

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Epic Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 W Hwy 22 Corsicana, TX 75110	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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: 676295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Epic Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 W Hwy 22 Corsicana, TX 75110	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record reviews, the facility failed to ensure that residents' environment remained free of accident hazards as was possible for 1 of 6 residents (Residents #4) reviewed for accident prevention. The facility failed to ensure that bleach was not attainable for Resident #4 on 08/26/2025. This failure could place residents at risk for accidents and hazards. Findings include: Record review of Resident #4's Face Sheet, dated 09/04/2025, reflected an [AGE] year-old female admitted to the facility on [DATE]. Resident #4 has the following diagnoses: anxiety disorder (feelings of worry or fear are so intense and constant that they don't go away), unspecified dementia (loss of normal brain function that makes it hard to remember, think, speak, and do other everyday tasks), schizophrenia (brain disorder where a person has trouble telling what's real from what's not, leading to a disconnect from reality), and cognitive communication deficit (difficulties with communication that stem from a problem with one or more cognitive processes, such as attention, memory, reasoning, problem solving, or executive functions). Record review of Resident #4's Annual MDS, dated [DATE], reflected the resident was unable to complete the interview to determine the BIMS score. Resident #4 was dependent in the areas of toileting hygiene, shower/bathe self, lower body dressing, putting on taking off footwear, and personal hygiene. Resident #4 required supervision or touching assistance in the area of eating. Record review of Resident #4's Care Plan, dated 09/04/2025, reflected the resident was care planned for memory loss/dementia r/t delusional behaviors, dementia, difficulty making decisions, end stages memory loss, and impaired decision making. Record review of Resident #4's Nursing Progress Note, dated 08/26/2025, reflected kitchen staff notified DON and charge nurse she seen resident drinking her cleaning solution of bleach diluted water with soap in it about 30cc. VS taken immediately 97.7, 124/72bp, 0-10 pain. Resident alert and oriented. Resident # 4 was observed but could not be interviewed due to her cognitive impairment. Record review of Resident #4's Discharge Instructions, dated 08/26/2025, reflected discharge instructions: nontoxic ingestions. Findings: lungs appear clear, the heart and mediastinum unremarkable. No evidence of acute intrathoracic disease. During an interview with the KS on 09/03/2025 at 5:05pm, KS stated that she was washing dishes when she noticed Resident #4 had removed a cup from the dirty cups cart that was in the kitchen's doorway. The KS stated she did not see Resident #4 drink from the cup but knew the cup had bleach and soap water in it. The KS stated she put about one fourth of a cap of bleach in the soapy water. The KS stated that cups were soaked in soapy bleach water to remove hard stains such as coffee and tea. The KS stated when she saw Resident #4 with the cup, she immediately took it and assisted the resident to the nurse. The KS stated the DON and LVN B were at the nurse station. The KS stated she was told that Resident #4's toxicology screen came back negative. The KS stated if Resident would have drank the bleach soap water she could have gotten During an interview with the LVN B on 09/03/2025 at 4:50pm, LVN B stated she was not aware if the kitchen staff saw Resident #4 drink the bleach soap water. LVN B stated that the resident VS's were within normal limits at the time of her assessment. LVN B stated that the NP gave order for the resident to be sent to the ER. LVN B stated that the Resident returned from the ER the same day and there was no trace of toxins, and her labs were normal. During an interview with the DON on 09/04/2025 at 2:48pm, DON stated that the kitchen staff stated she was not aware if Resident #4 had drank from the cup with bleach soap water. The DON stated that Resident #4 was given water per the bleach label instructions. The DON stated Resident #4 was sent to the ER per the NP. The DON stated that the paperwork from the hospital did not reflect Resident had drank the bleach soap water and her lab were all normal. The DON stated there would not be a negative outcome due to the hospital lab work showing Resident #4 did not have toxic chemicals in her system. During an interview with the ADM on 09/04/2025 at 2:55pm, ADM that she was notified by the DON that a kitchen staff stated that Resident #4 had possibility drank bleach soap water. The ADM stated that the only departments that use bleach were dietary and housekeeping. The ADM stated after the incident, bleach would be securely kept in the offices of the DM and housekeeper supervisor. The ADM stated that the resident was sent to the ER and her labs were all normal. The ADM stated there would not be a negative outcome due to the resident not having an adverse effect. Review of the facility's Safety and Supervision of Residents policy, revised dated July 2017, reflected Policy Statement Policy Interpretation and Implementation Facility-Oriented Approach to Safety1. Our facility-oriented approach to safety addresses risks for group of residents. Individualized, Resident-Centered Approach to Safety</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Epic Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 W Hwy 22 Corsicana, TX 75110	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Epic Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 W Hwy 22 Corsicana, TX 75110	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observation, interviews and record reviews, the facility failed to use services of a Registered Nurse for at least 8 consecutive hours, 7 days a week. The facility failed to have an RN at the facility on 8/11 to 8/15/2025, 8/18 to 8/22/2025, 8/25 to 8/28/2025, and 9/1/2025, 9/2/2025. This failure could place residents at risk of not receiving adequate care and services of an RN, and decreased quality of life. Findings included: An observation on 9/3/2025 at 11:22 am of the Daily Nurse Staffing Report posting reflected zero scheduled RN hours. Further observation on the 9/3/2025 at 11:22 