STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675361	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wharton Nursing and Rehabilitation Center	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to ensure dialysis residents received services consistent with standards of practice, comprehensive person-centered care plan, and the residents' goals and preferences for 1 out of 5 residents (Resident # 2) reviewed for quality of care. The facility failed to document Resident # 2 dialysis communication sheets of snack or food prior to dialysis treatment, list specific chair time of treatment and record all vitals once Resident #2 returned from treatment.The facility failed to document the monitoring of Resident # 2's daily nutrition intake for all meals, refusal of meals, as well as any meal substitutions or offers.This failure could place dialysis residents at risk of not receiving adequate care and services, lethargy, weakness, and dialysis residents with diabetes at risk for low blood sugar and or hypoglycemia resulting in decreased quality of life. Findings include: Resident # 2 Record review of Resident # 2;s admission record revealed a [AGE] year-old male with current admission date of 3/16/2026 and original admission date of 3/19/2024. Diagnoses were End-Stage Renal Disease (Stage 5 chronic kidney disease, occurs when the kidneys lose 85% to 90% of their function), Dependence on Renal Dialysis (is a life-sustaining treatment for end-stage renal disease (ESRD) when kidneys lose 85-90% of their function), Moderate Protein-Calorie Malnutrition (a condition where inadequate intake of food-specifically macronutrients like protein and calories-leads to physical decline), Type 2 Diabetes Mellitus with Hyperglycemia (occurring when the body cannot effectively use insulin (insulin resistance) or produce enough of it). Record review of Resident #2's Quarterly MDS dated [DATE] had a BIMS score of 9 indicating resident was able to communicate needs and recall information and treatments included Dialysis. Record review of Resident # 2's Care Plan last reviewed on 4/9/2026 indicated Resident # 2 required dialysis related to CKD- chronic kidney disease (general term for gradual, long-term kidney damage). Intervention included encourage dialysis treatment Monday, Wednesday, Friday, monitor vital signs every shift. Further review indicated a focus for Resident # 2 of unplanned/unexpected weight loss and is at risk for malnutrition. Staff interventions included alert dietician, give supplements as ordered, monitor and record food intake at each meal. Record review of Order Summary Report active order as of 5/28/2026 indicated Resident # 2 was to receive dietary supplement of Nepro (a specialized, calorically dense nutrition shake) three times a day for weight loss, decreased appetite order date 5/14/2026. Further review indicated a Renal - Liberalized diet order for high protein snack between meals order date 11/26/2025. Record review of Resident # 2 Dialysis Communication Forms dated 5/11/2026, 5/13/2026, 5/18/2026, 5/20/2026, 5/22/2026, 5/25/2026 indicated resident was sent to dialysis treatment from facility without a snack or food. Further review dated 5/11/2026, 5/13/2026, 5/18/2026, 5/20/2026,5/22/2026 did not indicate day and/or chair time for treatment or completion of assessment and observation post-dialysis on 5/20/2026 and 5/25/2026. Record review of Resident #2 Progress Notes from (4/27/2026 to 5/28/2026) dated 5/11/2026 and 5/12/2026 did not indicate Resident#2 was sent to dialysis with high calorie snack or received a meal prior to dialysis with medication due to missed scheduled time at the facility. * Further review of Progress note dated 5/15/2026 read in part Resident # 2 experienced a hypoglycemic episode (occurs when blood sugar drops below 70 mg/dL. Mild symptoms include shakiness, sweating, and confusion) due (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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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to refusal of meal tray after receiving scheduled insulin dosage. Progress note dated 5/15/2026 indicated Resident # 2 did not eat snack at 10:30am or lunch tray and meal replacement shake was given after hypoglycemic episode occurred. * Further review of Resident # 2 progress notes dated 5/11/2026, 5/13/2026, 5/18/2026, 5/20/2026,5/22/2026 did not indicate food intake recorded daily for each meal nor any refusals or substitutions. Interview on 5/28/2026 at 1:23pm with DON did not provide facility policy and procedures that included a policies for resident care, process or procedures regarding outside services for dialysis treatment. DON stated the facility does not have such policies. Record review of Dialysis Compliant Agreement contact indicated the facility retains primary responsibility for the development and implementation of the residents plan of care. The facility and provider will coordinate and develop plan of care that includes day, date and times of dialysis treatment, transportation, information transmitted to provider by facility, information transmitted to the