STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676120	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Homestead of Sherman	1000 Sara Swammy Dr Sherman, TX 75090

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to inform the resident's physician, when there was a significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications) for 1 of 4 residents (Resident #1) reviewed for notification of changes. The facility failed to promptly notify Resident #1's physician when a change in condition was discovered for Resident #1. The physician was not made aware of the change in mental status that occurred on 11/27/2025. Resident #1 was sent to the hospital for evaluation at the request of the responsible party. This deficient practice could place residents at risk of not having their physicians informed when there was a change in condition resulting in a delay in medical intervention and decline in health.Findings included: Record review of Resident #1's Care Plan, reviewed 12/09/2025, revealed a [AGE] year-old female. She was admitted to the facility on [DATE]. Resident #1 had diagnoses of Acute Kidney Failure (kidneys stop functioning, leading to a build-up of waste products in the blood), Chronic Kidney Disease (disease where the kidneys are damaged over time, leading to a gradual loss of kidney function), Ureteral Stent (a ureteral stent is a thin, flexible tube made of silicone or polyurethane that is placed in the ureter, the tube that carries urine from the kidneys to the bladder), Sepsis (infection), Epilepsy (chronic neurological disorder), Hyperlipidemia (elevated level of lipids, such as cholesterol and triglycerides, in the blood), Urinary Tract Infection (a urinary tract infection is an infection that affects a part of the urinary tract), Insomnia (Insomnia is a common sleep disorder that can make it hard to fall asleep or stay asleep), Fecal abnormality/C-Diff (bacterium that causes diarrhea and colitis, often after taking antibiotics), Cognitive communication deficit, Personal history of urinary (tract) infections, idiopathic peripheral autonomic neuropathy(characterized by damage to the autonomic nerves without a known cause, leading to various symptoms affecting involuntary bodily functions.), Metabolic encephalopathy(brain dysfunction caused by underlying metabolic disturbances, leading to symptoms like confusion, memory loss, and altered consciousness.). Record review of Resident #1's Annual MDS Assessment, dated 11/25/2025, reflected Resident #1 had a BIMS (Brief Interview Mental Status) score of 12 indicating intact cognitive function. Record review of Resident #1's Admissions Assessment, dated 11/24/2025, reflected diagnosis of history of pulmonary embolism (stroke), Nephrostomies (small catheter they place directly into your kidney through the skin in your back.), and C-Diff (bacterium that causes diarrhea and colitis). Record review of Resident #1's Progress Note, dated 11/27/2025, reflected Resident #1 had an observation check at 3:06 AM by LVN F. She stated Resident #1 was alert and oriented x2. Continued to receive skilled services related to CVA, bilateral nephrotomies, and PEG tube. Residents #1 was currently on isolation precautions for C. difficile. Peg tube was placed and intact. Resident #1 received continuous tube feedings via pump at 50 Ml/HR WITH WATER FLUSHES AT 35 Ml/HR. Bilaterally nephrostomy tubes noted in place, clean, dry, and intact, draining to gravity without complication. Ongoing wound care to coccyx continues per care plan. Call light within reach. Interview on 12/10/2025 at 10:00 AM with Physician J revealed Resident #1's change in condition was likely not the result of the facility's care or lack of care. He stated that she was only in the facility for a few days. He stated that he did not think the facility's care could cause her to have a change in condition in just a few days. He stated that 2 days would not cause a decline in her that fast. He stated that she had a large stroke prior to being admitted to the facility and it could sometimes cause continual chemical changes. When it happened, it could cause small bleeding to the brain. He stated that Resident #1 had infections prior to when she was admitted to the facility. He stated he did not know what could have caused her change in condition on 11/27/2025 because it could have happened from the prior brain hemorrhage or the infections that she was already dealing with prior to her admission. He stated that any small stress in the body such as infection could cause confusion and a change in mental status. He stated that the facility failed to follow their notification policy because they should notify a physician immediately. If she had an infection which she did, and they noticed a change and they didn't catch it, it could progress to sepsis but since she was sent out to the hospital on the same day the risk was low. Interview on 12/10/2025 at 10:30 AM with Hospital Wound Care Doctor L revealed Resident #1 was recently admitted to the hospital for a large stroke prior to her being admitted to the nursing home on [DATE]. Resident #1 was currently on isolation at the hospital because of her ongoing C-Diff infection. She stated Resident #1 had a change in her mental status at the hospital prior to her ever being admitted to the facility on [DATE] as a result of her stroke. She stated

