STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675729	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonecreek Nursing & Rehabilitation	451 S El Camino Crossing San Augustine, TX 75972

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observation, interview, and record review the facility failed to maintain all essential equipment in safe operating condition, for 1 of 1 stove reviewed for food service in that:The facility did not ensure the gas stove was in working order. One of four gas stove burners (right front) did not light properly when the knob was turned. This failure could place residents who eat out of the kitchen at risk of injury and undercooked food. Findings include:During an observation and interview on 03/30/26 at 9:40 AM, the gas stove had four burners total, one burner on the right front did not light. The cook said the stove had been that way since this morning, it was working well on Friday. DM said she would let the maintenance man know about the stove and the risk may be a flash fire by the gas escaping. During an interview on 03/30/26 at 11:45 AM, the Maintenance Supervisor said he was made aware of the burner on the stove was not working properly this morning. The maintenance supervisor said he had not looked at it. He said he would call the professional technician to service the stove. During an interview on 3/31/26 at 1:50 PM, the Administrator said the burners not lighting on the stove were reported to her yesterday. She said the technician came to the facility today for a service call and made repairs to the stove. She said if the burners did not light properly, it could take longer to cook or have a gas leak. Record review on 03/31/26 of policy titled Policy Regarding Gas Appliance in a Nursing Home Setting dated 11/13/22 indicated:IT IS CRUCIAL TO ADHERE TO SAFETY PROTOCOLS WHEN DEALING WITH GAS APPLIANCES1. If the pilot light on the gas stove is not working; it is recommended to use a long match or a lighter to light the pilot. This method is preferred overusing a striker, as it allows for a direct flame to be applied to the pilot which is more effective in lighting the pilot compared to a striker.2. If the pilot light does not light after multiple attempts, the professional technician must be called for assistance.3. If the pilot light has to be continually lit by the lighter or long match method the professional technician must be called for service to the appliance.

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 for one of one kitchen reviewed for pest control.The facility failed to ensure an effective pest control program was in place to keep mice out of the kitchen.This failure could place residents at risk of food borne illness and exposure to pests. Findings included:During an observation and interview on 03/30/26 at 9:45 am. The dry storage area had small rodent droppings on top of a plastic bin containing condiments and below the bottom shelf on the floor there was a plastic container with mouse bait and small droppings. The DM said maintenance treats the storage area with mouse bait as needed. No mouse traps were noted by this surveyor or live rodents. The DM she would have the area cleaned and that the rodent droppings were a sanitation issue.Record review of pest control logs on 03/30/26 revealed pest control was last there on 3/19/26 for monthly service with no additional treatments requested by the facility. Invoices revealed the kitchen had no treatment for rodents. Invoice for 2/24/26, 1/27/26 12/31/25 indicated no treatment for mice in the kitchen. During an interview on 03/30/26 at 11:45 a.m., Maintenance said that pest control had not treated inside the kitchen for rodents, but they treated outside the door of the kitchen. He said he treats the kitchen with pellets when he is made aware that mice are visible. He said the last treatment was about 2 weeks ago for mice when he was made aware of a problem. He said pests and rodents in the kitchen were a sanitation problem.During an interview on 3/31/26 at 1:45 p.m., the Administrator said she was aware of mice droppings in the pantry. She said her expectation was for the Dietary Manager to ensure that all sanitation requirements were followed including pest control. She said pests and rodents in the kitchen were a sanitation problem and could cause food borne illness. Record review on 03/31/26 of policy titled Pest Control dated 4/28/2017 and revised on 6/8/25 stated .Routine pest control procedures will be in place. If pests are seen in the kitchen, the director of food and nutrition services or designee shall be informed, describing where the pest was seen and when. Appropriate action will be taken to eliminate any reported pest situation in the department .