

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  06/04/2025
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on record review, observation and interview, the facility failed to be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for 1 of 1 facility reviewed for Administration.</p> <p>The facility failed to have sufficient resources to satisfy (pay) debts timely and when they come due. The facility had a past due balance of 4 months with the water vendor with a disconnection notice given with a date that had already passed; and a past due balance of 3 months with the fire vendor for services provided in September 2024 and January 2024.</p> <p>The failure to have sufficient financial resources to pay debts timely had the potential to adversely affect the delivery of essential care and services. This failure could affect the 31 residents who utilized services provided and paid for by the facility.</p> <p>Findings included:</p> <p>Record review of invoices provided by the Administrator on 6/3/25 indicated unpaid balances for the following:</p> <ol style="list-style-type: none"> <li>[Fire Vendor] - Invoice dated 1/31/25. Past due balance of \$1000 was a due date of 2/28/25.</li> <li>[Water Vendor] - Invoice dated 5/22/25. Past due balance of \$6907.95. A total balance of \$8298.46 with a due date of 6/15/23.</li> <li>[Water Vendor] - Disconnect Notice for Non-Payment or Delinquent Accounts with an amount due of \$6907.95. Service will be disconnected if the past due amount is not paid before closing time on May 25, 2025.</li> </ol> <p>In an interview on 6/3/25 at 11:46 am, the Administrator said when the facility receives a bill, it is forward to Accounts Payable for payment. She said she does not make payments for the facility and only passes the bills on when they come in. She said she was aware of a past due balance for the [Water Vendor] and a termination notice had been sent for disconnection. She was aware of 2 pervious charges by the [Fire Vendor] for a total of \$1000. She said she last sent the water bill and the disconnection notice to Accounts Payable on 5/29/25.</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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 6/3/25 at 12:32 pm, the [NAME] Administrator for the [Fire and Water Vendor] stated the facility owes 2 past due fines for a total of \$1000 from services provided on 9/17/24 and 1/6/25 when the fire department responded to false fire alarms. The [Fire Vendor] reviewed the facility's account yesterday and was considering having the facility's fire alarm disconnected and putting them on a fire watch for a past due balance. The [NAME] Administrator said the facility had a water bill that was 4 months past due for \$6907.95. The [Water Vendor] issued a disconnect notice for 6/15/25 if the past due balance was not paid. The facility did not pay; however, water services will not be disconnected due to it being a nursing home. The [NAME] Administrator has emailed, sent certified letters, and talked to the CEO on the phone but it has done no good.</p> <p>In an interview on 6/3/25 at 2:22 pm, the COO stated the CEO was not available for interview. She said the process for bill payment was when the facility receives a bill, it is passed on to Accounts Payable which was an independent company. Every Monday, Accounts Payable and the CEO have a meeting and a decision was made on which bills to pay. She said she only has the ability to pay bills on an emergency basis. She said she just paid the 2 outstanding bills, today, for the [Fire Vendor] for \$1000 and the past due balance for the [Water Vendor] for \$6907.95.</p> <p>In an interview on 6/4/25 at 12:35 pm, the CEO said the 2 bills were paid and caught up yesterday, 6/3/25. He said bills are sent to an independent company for review and payment. The CEO said he did not remember there being past due balances for the [Water Vendor or Fire Vendor] or talking to anyone about them; he said the [Water Vendor] bill should not have gotten that far behind. He said he was going to find out where the breakdown occurred.</p> <p>In observations of the facility on 6/3/25 and 6/4/25 revealed the facility had water services.</p> <p>A facility policy was requested regarding vendor payment but not provided prior to exit on 06/04/2025.</p>		