

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Senior Care Health & Rehabilitation Center - Wichi		STREET ADDRESS, CITY, STATE, ZIP CODE 910 Midwestern Pkwy Wichita Falls, TX 76302	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen, in that:1. The low temperature dish machine was operated without the chlorine sanitizer level being checked prior to washing the breakfast dishes on 4/19/2026. When the chlorine sanitizer level was checked by Dietary Aide B, the chlorine sanitizer test strip did not react, indicating there was no chlorine sanitizer content present. 2. Bulk storage bins used to store panko, flour, granulated sugar, and food thickener had exterior top surfaces of the storage bin lids that were lightly soiled with grease. A plastic scoop was inside the bin containing granulated sugar.3. The rehabilitation unit bistro dining room had an ice maker with a water dispenser that had a build-up of water mineral deposits on its surface, a bread toaster soiled with dried crumbs, and a refrigerator with a freezer drawer compartment with a spilled frozen red substance in its bottom interior surface.4. [NAME] K and Dietary Aide D did not wear beard restraints to cover their facial hair during the evening meal preparation on 4/21/2026.5. The rehabilitation unit's nourishment room microwave oven was soiled on the inside with splattered dried food particles and oatmeal.6. The dish machine wash and rinse cycle water temperatures did not consistently reach 120 degrees F when operated according to the manufacturer's recommendations for minimum water temperatures. These failures placed the residents at risk for foodborne illness and compromised health status.The findings included: Observation and interview on 4/19/2026 at 8:55 AM revealed DA B was operating the low temperature dish machine. Observation of the manufacturer's recommendations on the front of dish machine indicated minimum wash and rinse cycle water temperatures of 120 degrees F and a minimum chlorine sanitizer level of 50 ppm. The wash cycle water temperature was at 110 degrees F and the rinse cycle water temperature was at 118 degrees F. DA B ran the dish machine a second time and the wash cycle water was 112 degrees F and the rinse cycle water was 118 degrees F. DA B used a chlorine test strip to measure the chlorine sanitizer level. Her gloves were wet and the strip kept breaking off into small pieces. DA B stated she had only checked the sanitizer level 1 or 2 times before now and someone else usually did it. DA B dipped the test strip into the dish machine final rinse water and it did not react. She pressed the primer switch and no chlorine sanitizer was going through the tube to empty into the dish machine. DA B checked the sanitizer bottle level and it was full. DA B removed the cap connected to the tubing and a plastic insert inside the neck of sanitizer bottle was observed. (The tube did not go inside the bottle.) DA B stated the sanitizer was sucked into the tube connected to the bottle cap when the dish machine was running. DA B replaced the cap and ran the dish machine again, tested the sanitizer level again with a test strip, and it did not react. She stated she would get the morning cook on duty. During an interview and record review on 4/19/2026 9:05 AM, after [NAME] C entered the dish room and the situation with chlorine sanitizer not reacting to test strip was explained, she stated the daily dish machine temperature and sanitizer log was on a clip board hanging on the wall. Review of the Temperature and Sanitizer Log, dated April 2026, indicated the wash and rinse water temperatures and sanitizer levels were documented 3 times daily for breakfast, lunch, and dinner. On 4/18/2026 the dinner meal documentation revealed the (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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Senior Care Health & Rehabilitation Center - Wich		STREET ADDRESS, CITY, STATE, ZIP CODE 910 Midwestern Pkwy Wichita Falls, TX 76302	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	water temperature for the wash cycle was 100 degrees F, the rinse cycle was 120 degrees F, and the sanitizer level was illegible. The water temperatures and sanitizer level were not initialed by the person who documented them. [NAME] C stated DA D and DA E had worked last night (the evening shift on 4/18/2026). [NAME] C stated she would call the dietary supervisor and the Maintenance Supervisor. During an interview and observation on 4/19/2026 at 9:06 AM, DA B stated she would get another bottle of sanitizer from the chemical supply room. She returned to the dish room with 2 full bottles and replaced the 2 bottles on the shelf under the counter to the left side of the dish machine. She stated she replaced the detergent and rinse aid because they were almost empty. She stated she did not replace the sanitizer bottle because it was full. DA B stated she had not checked the sanitizer level before beginning to wash dishes after breakfast that morning. She stated she had forgotten to do it. DA B indicated she had already washed the following: a stack of dinner plates in the plate warmer appliance; 3 racks filled with inverted beverage glasses; a tray with inverted cereal bowls; and a stack of thermal plate holders. In an interview on 4/19/2026 at 9:10 AM, DA A stated he had worked the past 3 days (4/16/26 - 4/18/26) for the breakfast and lunch