

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Houston County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 100 N E Loop 304 Crockett, TX 75835	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain personal hygiene for 1 of 4 residents (Residents #22) reviewed for ADL care.</p> <p>The facility failed to clean/groom Resident #22's fingernails that had a dark, brown substance underneath them on 6/2/2025 and 6/3/2025.</p> <p>This failure could place residents who required assistance from staff for ADLs at risk of not receiving care and services to meet their needs which could result in poor care.</p> <p>Findings included:</p> <p>Record review of an admission Record dated 6/3/2025 for Resident #22 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of dementia (symptoms that affect memory, thinking and social abilities), Alzheimer's disease (a brain disorder that destroys memory and thinking skills), anemia (low levels of red blood cells which carry oxygen in the body), and hypertension (high blood pressure).</p> <p>Record review of a Quarterly MDS assessment dated [DATE] for Resident #22 indicated she was rarely/never understood with a BIMS score of 0. She was dependent on staff for personal hygiene.</p> <p>Record review of a care plan dated 12/23/2024 for Resident #22 indicated she had self-care performance deficit related to Alzheimer's. She requires total assistance of staff for personal hygiene. There was not a care plan to indicate that she resisted nail care.</p> <p>During an observation on 6/2/2025 at 10:08 AM, Resident #22 was in bed resting with her eyes closed. Her fingernails had a dark, brown substance underneath them.</p> <p>During an observation on 6/2/2025 at 2:08 PM, Resident #22 was in bed awake. She did not answer or acknowledge when spoken to. Her fingernails had a dark, brown substance underneath them.</p> <p>During an observation on 6/3/2025 at 9:06 AM, Resident #22 was in bed awake. Her fingernails still had a dark, brown substance underneath them.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 6/3/2025 at 9:18 AM, CNA A said she only worked at the facility 3 days a week, and Resident #22 received a bed bath on Mondays, Wednesdays, and Fridays. She said they washed the residents from top to bottom. She said the nurse aides were to clean resident nails on bath days. She observed Resident #22's fingernails and said that they needed to be cleaned and everyone was responsible for ensuring their nails were clean. She said she would not like it if her nails were dirty. She said sometimes Resident #22 would not allow staff to clean her nails but other times she would. She said she would clean her nails.</p> <p>During an interview on 6/3/2025 at 2:57 PM, Agency LVN B said she nurse aides were responsible for performing nail care if the resident was not diabetic. She said she was not aware of Resident #22's nails being dirty. She said she would be upset if her nails were dirty, and she had to rely on staff to clean them for her.</p> <p>During an interview on 6/4/2025 at 10:05 AM, the DON said the nurse aides were responsible for cleaning fingernails daily when care was provided. She said she was made aware of Resident #22's nails being dirty on yesterday, 6/3/2025, by staff. She said it would hurt her feelings if she relied on staff to keep her nails clean and it would be unsanitary if they did not clean them. She said she planned to monitor residents weekly and continue educating staff going forward.</p> <p>During an interview on 6/4/2025 at 11:20 AM, the Administrator said the nurse aides were responsible for cleaning nails daily and as needed. He was made aware of Resident #22's nails on yesterday 6/3/2025 and checked on her yesterday evening to ensure staff had cleaned them. He said he planned on training staff to clean resident nails after meals and incontinent care. He said he would not like it if he was dependent on staff to clean his nails.</p> <p>Record review of a facility policy titled Nail Care dated 12/3/2024 indicated, .The purpose of this procedure is to provide guidelines for the provision of care to a resident's nails for good grooming and health. 3. Routine cleaning and inspection of nails will be provided during ADL care on an ongoing basis .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, and record reviews the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 of 2 clean linen carts reviewed for infection control.</p> <p>The facility failed to store peri wash solution in a sealed container on the clean linen carts.</p> <p>This failure could place residents at risk of exposure to communicable diseases and infections.</p> <p>Findings Include:</p> <p>During an observation on 06/04/2025 at 9:30am, 2 out of 2 clean linen carts was observed having a pale of peri wash solution uncovered on each of them (solution identified by LVN D).</p> <p>During an interview on 6/4/2025 at 9:35am with CNA-C she said she uses a pale with peri wash solution in its daily to clean residents during incontinent care. She said they are to wear gloves and keep the container closed when not using the pale to wet dry cloths in the peri wash solution. She said they normally put plastic over the pale to cover it and to prevent cross contaminating the solution. She said if the solution becomes contaminated and used on residents, staff will be spreading germs and bacteria that could cause illness to the residents.</p> <p>During an interview on 6/4/2025 at 10:37am with LVN-D he said he uses a peri wash solution from a pale on the clean linen cart as needed for peri care of residents. He said all staff are to wear gloves when dipping clean cloths, in the peri wash solution and cover the solution immediately after use to prevent cross contamination and unsanitary practice for incontinent care. He said inappropriate use and storage of the peri wash solution could aide in spreading illness to residents.</p> <p>During an interview on 6/4/2025 at 10:41am with CNA-E she said she does not like using the peri wash solution from the pale due to feeling it is not sanitary. She said germs, bacteria, infections, stomach bugs and more could be transmitted from resident to resident if the solution becomes contaminated. She said they are trained to use gloves and keep the container of peri wash solutions closed when not in use.</p> <p>During an interview on 06/04/25 at 11:13 AM with the Assistant Administrator She said she's aware of the aides using a pale with peri wash solution in it to wet dry/clean cloths used for the resident peri wash needs. She said the pale is stored on the clean linen carts. She said the aides should cover the pale completely when it's not in use. She said if the pale is not covered particles could fall in it and the solution could become stagnant and not safe for the resident. She said a resident could be exposed to cross contamination and cause illness, infection or irritation if not used correctly.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/04/25 at 11:28 AM with the DON she said the peri wash solution should be covered when not being used. She said the solution is to wet a dry/clean cloth for the resident's peri wash needs and after wetting the cloth the aides should cover the solution immediately to prevent debris, germs, or bacteria from getting in the peri wash solution. She said residents could come in contact with a soiled or contaminated solution and cause illness or infections to spread among residents.</p> <p>During an interview on 06/04/25 at 12:09 PM with the Administrator, he said the peri wash solution should be covered and not left open to air. He said the peri wash solution could become contaminated with many germs and bacteria if not covered. He said residents could become ill due to cross contamination of an unsanitary solution.</p> <p>Record review of a Standard Precautions Infection Control Policy dated 2024 revealed Policy: All staff are to assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. Therefore, all staff shall adhere to standard Precautions to prevent the spread of infection to residents, staff, and visitors.</p> <p>Record review of a Perineal Care Policy revealed, Policy: It is the practice of this facility to provide perineal care to all incontinent residents during routine bath and as needed to promote cleanliness and comfort, prevent infection to the extent possible, and to prevent and assess for skin breakdown.</p>		