STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675554	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grace Care Center of Nocona	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)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and interviews, the facility failed to use the services of a registered nurse (RN), for at least 8 consecutive hours a day, 7 days a week for 13 of 104 days for months (July 2025, August 2025, September 2025 and partial October 2025) reviewed for RN coverage. The facility failed to ensure that an RN worked 8 consecutive hours a day, seven days a week for 13 of 104 days in July, August, September and partial October 2025. This failure could place the residents at risk of not making decisions that would have required an RN to make in the management of the residents' healthcare needs and in managing and monitoring the direct care staff.Findings included: Record review on 10/14/25 at 1:30pm of timesheets for RN hours on weekends revealed the facility failed to provide 8 hours of RN coverage on weekends on:7/20/25, 7/26/25, 8/10/25, 8/16/25, 8/24/25, 9/6/25, 9/7/25, 9/20/25, 9/21/25, 9/28/25, 10/5/25, 10/11/25, and 10/12/25. In an interview on 10/15/25 at 12:00pm, the Administrator verbally confirmed the facility did not have 8 hours of RN coverage on these weekend days: 7/20/25, 7/26/25, 8/10/25, 8/16/25, 8/24/25, 9/6/25, 9/7/25, 9/20/25, 9/21/25, 9/28/25, 10/5/25, 10/11/25, and 10/12/25. In an interview on 10/14/2025 at 12:54 PM, the DON said her understanding of the facility policy was an RN was to be on staff 8 hours a day. She stated they tried their best to schedule RNs for the weekend, and they were not always successful. The DON continued to say it is always better to have them. DON stated that the possible negative outcomes for not having a RN on duty would be if a resident needed an assessment that only an RN could do. Record review of facility policy titled Staffing no date:1. A registered nurse (RN) must be onsite 8 consecutive hours a day, 7 days a week.

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and record review, The facility must employ sufficient staff with the appropriate competencies and skill sets to carry out the functions of the food and nutrition services, taking into consideration resident assessments, individual plans of care, and the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at S483.70(e), in that: The facility failed to designate a qualified person to serve as the director of food service when there is no full-time dietitian. This failure could place residents at risk of not having their nutritional needs met and place them at risk for food born illnesses.Findings included: Record review undated of the DM's employee file revealed there was no documented evidence of a Dietary Manager Certificate found in the file. In an interview on 10/13/2025 at 9:00am, the DM stated she did not have her dietary manager certification. The DM stated she worked for the facility in dietary for 3 years and was named Dietary Manager in January 2025. The DM stated she is not certified and had not registered for any classes, stating she has no financial funds for school. In an interview on 10/14/2025 at 12:30pm, the facility's Dietitian stated she was contracted by the facility to visit quarterly, the last time at the facility was September. The Dietitian said the facility had stable residents and that it was not necessary to visit once per month. The Dietitian stated she was aware the facility did not have a certified DM and nine months ago gave the Administrator and DM the information to start on-line courses to obtain D certification. The dietitian did not know why the classes were not starting. In an interview on 10/15/2025 at 12:00 PM, the administrator stated she was aware the DM was not certified and had not applied for certification. She stated the failure could result in the residents not having their nutritional needs met and place them at risk for foodborne illness. Review of the Job description of the Dietary Manager, dated effective 11/2022, revealed in part: Job summary - Manage the operations of the dietary department to include staffing, food ordering and preparation, food delivery and cleaning, in accordance with facility policies, physician orders, care plans, and appropriate regulations.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, interview, and record review, the facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition for 1 (hot water heater for the laundry) of 1 reviewed for essential equipment. The facility failed to repair or replace the water heater that supplied hot water for laundry for 2 months. This failure could place residents at risk of diminishing quality of life and declining health.Findings included: Observation on 10/13/2025 at 9:00am revealed that the hot water heater in the laundry was not working. No hot water was running in washing machine, handwash sink and the hot water heater was cold to the touch. During an interview on 10/13/2025 at 9:05am, Laundry Staff stated the hot water was out for several months. Laundry stated that Maintenance man and Administrator knew and tried to repair but it did not work. Laundry using bleach for sanitizing while hot water was out. During an interview on 10/13/2025 at 9:55am, the Maintenance Director stated he had worked at the facility for four months. The Maintenance Director stated the hot water heater for laundry had been out as long as he worked at the facility. The Maintenance Director stated the ordered parts was the wrong part, and he was waiting for the right part to come in to repair the water heater.During an interview on 10/15/2025 at 12:10pm, the Administrator stated the hot water heater in laundry was out for a while but, could not recall how long. The Administrator made several attempts to repair it. The Maintenance Director ordered the right part, and the water heater should be repaired today (10/15/25).Record review of facility policy titled, Maintenance Service, no date:1. The Maintenance Department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times.2. D). Maintaining the heat/cooling system, plumbing fixtures, wiring, etc., in good working order.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area for 1 (Resident #6) of 6 residents reviewed for resident call system, in that: The facility failed to provide a working communication system on 10/10/25 that was easily accessible and that would allow Resident #6 the ability to safely call staff for assistance.This failure could place residents at risk of not having a means of directly contacting caregivers in an emergency or when they need support for daily living.The findings included: Record review of Resident #6's face sheet, dated 10/13/25, revealed a [AGE] year-old-female admitted on [DATE], with the following diagnoses dementia (mental impairment), repeated falls, glaucoma right and left eyes (loss of vision due to optic damage), chronic obstruction pulmonary disease (lung damage limiting airflow). Record review of Resident #6's Quarterly MDS, dated [DATE], revealed the following:*Section C- Cognitive Patterns revealed Resident #6's BIMS score of 3 indicated severe cognitive impairment.