meals. He stated he had checked the dish machine water and sanitizer levels and wrote them on the daily dish machine log. He stated the temperatures and sanitizer levels had been ok. DA A stated he did not check the dish machine that morning (4/19/2026) because he had been in the dining room and had cleared the tables. In an interview on 4/19/2026 at 9:12 AM, [NAME] C stated she had called the DM and she did not answer. She stated she called the Maintenance Supervisor and he was coming to the facility. In an interview on 4/19/2026 at 9:14 AM, [NAME] C stated she had called the DM again and she answered. [NAME] C stated she told the DM the problem with the dish machine not sanitizing and the DM said she knew how to fix it and she was coming to the facility. Observation and interview on 4/19/2026 at 9:24 AM revealed the DM arrived at the facility and entered the dish room. She proceeded to start the low temperature dish machine. The dish machine filled with water for the wash cycle. The DM pressed each of 3 primer switches located at the front of the machine. The dish washing detergent and rinse aid both came through the attached tubing and emptied into the dish machine water. The chlorine sanitizer did not come through attached tubing and did not empty into the dish machine water. The DM removed the bottle with chlorine sanitizer from the shelf to the left of the dish machine and removed the cap connected to the tubing. She stated the plastic insert inside the bottle neck was to suction the sanitizer into the tubing to empty into the dish machine. The DM instructed DA B to get another new bottle of chlorine sanitizer from the kitchen chemical supply closet. Observation and interview on 4/19/2026 at 9:36 AM revealed DA B returned to the dish room with a new bottle of chlorine sanitizer. The DM removed the cap connected with the tubing for the dish machine from the current non-working bottle with sanitizer and screwed the cap onto the new bottle of sanitizer. The DM primed the chlorine sanitizer switch and the chlorine sanitizer was observed moving through the tube and emptying into the dish machine water. She proceeded to start the dish machine. The wash cycle water temperature at 117 degrees F, rinse cycle water temperature at 117 degrees F, and chlorine sanitizer level was tested with a chlorine test strip by the DM and was at 100 ppm. The DM instructed DA A to record the water and sanitizer levels on the daily dish machine log for the morning of 4/19/26, which he did as instructed. The DM stated the sanitizer had been provided by the company that had been servicing the dish machine and supplying the chemicals. She stated a few months ago there had been the same problem with another new bottle of chlorine sanitizer. The DM stated the facility dish machine would be serviced by a different company starting later this month. The DM stated DA D and DA E were the evening dietary aides and they came into work at 12:00 PM. She stated they were both scheduled to work today and would be in the facility. Observation on 4/19/2026 at 9:43 AM revealed 4 bulk storage bins/containers were on a shelf beneath the food preparation counter. The bins contained panko, flour, granulated sugar, and food thickener. The bin lids were lightly soiled with grease and a scoop was inside the storage bin containing sugar. In an interview on 4/19/2026 at 12:16 PM, RN F stated she was the day shift charge (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Senior Care Health & Rehabilitation Center - Wich		STREET ADDRESS, CITY, STATE, ZIP CODE 910 Midwestern Pkwy Wichita Falls, TX 76302	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	nurse for Hall 500 and half of Hall 400 - the odd room numbers. She stated there had been no reports of residents with symptoms of gastro-intestinal distress - no nausea, vomiting, or diarrhea. In an interview on 4/19/2026 at 12:18 PM, the Maintenance Director stated there had been faulty dish machine sanitizer bottle caps during the past. He stated he would talk with the dish machine service technician about the dish machine water temperature. In an interview on 4/19/2026 at 12:20 PM, RN G stated she was the day shift charge nurse for Hall 600 and half of Hall 400 - the even room numbers. She stated there had been no reports of residents with symptoms of gastro-intestinal distress - no nausea, vomiting, or diarrhea. She stated the nurse aides would have told her if the residents were vomiting or having diarrhea. In an interview on 4/19/2026 at 12:23 PM, LVN H stated she was the facility Staffing Educator. She stated there had been no reports of residents with symptoms of gastro-intestinal distress - no nausea, vomiting, or diarrhea. In an interview on 4/19/2026 at 12:26 PM, CNA I stated she was working on Hall 400. She stated she had worked Friday through Sunday and no residents had nausea, vomiting, diarrhea, or complained of an upset stomach. She stated she would tell the nurse if a resident had any symptoms or complaints of an upset stomach. In an interview on 4/19/2026 at 12:59 PM, MA J stated he was the Medication Aide for Halls 100 and 200. He stated there had been no reports of residents with symptoms of gastro-intestinal distress - no nausea, vomiting, or diarrhea. In an interview on 4/19/2026 at 1:01 PM, the ADON for LTC Unit stated there were 2 residents who received tube feedings and both residents received