facility by provider, and dialysis access orders. Contract also indicated facility must educate its staff's ability to perform interventions, if necessary, of monitoring nutritional needs. In an interview on 5/26/2026 at 2:18 p.m., Resident # 2 said he does not like the food the facility provides and will have family bring him food. He said the staff do not offer another meal or snack if he does not like the food. Resident # 2 said he does not get a meal or snack prior to dialysis treatment and will eat something when he returns. In an interview on 5/26/2026 at 2:18 p.m., Family Member said Resident # 2 often did not eat the facility meals and they will need to bring food for Resident # 2 to eat. FM * said when Resident #2 missed meals they were not notified by the facility so someone could bring something else for Resident # 2 to eat. FM* said there was concern about him eating every day and if the facility knows when he has missed meals. In an interview on 5/27/2026 at 10:28 a.m., Resident # 2 said he has refused meals due to meals being cold and staff not doing anything about that. He said he will eat personal snacks due to cold food and not being offered anything else or warming his food. In an interview on 5/27/2026 at 2:21 p.m., CNA A said she reviewed residents care plans on the computer and will ask the nurse about any resident care needs or changes. She said she was informed by transportation that Resident #2's dialysis schedule was changed from 5 am to later in the afternoon today. She said meals are provided depending on the time Resident # 2 goes to dialysis. CNA A said he got a shake in the morning as a meal replacement but did not believe he received any snacks or food prior to dialysis treatments. She said Resident # 2 will usually get a meal when he returns from dialysis. CNA A said dialysis residents need to eat prior to dialysis since the treatment takes a lot out of them and they are weak or tired. In an interview on 5/28/2026 at 12:18 p.m., the Dietitian said residents are to be offered another meal equal in nutrition or given a med pass/ shake. The Dietitian said residents on dialysis need to be sure they are receiving enough protein and should leave with a snack on the way to dialysis by nursing staff or dietary. She said the risk of not getting enough nutrition needed for their daily intake for dialysis residents are often tired and lethargic after treatment. She said his intake was usually 50% - 100% of meals according to nursing notes (progress note), although Resident # 2 reported to her that his meal intake varies due to refusal or wanting something else. The Dietitian said on 5/15/2026 there was a nursing note (progress note) of Resident # 2 refusal of meal and a change in condition. She said she was usually at the facility 3x monthly and would follow up with the residents after any concerns. The Dietitian did not have a recent documented note or recollection of Resident # 2's nutrition or meal refusals or lack of substitutions. Attempted interview on 5/28/2026 at 1:36 pm and 1:41 pm with Dialysis Treatment Center. Surveyor left call back information on voicemail. Interview on 5/28/2026 at 1:23 p.m., the ADON said she reviews resident care plans and assessments. The ADON said interventions in care plans indicate why and what was needed, the goals, follow up and what will be achieved by using these interventions. The ADON said the dialysis communication form was how the facility and provider communicate about the residents interventions to and from the facility and what day and time that resident has treatment. She said if Resident # 2 had not been eating prior to dialysis there would be a potential risk due to Resident # 2 being diabetic and potential for hypoglycemia. ADON said Resident # (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2 should get a sack type lunch prior to leaving the facility for dialysis treatment. She said her expectation was that Resident # 2 would be given his meal later in the day or an alternative if he refused a meal. ADON said the facility was to call the resident's families when residents refused meals and see about an alternative. The ADON said the dialysis communication form was to be completed correctly to reflect the state of the resident prior to leaving the facility. The ADON said if the section for snacks/ food was blank on the dialysis communication form she would believe it was not given to the resident. The ADON said care plans would not include timeframes for non-pharmaceutical interventions like rehab or meals and that would be on the residents MAR. In an interview on 5/28/2026 at 2:58pm with DON said the facility had dialysis contracts but not a policy for dialysis care due to the facility not providing the treatment. She said the expectations for her staff were to ensure dialysis residents were dressed appropriately, complete dialysis communication sheet, and receive breakfast or lunch. DON said Resident # 2 had no issues with getting meals and was not aware of any missed meals or issues from missed meals. DON said the dialysis communicate sheet was used to inform the center if the resident received any medications, food, or had a change in condition. She said dialysis forms are never blank and always are completed with vitals and any updates from dialysis. DON said meals would be documented as given or not given not by amount in the ADL online system the CNAs use. DON said Resident # 2 would be given a shake prior to dialysis as an alternative to a snack or a meal for his morning chair time morning. DON said Resident # 2 dialysis chair time was not indicated in the care plan due times would change although Resident # 2 had the same chair time for majority of the time he received treatment. She said if there was a change in chair time it would come from transportation and they would call the facility.