STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676235	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rock Creek Health and Rehabilitation	1414 College Street Sulphur Springs, TX 75482

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation, interview, and record review the facility failed to post the daily nurse staffing information with the current date, resident census, and numbers of staff's actual hours worked at the beginning of each shift for 1 of 1 facility reviewed for nurse staffing. The facility failed to update and post the daily nurse staffing information on 06/25/2026. This failure could affect residents, their families, and facility visitors by placing them at risk of not having access to information regarding the numbers of staff caring for the residents each shift and the facility census.Findings Included: During an interview and record review on 06/25/2026 at 9:20 a.m., the facility's daily nurse staffing posting for current shift had not been completed. The Administrator was unable to produce evidence that the required daily nurse staffing information had been posted at the beginning of the shift. Review of the staffing schedule and staffing assignment sheet identified the license and unlicensed nursing staff working the shift; however, this information was not posted in a readily accessible location for residents and visitors as required. During an observation 06/25/2026 at 9:24 a.m., no daily nurse staffing posted or evidence it had been completed. During an interview 06/25/2026 at 9:25 a.m., the Administrator revealed that the daily nurse staffing was supposed to be posted on the front desk but was not. The Administrator stated that it was the DON's responsibility, however, the DON was no longer employed at the facility and she was unsure who was responsible at the time. The Administrator stated daily staffing was supposed to be posted every day to show the number of nursing staff on duty for the 24-hour day. The Administrator stated that residents and all other people who enter the facility were at risk of not knowing the adequate staffing. During an interview on 06/25/2026 at 9:30 a.m., the MDS nurse stated that she was unsure where the daily nurse staffing was. The MDS nurse stated that DON was responsible for posting the daily staffing. The MDS nurse stated that she was unsure when it was last posted due to the DON leaving the week prior. During an interview on 06/25/2026 at 10:30 a.m., the RCN stated that she expected daily nurse staffing to be posted and placed on the front desk every day for the 24-hour period. The RCN stated that daily nurse staffing was supposed to be posted so that all staff, visitors and residents are aware of the staff numbers that were supposed to be working. The RCN stated that the facility did not have a policy regarding daily nurse staff posting. During an interview on 06/25/2026 at 10:35 a.m., the RN A stated she was unsure who posted daily nurse staffing and was unsure the last time it was posted. The RN A stated that the DON left on Friday and was no longer working for the facility. The RN A stated that staff were at risk of being put in a unsafe situation working.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676235	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rock Creek Health and Rehabilitation	1414 College Street Sulphur Springs, TX 75482

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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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to conduct and document a facility-wide assessment to determine what resources were necessary to care for its residents competently during both day-to-day operations and emergencies for 1 of 1 facility reviewed for facility assessment. The facility failed to complete facility assessment dated [DATE] leaving nurse staff section blank. This failure could place residents at risk of inadequate care or treatment and a decreased quality of life.Findings included: Record review of facility assessment dated [DATE] revealed an incomplete facility assessment at which the facility reported to be using to staff the facility. The Nurse staffing section of the facility assessment had blanks left open for which the facility Administrator should have listed the number of licensed nurses and certified nurse aided on duty for the day shift 6 a.m. - 6 p.m. and night shift 6 a.m. - 6 p.m. based on the facility census and acuity of care needs. During an interview on 06/25/2026 at 12:30 p.m., the Administrator stated that she had been working at the facility for 2 weeks and had not updated the facility assessment. The Administrator stated that it would have been the responsibility of the Administrator to complete and update the facility assessment according to census. The Administrator stated that she had not had time to update the facility assessment, but she had a copy of what was previously used prior dated 12/31/2025. The Administrator stated that it was incomplete with the nurse staffing portion left blank. The Administrator stated that she would get with her RCN to complete an updated facility assessment as of date of survey, 06/25/2026. During an interview on 06/25/2026 at 1:30 p.m., the RCN stated that a completed facility assessment was provided after surveyor intervention. RCN stated that she expected the Administrator to keep the facility assessment up to date in accordance with facility census. RCN stated that residents were at risk of not receiving timely care, but she did not believe quality of care was affected. RCN stated that they did not have a facility assessment policy that they follow.