meal trays from the kitchen. The ADON stated one resident received pleasure feedings but did not eat much and the other resident had improved and gained weight. In an interview on 4/19/2026 at 1:15 PM, DA D stated he had been employed in the facility for 1 year, and DA E stated he had been employed in the facility for 5 or 6 months. Both DAs stated they worked on the 12:00 PM - 8:00 PM shift and prepared desserts, drinks, and snacks, and washed dishes. DA E stated he served the residents who ate meals in the rehabilitation unit bistro dining room. Both dietary aides stated they had worked the previous night on 4/18/26 (Saturday). DA D stated he had checked the low temperature dish machine wash and rinse cycle water temperatures and chlorine sanitizer the previous night and wrote them on the dish machine log. He stated he must have forgotten to add his initials. DA D stated the previous night there had been just enough chlorine sanitizer in the bottle to finish washing the dinner dishes. He stated he went to the chemical supply closet and got a new bottle of chlorine sanitizer and connected it to the dish machine after they were finished washing the dishes. He stated he always ran the dish machine empty at the end of the shift so it would be clean for the morning shift and the dish machine doors would be closed. He stated he usually checked the chlorine sanitizer level after connecting a new bottle of sanitizer to the tubing cap, but he had not done it the previous night as it had been time to go. DA D stated the dish machine had still been running when he left. DA D stated there had been a problem with a chlorine sanitizer bottle not suctioning a couple months ago. Observation on 4/20/2026 at 9:01 AM of the rehabilitation unit bistro dining room, located on Hall 100, revealed the following: - The beverage station counter had an ice maker with a water dispenser. The front exterior surface of the ice maker was soiled with water mineral deposits. The ice maker drip tray had a metal grill cover that was rusted and the plastic drip tray top surface was soiled with water mineral deposits. - The food service line counter had a bread toaster and its top surface was soiled with crumbs.- The residential style refrigerator had a bottom freezer compartment drawer and the interior bottom surface of the freezer compartment drawer was soiled with a spilled and frozen red substance. Observation on 4/20/2026 at 9:17 AM revealed the DM was in the rehabilitation unit bistro dining room and cleaned the counters for the beverage station and food service line. In an interview on 4/20/2026 at 11:52 AM, the Administrator and Maintenance Director stated the kitchen had a water heater that supplied hot water to only the kitchen. The kitchen water heater temperature was turned up and the dish machine wash and rinse temperatures were at 120 degrees F. In an interview on 4/20/2026 at 3:27 PM, the Maintenance Director stated he had turned up the water heater for the kitchen to 160 degrees F and the dish machine wash and rinse water did reach 120 (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Senior Care Health & Rehabilitation Center - Wich		STREET ADDRESS, CITY, STATE, ZIP CODE 910 Midwestern Pkwy Wichita Falls, TX 76302	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	degrees F but then went down again. He stated he told the dietary staff to be sure to check the chlorine sanitizer and run the dish machine before starting to wash dishes. In an interview on 4/21/2026 at 3:58 PM, the DM stated that all residents received a meal tray with food prepared in the kitchen, including the 2 residents who received tube feedings. Observation on 4/21/2026 at 3:59 PM revealed [NAME] K was completing the dinner meal preparations. [NAME] K was wearing a beard restraint, which fit loosely and slipped off his nose and exposed his moustache. He stated he had his own personal beard cover that fit better and he would use it during the future. Observation on 4/21/2026 at 4:35 PM revealed DA D was in the kitchen. He was not wearing a beard restraint to cover his facial hair/goatee. The DM instructed him to use a beard restraint, which he did put on. Observation on 4/21/2026 at 4:50 PM revealed the DM operated the low temperature dish machine. The wash and rinse water temperatures were at 118 degrees F. The DM used a test strip and measured the chlorine sanitizer level at 50 ppm. In an interview on 4/22/2026 at 8:58 AM, the DM stated the expectation for the dietary staff's operation of the low temperature dish machine was for the staff to run the dish machine first thing at the start of the day and check the water temperatures and chlorine sanitizer level. She stated the dish machine was to be ran with water temperatures and sanitizer levels checked 3 times daily for each meal before washing any dishes. She stated a possible outcome from not properly operating the dish machine and checking the sanitizer could be that the residents get sick, or there could be a foodborne illness outbreak. The DM stated if dishes are not properly sanitized anything could happen. Observation on 4/22/2026 at 9:15 AM revealed the rehabilitation unit's nourishment room, located on Hall 100, had a microwave oven on a counter. The interior surface of the microwave oven was soiled with splattered dried food and oatmeal. In an interview on 4/22/2026 at 9:19 AM, the Administrator stated the