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure the resident environment remained as free of accident hazards and each resident received adequate supervision as is possible for 3 of 15 residents (Resident's #2, #16, and #17) reviewed for accidents and hazards.1.The facility failed to ensure that Resident #2 did not have a rechargeable vape device secured to his finger with a hair tie and tape while in bed on 3/30/26.2.The facility failed to ensure that Resident #16 had a safe smoking assessment prior to being allowed to keep electronic vape devices at bedside on 3/30/26.3.The facility failed to ensure that Resident #17 did not use an electronic vape device in her room on 3/30/26.These failures could place residents at risk of secondhand exposure, nicotine overdose and vape related injuries.Findings include:1.Record review of a facility face sheet dated 3/30/26 for Resident #2 indicated he was a [AGE] year-old male admitted to the facility on [DATE] with diagnosis of malignant neoplasm of intrathoracic lymph nodes (lymphomas or metastatic cancers that have spread from other primary sites).Record review of a comprehensive MDS assessment dated [DATE] for Resident #2 indicated a BIMS score of 07, which indicated severe cognitive impairment. He was dependent with transfers and most/all ADLs. He was a current tobacco user.Record review of a comprehensive care plan dated 2/9/26 for Resident #2 indicated he was a smoker and vaped and had a goal that resident would only smoke in designated areas without occurrence of injury over the next 90 days.Record review of a safe smoking assessment dated [DATE] for Resident #2 indicated he had limited range of motion in upper extremities, had finger dexterity problems, required direct supervision while smoking, and all smoking materials should be kept at nurse's station.During an observation and interview on 3/30/26 at 10:28 a.m., Resident #2 was observed in bed with an electronic vape device secured to his right 1st finger with a hair tie and tape. He said he used it like that because he had trouble holding things with his fingers. He said he could use it in the room because it was not a cigarette and did not have cigarette smoke.During an interview on 3/30/26 at 2:10 p.m., CNA B said the staff did charge his vape pen. She said they would remove it from his finger to recharge it and then put it back on for him. She said they charge it in his room.2.Record review of an admission Record for Resident #16 dated 3/30/2026 indicated he admitted to the facility on [DATE] and was [AGE] years old with diagnoses of COPD (a group of lung disorders that affect breathing), type 2 diabetes, and bipolar disorder (extreme mood swings).Record review of a Quarterly MDS Assessment for Resident #16 dated 1/23/2026 indicated he had moderate impairment in thinking with a BIMS score of 12. He required supervision or touching assistance to set up or clean up assistance with ADLs.Record review of a care plan for Resident #16 dated 3/30/2026 indicated he was a smoker and used a vape. Interventions included performing smoking assessments according to smoking policy. There was no record of a care plan to indicate he was a smoker prior to 3/30/2026.During an observation and interview on 3/30/2026 at 2:03 p.m., Resident #16 was in his room lying in bed awake said he was a smoker and had 2 vape pens in his drawer in his room. Surveyor observed the 2 vape pens in his drawer. Resident #16 said he could go out and smoke whenever he felt like it but, only smoked outside. He said he did not require supervision to vape.During an interview on 3/30/2026 at 3:15 pm, the ADON and DON said they were aware Resident #16 vaped outside and was deemed a safe smoker. Both said they were not aware he did not have a safe smoking assessment and his care plan did not reflect he was a smoker. ADON said she would take care of it.3.Record review of a facility face sheet dated 3/30/26 for Resident #17 indicated she was a [AGE] year-old female admitted to the facility on [DATE] with diagnosis of neuroleptic induced parkinsonism (a reversible movement disorder caused by dopamine-blocking antipsychotic medications, mimicking Parkinson's disease symptoms).Record review of a quarterly MDS assessment dated [DATE] for Resident #17 indicated a BIMS score of 13, which indicated she was (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cognitively intact. She required minimal assistance with most/all ADLs.Record review of a comprehensive care plan dated 3/30/26 for Resident #17 indicated she was a smoker and vaped. She had a goal indicated she would only smoke/vape in designated areas without occurrence of injury over next 90 days.Record review of a safe smoking assessment dated [DATE] for Resident #17 indicated she was able to use electronic vape appropriately and was considered a safe smoker.During an observation and interview on 3/30/26 at 10:17 a.m., Resident #17 was observed sitting in a recliner in her room. An electronic vape device was observed on the table next to her recliner. She said she stayed in her room all the time and used the vape in her room.During an interview on 03/30/2026 at 11:27 a.m., the Administrator was asked if she had any residents that were allowed to keep smoking materials and vapes in their room. She said yes. She did not identify specific residents, but said she believed there were some allowed to keep them in their room if they were deemed safe smokers. During an interview on 04/01/2026 at 12:40 p.m., the DON said she expected vaping to be done safely and per policy. She said they were currently reviewing the policy to make sure they were up to date and meeting requirements. She said that any risks to residents would be patient specific and could include respiratory effects. She said it