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure a resident with limited range in motion receives the treatment and services to increase range of motion, a person-centered care plan including specific interventions, equipment, frequency, duration and measurable objectives addressing hand contracture for 1 out of 5 residents (Resident # 4) reviewed for quality of care.The facility failed to ensure Resident #4's hand roll/ splint/ foam tubing was scheduled, used and monitored for left hand contracture and prevention of palm injury. The facility also failed to ensure Resident # 4 person-centered care plan addressed specific interventions with the use of equipment to address left hand contracture.This failure could place residents at risk diminished skin integrity, decreased range in motion resulting in a decreased quality of life.Findings include: Resident # 4 Record review of Resident # 4's admission record revealed an [AGE] year-old male with original admission date of 11/25/2020 and current admission date of 4/9/2025. Diagnoses were Stiffness of unspecified joint, Muscle Wasting and Atrophy, Upper Arm (wasting or loss of muscle mass in the biceps, triceps, or shoulders), Unsteadiness on Feet, Cognitive Communication Deficit (an impaired ability to speak, listen, read, write, or socialize effectively), Unspecified intellectual disabilities, and Poly Osteoarthritis (a condition where osteoarthritis affects five or more joints simultaneously) Record review of Resident # 4 Care Plan dated 5/15/2026 indicated:*Resident # 4 had skin integrity problem abrasion to left palm. Interventions indicated CNA to monitor skin daily and report to nurse, clean and dry hand before applying splint, keep nails cut and trimmed with date to be initiated 4/17/2026.*Resident # 4 risk for pain related to arthritis, left hand contracture with interventions of administer medication as ordered, anticipate needs, identify and record, monitor and document cause for pain, notify if interventions are unsuccessful, encourage different pain relieving methods like positioning, relation therapy, bathing, hot/cold application last revised on 12/16/2020.* Resident # 4 risk for physical mobility related to weakness, left hand contracted with interventions of abductor wedge, halo bars and padded, foam roll to left hand revised on 4/20/2026, monitor and report signs of contracture forming or worsening, thrombus formation, skin break down, last revised on 8/16/2021. Record review of Resident # 4's Order summary active orders as of 5/28/2026 did not indicate orthotic device or equipment of foam roller or abduction wedge for mobility intervention. Summary indicated abrasion to left palm - cleanse, pat dry with gauze, apply skin prep, and leave open to air as needed and every shift. Further review of Resident # 4 task list did not indicate frequency of foam roller use or splint. Record review of Resident # 4's Occupational Therapy Progress Report dated 4/13/2026 - 5/4/2026 indicated Resident # 4 received treatments of therapeutic exercises, group therapeutic procedures, orthotics/prosthetics with a frequency of 8 times a week for 3 weeks daily for 15 mins. The report also indicated a short-term goal that stated Resident # 4 would wear orthotic foam tubing in left palm for up to 2 hours and a long-term goal of up to 8 hours with minimal redness, swelling, discomfort or pain. Further review indicated reason for OT referral was due to evaluation and treatment for contracture management. History and complexities revealed Resident # 4 had digit contracture with wound in left palm from nail digging. Resident # 4 had a decrease in both hand and wrist range of motion. Resident # 4 recommendations for splint/ orthotics due to left hand contracture indicated Resident # 4 was to start with foam tubing and increase tubing size and eventually a orthotic carrot. OT Progress Report indicated Resident # 4 would benefit from plan of care in order to promote contracture management, positioning, and maintenance of prior level of functioning in any ADL's specified within a reasonable time frame and without risk to injury and skin integrity. Record review of Resident # 4's OT Progress report dated 4/27/2026 indicated the facility did not have a restorative program and the facility nursing staff would continue promoting participation in ADL task such as contracture management as Resident # 4 would be