expectation for dietary staff operating the low temperature dish machine was for the dish machine to be operated according to the manufacturer's suggestions/recommendations and to be in compliance with state and federal guidelines for prevention of foodborne illness. Record review of the facility's Dietary Services Policy, not dated, specified [in part]:Dishwashing:Food preparation equipment, dishes, and utensils are effectively sanitized according to manufacturer's directions for the dishwashing equipment used in the facility. Dishes and utensils are stored in a protective manner to protect from disease-carrying organisms.Procedures for dish/utensil washing and sanitizing will be posted in appropriate areas. All procedures will be in compliance with Federal, State, and local health codes. Dietary staff will be trained in operation of the mechanical dish machine and checking for the correct wash temperature (posted on the dish machine) and chemical sanitization solution for the correct amount of solution in the final rinse cycle (at least 50 ppm). Chemical test strips will be maintained on-site and available for continuous use by dietary staff . Record review of the facility's facility policy and procedure for Sanitizing Agents - Acceptable Levels and Testing Methods for Sanitation, dated as revised 1/01/2010, specified [in part]:Policy:Chemical sanitizers within the Nutrition Services Department will be monitored to ensure proper concentration for sanitation to prevent food borne illness and cross-contamination.Procedure:Acceptable Sanitizer Levels1.All items will be sanitized by one of the following methods:a. Washed and sanitized through use of the dish machine . Testing Procedures:1.Facilities will use an approved test kit to measure the parts per million (PPM) of the chemical solutions in the pot/pan sinks, temperature dish machines, and all other sanitizing solutions three times per day.2. Record of the test results will be kept on file for at least 90 days.3. Any abnormal test results will be reported immediately to the Food Service Manager. Record review of the Food and Drug Administration Food Code 2022 specified [in part]: Chapter 2. Management and Personnel2-4 Hygienic Practices2-402 Hair Restraints2-402.11 Effectiveness. (A) FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.Chapter 4. Equipment, Utensils, and Linens4-501.15 Warewashing Machines, (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Senior Care Health & Rehabilitation Center - Wichi		STREET ADDRESS, CITY, STATE, ZIP CODE 910 Midwestern Pkwy Wichita Falls, TX 76302	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Manufacturers' Operating Instructions. (A)A WAREWASHING machine and its auxiliary components shall be operated in accordance with the machine's data plate and other manufacturer's instructions.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Senior Care Health & Rehabilitation Center - Wichi		STREET ADDRESS, CITY, STATE, ZIP CODE 910 Midwestern Pkwy Wichita Falls, TX 76302	
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 0584 Level of Harm - Potential for minimal harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure residents had the right to a safe, clean, comfortable, and homelike environment including but not limited to receiving treatment and supports for daily living safely for 2 of 2 dining rooms reviewed for environment. The facility failed to ensure the Main dining room and Bistro dining room floors were thoroughly cleaned and sanitized. These deficient practices could place residents at risk of living in an unclean and unsanitary environment which could lead to a decreased quality of life. Interview on 04/21/2026 at 3:07 PM Resident #40 stated that the floors in both dining rooms were always dirty and not swept after meals and when the next meal came, they had to tolerate the mess under the tables. Interview on 04/21/2026 at 3:10 PM Resident #61 states she did not eat in the dining room but did activities in there and food was always on the floor from breakfast, lunch or dinner when she went in and had to move her wheelchair through the mess. Observation on 04/21/2026 at 3:20 PM Main dining hall, at end of Halls 300 & 40 revealed food on the floor and under tables to include cereal, tater tots, meat. Observation on 04/21/2026 at 3:30 PM 2nd dining room Bistro down 100 Hall revealed food on the floor and under tables to include tater tots, meat was seen Interview on 04/21/2026 at 3:35 PM, the Dietary Manager states that after breakfast and lunch housekeeping is to sweep and mop the dining floors. The Dietary Manager states that after dinner that evening it is dietary's job to sweep and spot mop the dining room floor. The Dietary Manager states that food being left on the floor and under tables is unappealing and does not promote a home-like environment. Interview on 04/21/2026 at 3:50 PM the Housekeeping Supervisor states that it is housekeeping task to sweep and mop dining rooms after breakfast and lunch. The Housekeeping Supervisor states that it does not promote a sanitary environment when food is left under tables and floors. The HKS states dining rooms will be cleaned immediately. Interview on 04/21/2026 at 4:04 PM the Administrator states that it is his expectation that the dining rooms be cleaned and floors swept and mopped after each meal to promote a sanitary and clean environment for the residents.		