

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675540	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Liberty Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1206 N Travis St Liberty, TX 77575	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents had the right to be free from misappropriation of property and exploitation for 5 of 10 (Resident #1, #2, #3, #4, #5) reviewed for misappropriation and exploitation. 1.The facility failed to ensure Resident #1 was free from exploitation when the former BOA accepted cash payment for Resident #1's June, July, August, and [DATE] payments (totaling \$3,440.00), with only \$2,184.00 deposited within a facility account on [DATE] (after BOA termination date) leaving \$1,256.00 unaccounted for. 2. The facility failed to ensure Residents #2, #3, and #4 were free from exploitation when the former BOA created and cashed checks for Residents #2, #3, and #4 for personal need items without authorization from the resident or resident representative and no personal need items were provided to the residents involved. 3. The facility failed to ensure Resident #5 was free from exploitation when the former BOA made a money order (provided to her for Resident #5's October payment) out to herself and deposited it into her personal account for \$925.00 without authorization from the resident or resident representative. This failure could place residents at risk of not having access to their funds. The findings included: Record review of Resident #1's admission Record, dated [DATE], indicated an [AGE] year-old male, admitted on [DATE] and readmitted on [DATE]. Resident #1 had diagnoses including myocardial infarction (blood flow decreases or stops in one of the blood vessels of the heart causing tissue death), diabetes mellitus (chronic condition that affects the way the body processes blood sugar) with diabetic neuropathy (weakness, numbness, and pain from nerve damage, usually in the hands and feet), and dementia (loss of cognitive functioning). Record review of Resident #1's quarterly MDS Assessment, dated [DATE], indicated a BIMS score of 14 indicating he was intact cognitively. This MDS indicated Resident #1 usually made himself understood and understood others. He required assistance for self-care of dressing, and bathing and was independent with mobility. Record review of Resident #1's care plan, dated [DATE], indicated Resident #1 had an impaired cognitive function/dementia or impaired thought process and communication problems related to hearing. Interventions included clear communications, to ask yes or no questions, staff identification and make eye contact, keep routine consistent, allow adequate time to respond, repeat as necessary, do not rush, request clarification from the resident to ensure understanding, reduce environmental noise, and use alternative communication tools as needed. Record review of Resident #1's payment receipts indicated the following cash payment of \$360.00 on [DATE], \$354.00 on [DATE], \$364.00 on [DATE], \$364.00 on [DATE], \$354.00 on [DATE], and \$1,644.00 on [DATE] for social security overpayment. Payment receipts indicated cash payments were received from Resident #1's family member and received by former BOA. Record review of a letter dated [DATE], addressed to Resident #1 from the SSA indicated Resident #1 was overpaid \$1,644.00 from [DATE] through [DATE] because resident was living in a medical care facility and was requested the overpayment be paid back. Record review of a deposit slip (provided by former BOA), dated [DATE] indicated \$2,184.00 was deposited to the facility's bank. Money orders associated with the deposit identified three money orders, one in the amount of \$1,000.00, one in the amount of \$900.00, and one in the amount of \$284.00, all paid to the nursing facility for Resident #1. During an interview with Resident #1's family member, on [DATE] at 12:47 p.m., he said he was Resident #1's responsible party and was responsible for making Resident #1's monthly payments to the facility. He said he made cash payments to the former BOA for Resident #1's monthly payment. He said he made the following cash payments in 2025: June for \$360.00, July for \$354.00, August made two payments for \$364.00 each, and September for \$354.00. He said he also made a cash payment of \$1,644.00 on [DATE] for the facility to pay back the SSA for the overpayment received in [DATE] through [DATE] because resident was living in a medical care facility. He said the former BOA took the cash payments and provided him with a payment receipt with each payment and told him she would pay the balance due to SSA for the overpayment. He said he received a second request from SSA about the overpayment balance after he had made the payment to the former BOA for payment submission and he contacted the facility with his concerns. He said he provided the facility with a copy of the payment receipts and bank statements showing the cash withdrawals. He said he went to the bank to make a cash withdrawal and went to the facility and made the monthly payment. He said the facility administrator and regional business office informed him the misappropriation of the resident's funds would be reported to the state, local police, and investigated. He said the facility investigated the incident and reported to him his cash payment was not deposited into the facility bank account and was</p>		