*Section GG- Functional Abilities and Goals revealed Resident #6 was dependent on staff for all ADLs.*Section J Health Conditions revealed Resident #6 had a history of falls. Record review of Resident #6's Care Plan, dated 08/7/2025, revealed Resident #6 had a history of falls-8/12/24, 4/12/25, and an intervention was for the call light to be in reach. During an observation on 10/13/25 at 9:30 AM, Resident #6 was lying in her bed in her room, no call light access in room, call light on wall did not have any means to activate call system. During an interview on 10/13/25 at 9:31 am Resident #6 stated she did not have any way to use the call light if she needed help. Resident #6 stated if she needed help, she would have to yell for help. During an interview on 10/13/25 at 9:40 am, the Administrator did not know why Resident #6's room did not have a way to activate the call light but would be fixed immediately. The Administrator stated her expectation was that call lights should have been placed within reach of residents and in working order. The Administrator stated the effect on residents could have prevented them calling for assistance. The Administrator stated that everyone that worked in the room was responsible for ensuring the call light was in reach of residents and operational. The Administrator could not provide a reason for what led to the failure of the call light not being operational. Record review of facility policy titled, Call Lights: Accessibility and Timely Response, dated 01/01/2024, revealed, Staff will ensure the call light is within reach of resident and secured, as needed. The call system will be accessible to residents while in their bed .Providing access to assistive devices . Installing longer cords or providing remote controlled overhead or task lighting so that they are easily accessible.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, interviews, and record reviews, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents for 2 of 5 (Resident # 9 and Resident #5) reviewed for the physical environment. The facility failed to ensure Resident #9's window blind and chest of drawers were damaged and Resident #5's window blind was damaged. This failure could place residents at risk for diminished quality of life due to the lack of a well-kept environment.Findings included: Observation on 10/13/2025 at 10:00am revealed Resident's room had broken window blind (blades that when shut omit light from entering the room). The bottom drawer of the chest of drawers was missing. During an interview on 10/10/2025 at 10:03am, Resident #9 stated the window blinds were damaged when she moved into the room, and it was annoying when the sun shines in the morning. Resident #9 said the chest of drawers was missing a drawer. Resident #9 stated that it made the room appear junky and unkept. Resident #9 stated that she had not complained about the broken window blind and chest of drawers. During an interview on 10/10/2025 at 10:07am, the RP for Resident #9 was visiting and stated the broken window blind and missing drawer for the chest of drawers were damaged and missing when Resident #9 was admitted . The RP stated she mentioned to staff about repairing the items but could not remember who or when but stated it has been a while. The RP stated she believed that as much money it would cost to stay at the facility the place would be more concerned about making the resident's home more presentable. Observation on 10/10/2025 at 3:15pm revealed Resident's s window blind had missing and broken blades. During an interview on 10/10/25 at 3:16pm, Resident #5 stated the room looked cheap and sunlight came in all the time. Resident #5 stated the window blind had been broken for a long time and did not recall telling facility staff about it. Resident #5 stated if they wanted the residents' rooms to look nice, they would have fixed the window blind, but they do not care. Resident #5 stated the broken window blind made him feel like he was living in a cheap motel, not home-like. At an interview on 10/15/25 at 12:07pm, the Administrator stated she did not know about the damaged blinds in Resident #5's and Resident #9's room. The administrator stated she would order replacement blinds today (10/15/25). The Administrator stated the Maintenance man would repair the chest of drawers for Resident #9. The Administrator stated her expectation was that the equipment and furnishing in resident's room be in good repair and failing to do so could diminish quality of life and well-being of residents. Record review of facility policy titled, Maintenance Service, no date:1. The Maintenance Department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview and record review the facility failed to maintain an effective pest control program so that the facility was free of pests in one of one kitchen observed for evidence of pests. The facility failed to ensure an effective pest control program was implemented to prevent the presence of a lizard in the kitchen. The facility's failure placed the residents at risk for foodborne illness and/or disease spread by pests.The findings included: During an observation on 10/10/25 at 3:45pm, a live lizard was observed running across a shelf above the dishwashing machine and 3 -compartment sink area. During an interview on 10/10/2025 at 3:48pm, the [NAME] stated she had seen lizards in the kitchen before. The [NAME] stated she had not seen any other pest like roaches or any other bug. During an interview on 10/10/2025 at 4:00pm, the Maintenance Director stated the facility did not have a pest control contract with pest control vendor. The Maintenance Director stated he had not seen any pest control company come to the facility in the four months he worked at facility. The Maintenance Director supplied a business card for a local pest control and stated he thought it was the pest control that facility used at one time. During an interview on 10/10/2025 at 4:40pm, the owner of the local pest control stated the last time they provided service was 02/02/2025. Services stopped due to failure to pay. Stated has no contact with facility. During an interview on 10/13/2025 at 9:07am, the DM stated she saw lizards in the kitchen but did not know where they come from. The DM stated she reported that pest was found in kitchen but could not recall who she reported to. During an interview on 10/15/25 at 12:10pm, the Administrator stated she knew the facility lost their pest control vendor due to failure to pay the bill. The Administrator stated she was not aware of any pest problems in dietary with lizards. Record review of the facility's policy, Insect and Rodent Control, dated 2012, reflected, The facility will maintain an effective pest control program in order to provide an insect and vermin free food service department . 2. Facility will maintain appropriate screens, close fitting doors, proper sealed water/sewer pipes, structurally maintained walls, baseboards, etc. to prevent entrance access of insects and rodents .