

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 11/10/2025
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 - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</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 - Many</p>	<p>Based on observation, interview, and record review, 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. The facility failed to have sufficient resources to satisfy (pay) debts timely and when they were due. The facility had a past due balance of four months with the water vendor with a disconnection notice given with a date that had already passed (10/25/25); a past due balance with the electricity vendor for services provided; and a past due balance of two months with the gas vendor with a disconnection notice given with a date that had already passed (11/6/25). This failure could place residents at risk of not receiving essential care and services. Findings included: Record review of invoices provided by the Administrator on 11/09/25 indicated unpaid balances for the following:1. [Gas Vendor] - Invoice dated 10/27/25. Past due balance of \$351.92 with total account balance due of \$747.44 with a due date of 11/6/25 or services could be disconnected if not paid in full.2. [Water Vendor] - Invoice dated 10/27/25. Past due balance of \$4,171.53. A total balance of \$5,562.04 with a due date of 11/15/25.3. [Water Vendor] - Disconnect Notice for Non-Payment or Delinquent Accounts with an amount due of \$4,171.53. Service will be disconnected if the past due amount is not paid before closing time on October 25, 2025.4. [Electricity Vendor] - Invoice dated 10/16/25. Past due balance of \$21,036.65 with total balance due of \$25,124.73 with a due date of 10/31/25. In an interview on 11/09/25 at 4:55 p.m., the ADM said that when the facility received a bill, it was forwarded to Accounts Payable and the CEO for payment in an email. She said she did not make payments for the facility and only passed the bills on when they come in. The ADM stated the CEO and Accounts payable met every Monday to decide which bills to pay but she did not attend or know the outcome. She said she was aware of a past due balance for the [Water Vendor], and a termination notice was sent to the facility for disconnection. She said she emailed the CEO and Accounts Payable when the vendor called again requesting payment on 10/22/25. The ADM stated she was aware of a past due balance for the [Gas Vendor] and the disconnect notice. She said she was aware of a past due balance for the [Electricity Vendor] but no disconnect notice yet. She said she last sent the water bill, gas bill, and the disconnection notices to Accounts Payable and CEO on 11/3/25. In an interview on 11/7/25 at 3:29 p.m., the employee for the [Water Vendor] stated the facility owed four months past due to a total of \$5,562.04 from services provided due since August 2025. The employee stated the [Water Vendor] sent disconnect notices before this last 4-month timeframe and reported to the state previously to get paid. The last payment received was for July 2025. The employee stated the [Water Vendor]'s policy was to disconnect services within 30 days of non-payment but the only reason they did not was because they know it is not the residents of the facility's fault. The employee stated the [Water Vendor] might consider disconnecting service if this continued in the future. The employee stated the [Water Vendor] emailed and called and left multiple messages to the CEO and he never called back or paid. In an interview on 11/09/25 at 6:29 p.m., the CEO said he believed the bills were paid on November 3rd, 2025. He said bills were sent to a company that managed the accounts and sent out payment, but they needed to be instructed to send payment by him. The CEO stated the ADM told the CEO and Accounts Payable the bills needed to be paid and by when and he instructed them to pay. The CEO said he was unable to provide any receipts at this time due to accounts payable being closed. The CEO did not comment on how non-payment could affect the residents. In an interview on 11/10/25 at 10:26 a.m., the automated system of the [Gas Vendor] revealed payment for \$747.44 was received on Tuesday November 4th, 2025. The current total due was \$0. The next meter read date was Tuesday November 11th, 2025. No other information would be provided because this writer was not a named person on the account. In an interview on 11/10/25 at 10:31a.m., the automated system of the [Electric vendor] revealed they received payment of \$21,036.65 on 11/10/25. No further information would be provided because this writer was not a named person on the account. In observations of the facility on 11/09/25 and 11/10/25 revealed the facility had water, electricity, and gas services. Record review of Administrative Management (Governing Board), undated, revealed, The governing board shall be responsible for the management and operation of the facility. 1. The facility's governing board is the supreme authority and has full legal authority and responsibility for the management and operation of our facility.3. The governing board is responsible for, but not limited to: a. Oversight of facility care and services in accordance with professional standards of practice and principles.g. Provision of a safe physical environment equipped and staffed to maintain the facility and services</p>		