would need to be patient specific, and she would not say what other residents could be exposed to without doing a patient specific assessment. She said going forward they would be providing education and continue researching the most up to date regulations and scientific evidence and studies. During an interview on 04/01/2026 at 12:52 p.m., the Administrator said she expected staff to respect the residents' wants and wishes, along with keeping them safe. She said resident risks could include pressure areas or burns with vape device taped to fingers, and other residents could be exposed to respiratory chemicals from the vape. She said going forward, she would ensure residents that vape were getting safe smoking assessments completed on them.Record review of a facility policy titled Electronic Cigarettes dated August 2022 read: .Electronic cigarettes (e-cigarettes) are not considered smoking devices with respect to the risk of ignition, but they are considered a risk for residents related to: .b. second hand aerosol exposure; c. nicotine overdose by ingestion or contact with the skin; and d. explosion or fire caused by the battery . and .to prevent accidents associated with e-cigarettes and to respect the rights of residents who do not want to be exposed to second-hand aerosol, residents are permitted to use e-cigarettes with supervision and in designated smoking areas only . and .3. Residents who wish to use e-cigarettes are assessed for their ability to safely handle the devices (including batteries and refill cartridges) on an individual basis .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles, and included the appropriate accessory and cautionary instructions, and the expiration date when applicable for 1 of 2 medication carts (nurse cart for Hall C/D) reviewed for labeling and storage.The facility did not document when insulin was opened from the nurse medication cart for Hall C/D.These failures could place residents who receive medications at risk of not receiving the intended therapeutic benefit of the medications, decreased quality of life, and hospitalization.Findings included:Record review of an admission Record for Resident #38 dated 3/31/2026 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of hypertension (high blood pressure), type 2 diabetes (when the body resists insulin or does not produce enough causing high blood sugar), and iron deficiency anemia (decreased red blood cells in the body).Record review of active physician orders for Resident #38 dated 3/31/2026 indicated an order for insulin glargine solution pen-injector 100 unit/ml inject 35 units subcutaneously at bedtime with a start date of 3/13/2026.Record review of an Annual MDS Assessment for Resident #38 dated 2/6/2026 indicated she did not have any impairment in thinking with a BIMS score of 13. During the 7 day look back period she received insulin injections.Record review of a care plan for Resident #38 revised on 2/3/2025 indicated she had diabetes and used insulin. Interventions included: diabetes medication as ordered by doctor. During an observation on 3/31/2026 at 8:26 am, LVN A was present at the medication cart for hall C/D. An insulin flex pen of Insulin glargine 35 units subcutaneously at bedtime for Resident #38 with a prescription fill date of 3/25/2026 and did not have an open date present on the label or plastic bag. Pharmacy directions indicated to discard medication 28 days after the open date.During an interview on 3/31/2026 at 8:50 am, LVN A said when insulin was opened and accessed it should be dated with an open date and insulin would be discarded 28-30 days following when it was opened depending on the type of insulin. She said Resident #38 received insulin glargine 35 units at bedtime and the flex pen of insulin glargine had been used. She said the insulin should be discarded if it did not have an open date. She said it could be old and less effective if not dated and the staff would not know how old it was. During an interview on 4/1/2026 at 12:41 pm, the DON was made aware of the insulin pen that belonged to Resident #38 that was not dated with an open date. She said the staff should follow facility policy and depending on the medication they would need to follow manufacturing recommendations as it applied to open, discard, and expiration dates. She said staff should put an open date once it was used. She said there could be a risk of using expired medication if it was not dated. She said all staff should audit carts every shift and prn along with the DON/ADON and Pharmacy Consultant. During an interview on 4/1/2026 at 12:52 pm, the Administrator said the nurses should check their carts daily and the administrative nurses and Pharmacy consultants conducted audits randomly. She said the nurse that opened the vial should have labeled it with an open date so staff would know how long it would be good for. She said she expected her staff to put an open date or expiration date on medications. She said there could be a risk of expired medications being given to residents or medications being used past their expiration dates. Record review of a facility policy titled Medication Labeling and Storage revised February 2023 indicated, .5. Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial .