

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Grace Care Center of Nocona		STREET ADDRESS, CITY, STATE, ZIP CODE 306 Carolyn Rd Nocona, TX 76255	

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 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41871</p> <p>Based on observation, interview, and record review the facility failed to provide or obtain radiology and other diagnostic services to meet the needs of its residents for 1 of 7 residents (Resident #1) reviewed for resident care, in that:</p> <p>The facility failed to ensure Resident #1 was provided an x-ray as ordered by the physician.</p> <p>This failure could place residents at risk for a decline in health status.</p> <p>Findings included:</p> <p>Record review of Resident #1's Admission Record, dated 01/15/2025 revealed an [AGE] year-old male, with an admitted [DATE] with a principal diagnosis of atherosclerotic heart disease of native coronary artery without angina pectoris (gradual buildup of plaque in the walls of your arteries, limiting or blocking the flow of blood), dementia (a group of symptoms that affects memory, thinking and interferes with daily life) and osteoarthritis (a condition that causes the breakdown of cartilage in the joints, leading to pain and stiffness). The resident was discharged from the facility on 12/24/2024.</p> <p>Record review of Resident's #1 nursing progress note, dated 12/12/2025 at 10:30 am, revealed the resident had a fall, complained of right shoulder and collarbone pain. The facility contacted the Physician, and he ordered an x-ray. The progress note stated, attempted several times to contact facility mobile x-ray company, unable to schedule at this time. There was no further documentation in the progress notes regarding acquiring an x-ray for the resident.</p> <p>Record review of Resident #1's Physician's Orders, dated 01/15/2025, revealed there was no order for an x-ray on 12/12/2024.</p> <p>In an interview on 1/15/2025 at 2:48 pm, the Physician said the facility notified him on 12/12/2024 that Resident #1 had fallen and he ordered an x-ray. The physician said he did not remember the facility calling him back and informing him that they were unable to reach the mobile x-ray. The physician said it was his expectation for the facility to contact him if they were not able to get an x-ray.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Grace Care Center of Nocona		STREET ADDRESS, CITY, STATE, ZIP CODE 306 Carolyn Rd Nocona, TX 76255	
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 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 1/15/2025 at 3:00 pm, the DON said she was aware the physician had ordered an x-ray and was not aware Resident #1 did not get an x-ray until the next morning. She said the nurse texted the Physician that she could not reach the mobile x-ray company, but never heard back from him. She said it was her expectation for the nurse to follow up with the physician and notify the DON when she did not hear back from him. The DON said the x-ray was never done and got missed. She said the nurse never passed it on in shift change or in morning report. Resident #1 did not receive an x-ray as ordered. She said Resident #1 was placed on neuro-checks at the time of the fall, he complained of right shoulder pain that night, but the next morning, he denied pain and was assessed with full range of motion. The DON said this failure had the potential of the resident not receiving appropriate care.</p> <p>In an interview on 1/25/2025 at 12:44 pm, Nurse A said the Resident #1 had a fall on 12/12/2024, she contacted the Physician, and he ordered a mobile x-ray. She attempted to call the mobile x-ray 6 times, but could never get through. She said she texted the doctor around 2:00 pm, but never heard back from him. She said she did not attempt to follow up with the doctor when he did not respond to her texts before she left her shift. She said she did not notify the DON or pass it on to the next shift she was not able to contact the mobile x-ray company.</p> <p>A facility policy was requested, but the provided undated policy titled Resident Rights, failed to address the incident.</p>		