discharged from OT services as of (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/27/2026. Record review of Resident # 4 Occupational Therapy Progress Report dated 5/19/2026 - 6/17/2026 indicated Resident # 4 short term goal would wear ortho foam tube on left hand progressing to a hand roll due to 3rd, 4th, and 5th digit (finger) contracture for up to 2 hours and a long term goal for up to 6 hours with minimum signs of redness, swelling, discomfort or pain. Resident # 4 goals were to decrease risk of contracture and maintain contracture management. OT Progress report indicated splint/ orthotic recommendations was a carrot orthotic (a specialized, cone-shaped hand splint designed to manage severe hand contractures. By gently separating the fingers and keeping the palm open, it reduces muscle spasticity, relieves pressure, prevents nail puncture injuries, and improves hand hygiene and). Further review of Change of Condition Communication Form for Resident #4 dated 5/22/2026 read in part Patient has moisture maceration wound on palm surface due to finger digging into skin. an abrasion to left plan. cleansed, patted dry with gauze, applied skin prep and left open to air.Observation on 5/26/2026 at 3:44 pm, Resident # 4 was in wheelchair, left hand was contracted without a device in place. Observation on 5/27/2026 At 10:36 a.m., Resident # 4's left hand contracture was without hand splint or roller. In an interview on 5/27/2026 at 4:56 p.m., with Family Member said when she had spoken to rehab they would either tell her he refused therapy or he did not have therapy that week. Family Member said she was unaware when he had therapy or what was being done because she had not received any calls from the facility. She said the facility only called her to update Medicaid or Medicare paperwork but did not inform her of the therapy treatments Resident # 4 was receiving to help with his mobility. Family Member said she had not seen him with any hand devices when she visits and today did not see one on Resident # 4's left hand. She said she brought a hand type glove for his left hand because his hand would not open and his nails were digging into his skin. Family Member said she has spoken to the facility about concerns and said they are to call her about care plan meetings but says she never got the call. In an interview on 5/28/20226 at 9:37 a.m., the Rehab Director said most of the residents needing skilled come in with orders and will screen for speech and complete the eval within the first 3 days, said residents are screened for therapy need either PT, OT or speech within first 7 days. She said Resident # 4 was on PASRR services since 2021 and it is 5x a week 30 min session and is certification 6 months at a time, said it is habilitative PASRR PT to maintain range of motion of knees, and wheelchair mobility and bed mobility, said last year he received a new wheelchair. Said for PASRR OT is a level of maintaining, said he had a new contractor in hand and was first seen 5/4/2026 and was denied PASSRR and had to reapply through Medicare, said 5/19/2026 re eval for OT, said he should be screened 3 - 4 months. Rehab Director said the resident had has a soft foam tubing on the left hand for 7 hours between 9am - 3 pm. She said the purpose of the foam roller was to stop the nails from going into the skin and prevent further contraction and w/c mobility and avoid skin breakdown. She said if a resident refused therapy they will go back to try again or move it to another day to make it up and would note it in the therapy notes. In an interview on 5/28/2026 at 2:58 pm with DON said she was unaware of any concerns with Resident # 4 receiving rehab services or refusal of the services. She said Resident # 4 used a hand roller however it would not be listed in the care plan the length of time to use and not use the hand roller. DON said care plan listed as tolerated for the use of hand roller and PT consult as appropriate interventions included in Resident # 4 care plan regarding his left-hand contraction In an interview on 5/28/2026 at 1:23 pm with ADON said resident specific interventions state what the intervention is related to and why it is needed. She said it would also include goals and follow up. ADON said therapy (Rehab) did devices for hand rollers/splint and CNAs are sent to therapy for in-services on how to use the device. ADON said if there was an order for the hand roller or splint the nurse would ensure the device was used correctly. ADON said Resident # 4 had a different hand device like a hand sleeve, but it caused skin integrity issues. ADON said care plans should have time frames of when the assistive device was needed and recommendations from Rehab included in the care plan Record review of facility policy Specialized Rehabilitative Services dated 7/1/2023 read in part the services will be provided and coordinated by qualified personnel Record review of facility (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	policy Activities of Daily Living dated 5/26/2023 read in part A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and person and oral hygiene