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. (continued on next page)

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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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to incorporate the recommendations from the Preadmission Screening and Resident Record review (PASRR) Level II determination and the PASRR evaluation report for 1 of 4 residents (Resident #2) reviewed for PASRR assessments. The facility failed to submit the Nursing Facility Specialized Services (NFSS) form request by the specific deadline for Resident #2 for therapy services. This failure could place residents at risk of not receiving or benefiting from specialized therapy and equipment services they may require. Findings included: Record review of Resident #2's care plan dated 9/17/2025 reflected a [AGE] year-old female admitted to the facility on [DATE]. Resident #2 had diagnoses of Cerebral Palsy (neurological disorders that affect movement, posture, and muscle coordination, primarily caused by damage to the developing brain), Speech and Language deficit, Muscle Weakness (Muscle weakness refers to a decrease in the strength of your muscles, making it difficult to perform everyday activities), Lack of Coordination, Chronic Obstructive Pulmonary Disease (a progressive lung condition that makes it difficult to breathe due to airway inflammation and damage), Ischemic Optic Neuropathy (Ischemic optic neuropathy is when you have sudden vision loss or changes because your optic nerves aren't getting enough blood flow), Dystrophies Retinal Pigment Epithelium (group of inherited macular diseases characterized by pigment deposition, leading to potential vision loss), Cataract (clouding of the eye), Schizoaffective Disorder (mental health condition characterized by a combination of symptoms from schizophrenia and mood disorders, affecting how individuals think, feel, and behave.), Bipolar (mental health disorder that causes extreme mood swings), Paraplegia (paralysis of the legs from nerves and spinal cord), Gout (common and complex form of arthritis characterized by sudden, severe attacks of pain, swelling, redness, and tenderness in one or more joints, most often in the big toe), Cerebrovascular Disease (encompasses a range of conditions that affect blood flow to the brain, leading to serious health issues like strokes and aneurysms). Resident #2 was documented on 8/22/2025 as PASRR positive for Developmental Disability. She required specialized services as indicated by the service coordinator. Resident #2's goal was documented as receiving indicated services through the review date. Record review of Resident #2's quarterly Minimum Data Set (MDS) assessment dated [DATE] reflected the resident had a Brief Interview Mental Status (BIMS) score of 14 indicating that she was cognitively intact. Observation of Resident #2 on 12/09/2025 at 2:35 PM revealed that she was well groomed. Resident #2 refused to be interviewed. She stated that she did not want to be interviewed and did not want to talk to the investigator or let the investigator come into her room. Record review of Resident #2's PASRR Comprehensive Service Plan (PCSP) Form dated 8/27/2025 revealed Resident #2 was evaluated for Specialized Occupational Therapy (OT). Resident #2 was documented as receiving new services for Specialized Assessment Occupation Therapy (OT), Specialized Assessment Physical Therapy (PT), and Specialized Assessment Speech Therapy (ST). Resident #2 was documented as receiving ongoing services for Specialized Occupational Therapy (OT)M Specialized Physical Therapy (PT), and Specialized Speech Therapy (ST). Resident #2 was documented as pleased to continue receiving PT/OT/ST through PASRR. Interview on 12/10/2025 at 3:00 PM with MDS Coordinator C revealed Administrator A forwarded the NFSS compliance form notification that he received from PASRR Representative D on 11/7/2025 to her. She stated that the facility switched from a second party provider in August 2025 who was responsible for submitting the PASRR documentation. She stated that the facility had since then began performing the services themselves under new facility ownership. She stated that the therapy department now handled the submissions. She stated Director of Rehabilitation (DOR) B submitted the NFSS forms on 11/26/2025. She stated that the previous second party failed to submit the documentation in time. She stated that the facility was in the process of switching companies when the NFSS should have been submitted. She stated that everything had since then been sorted out. The requirement was that forms must be submitted within a 20-day deadline after the date of the meeting. The meeting was held on 8/27/2025. The risk to the resident if the 20-day deadline was not met was that residents who were receiving certain therapies may lose the state as a payor source and therefore the facility won't be paid for the continuation of Resident #2's therapy services. She stated that missing the deadline could have a resident's continuation of therapies declined. She stated that Resident #2 did not have any of her services declined as a result of the missed deadline. This was more of a clerical error due to the company transition. The resident was already receiving services, and it was set as ongoing even though the