, or in areas containing exposed food or unwrapped utensils, or where utensils are cleaned or stored.</p> <p>Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed:</p> <p>6-501.16 Drying Mops. After use, mops shall be placed in a position that allows them to air-dry without soiling walls, equipment, or supplies.</p> <p>4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles.</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> <p>2-401.11 Eating, Drinking, or Using TOBACCO PRODUCTS.</p> <p>(A) Except as specified in (B) of this section, an EMPLOYEE shall eat, drink, or use any form of TOBACCO PRODUCTS only in designated areas where the contamination of exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES; or other items needing protection can not result.</p> <p>(B) A FOOD EMPLOYEE may drink from a closed BEVERAGE container if the container is handled to prevent contamination of:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(1) The EMPLOYEE'S hands;</p> <p>(2) The container; and</p> <p>(3) Exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131</p> <p>Based on observation, interview, and record review, the facility failed to establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment, as well as to help prevent the development of communicable diseases and infections, for 1 of 3 residents (Resident #47) reviewed for infection control.</p> <p>The facility did not ensure that LVN (A) followed proper infection control practices, including hand hygiene /glove changes, while checking Resident #47's blood sugar.</p> <p>This failure could place residents at risk of contracting disease and infection.</p> <p>The findings included:</p> <p>Record review of Resident # 47's Face sheet, dated 3/27/25, revealed a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis that included Type 2 diabetes (a disorder when the body cannot use insulin correctly and sugar builds up in the blood), Hyperlipidemia (excess of lipids or fats in your blood) and Hypertension (a common condition that affects the body's arteries).</p> <p>Record review of Resident # 47's quarterly MDS, dated [DATE], revealed a BIMS score of 6, which indicated the resident had severely impaired cognition for daily decision making.</p> <p>Record review of Resident # 47's care plan, dated 10/17/24, revealed that Resident #47 has a need for enhanced barrier precautions with interventions to wear gloves.</p> <p>Record review of Resident #47's order summary, dated 3/27/25, revealed an order for enhanced barrier precautions: PPE required for high resident contact care activities.</p> <p>During an observation on 3/27/25 at 8:35 AM, LVN (A) administered all morning scheduled GT medications to Resident #47 while wearing gloves and then proceeded to check the resident's blood sugar and did not change gloves.</p> <p>During an Interview with LVN (A) on 3/27/25 at 8:50 AM, she stated she should have changed gloves after completing GT medications for Resident # 47 and then proceeded to check his blood sugar without changing gloves. LVN (A) stated she cross-contaminated while providing care to resident #47, therefore increasing his risk for infection and added that this error in deficient practice occurred as she was nervous because she is not used to being observed by a state surveyor.</p> <p>During an interview on 3/27/25 at 11:23 a.m., the ADON stated that LVN (A) should have sanitized or washed her hands between glove changes to disinfect her hands and to get rid of organisms. The ADON stated she had trained all staff a few months ago on infection control practices; however, LVN (A) was recently hired and had not been checked off on infection control practices. The ADON further stated that not practicing proper hand hygiene was a potential for spreading germs and a risk of infection to resident # 47.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/27/2025 at 3:18 PM, the Administrator expressed agreement with the Assistant Director of Nursing's expectations for infection control and prevention. She noted that the building is currently undergoing a transition in leadership, which will help ensure that these issues do not occur again.</p> <p>Record review of the facility's policy titled Infection Prevention and Control Program revealed that hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures.</p>		