am of the Daily Nurse Staffing Report reflected zero schedule RN hours. During an interview on 9/3/2025 at 12:15 pm, the DON stated she was not aware that her RN hours could not be used to fulfill the RN staffing hours requirement. She stated she was not familiar with the average daily census requirement and thought her RN hours in addition to the weekend RNs that worked would cover all the required RN hours. The DON stated she was responsible for nurse staffing hours but was not aware her hours could not be used to meet the required RN coverage hours. During an interview on 9/3/2025 at 2:20 pm, the SC stated she had run the RN staffing report and there was no RN coverage for the dates of 8/11 to 8/15/2025, 8/18 to 8/22/2025, 8/25 to 8/28/2025, and 9/1/2025, 9/2/2025. During an interview on 9/3/2025 at 3:34 pm, the SC stated the RN the facility used for covering RN staffing hours went out on leave 8/11/2025 and was not replaced. During an interview on 9/3/25 at 4:51 pm, the RNC stated the ADM was responsible for making sure there was RN coverage. RNC stated she was not aware the RN hours could not be the same as the DON hours and was not aware of the average daily census of 60 criteria. She stated she was aware the facility was using the DON's hours for RN coverage but was not aware that was not allowed. She stated their average daily census was over 60. RNC stated she had provided RN coverage on 9/3 and 9/4/2025 as she had been in the building. During an interview on 9/3/2025 at 5:15 pm, the ADM stated she was not aware the facility needed RN coverage hours other than what the DON provided. The ADM stated it was the DON's responsibility to see that nurse staffing was correct. She stated she was the interim ADM and did not know if their average daily census was over 60, they needed additional RN coverage hours. In an email on 9/3/2025 at 12:54 pm the ADM was asked to provide proof of RN coverage for 8 hours a day for the last 7 days. The ADM replied via email on 9/3/2025 at 2:39 pm that the [DON] was in the building on 8/25/2-025 through 8/29/2025. The ADM was asked via return email on 9/3/2025 at 2:41 pm if there were other RNs in the building for coverage at that time and ADM replied via email on 9/3/2025 at 2:47 pm Unfortunately, no. Record review of Daily Nurse Staffing sheets for 9/2/2025, 9/3/2025 and 9/4/2025: For shift: 6a-6p, category: RN, total staff scheduled: 0, scheduled hours: 0. For shift: 6p-6a, category: RN, total staff scheduled: 0 scheduled hours: 0. Record Review of facility census sheet dated 9/3/2025 reflected the current census was 72 residents. Review of facility policy Staffing, Sufficient and Competent Nursing, revised August 2022, reflected: Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. 1.Licensed nurses and certified nursing assistants are available 24 hours a day, seven (7) days a week to provide competent resident care services including:a. assuring resident safety;b. attaining or maintaining the highest practicable physical, mental and psychosocial well-being of each resident;c. assessing, evaluating, planning and implementing resident care plans; andd. responding to resident needs.2. A licensed nurse is designated as a charge nurse on each shift.A. A licensed nurse may be a licensed practical nurse (LPN), licensed vocational nurse (L VN), or registered nurse (RN).b. A charge nurse is a licensed nurse with designated responsibilities that may include staff supervision, emergency coordination, provider or physician support and direct resident care.c. The director of nursing services (DNS) may serve as the charge nurse only when the average daily occupancy of the facility is 60 or fewer residents.3. A registered nurse provides services at least eight (8) hours every 24 hours, seven (7) days a week.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Epic Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 W Hwy 22 Corsicana, TX 75110	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Epic Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 W Hwy 22 Corsicana, TX 75110	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide pharmaceutical services which includes the accurate acquiring and administering of medications to meet the needs for 35 out of 72 residents reviewed for pharmacy services, in that: The facility failed to provide morning medications for 35 out of 72 residents on 8/31/2025 resulting in 305 medication errors. This failure could place residents at risk of not receiving the intended therapeutic benefit of the medications and supplements, could result in worsening or exacerbation of chronic medical conditions, and hospitalization. Findings included: Resident #1 Review of Resident #1's face sheet dated 9/4/2025 reflected a [AGE] year-old female admitted on [DATE] with diagnoses that included: Cerebral Infarction (Stroke - brain attack), history of falling, Dementia (progressive cognitive disease), and Major Depressive Disorder (behavioral health disorder). Review of Resident #1's annual MDS dated [DATE] reflected a BIMS score of 14 suggesting no cognitive impairments. Review of Resident #1's progress note by LVN A on 8/31/2025 at 4:20 pm reflected: N/O per Dr , to monitor VSS for 12 hours x 1 day d/t med error missed dose of medication. VSS WNL. No s/s of distress noted. DON , ADON, and Administrator notified. Resident is own RP and aware of situation d/t staffing. Resident #2 Review of Resident #2's face sheet dated 9/4/2025 reflected a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included: Schizoaffective Disorder (behavioral health disorder), Huntington's Disease (breakdown of nerve cells), Gastroenteritis and Colitis (inflammation of the stomach and intestines) and Vitamin deficiency. Review of Resident #2's quarterly MDS dated [DATE], reflected a BIMS score of 8 suggesting mild cognitive impairment. Review of Resident #2's progress note by LVN B on 8/31/2025 at 3:27 pm reflected: new order per Dr to monitor VS for 12 hours x 1 day d/t med error missed dose of medication. VS WNL no s/s of distress. DON ADON, Administrator, RP attempted to be made aware of situation d/t staffing. Resident #3 Review of Resident #3's face sheet dated 9/4/202 reflected a [AGE] year-old male admitted on [DATE] with diagnoses that included: Atrial Fibrillation (irregular heart beat), anxiety disorder, Scoliosis (curvature of the spine), Gastro-esophageal reflux disease (stomach acid reflux disorder) and malignant neoplasm of the testis (cancer of the male testicular organ). Review of Resident #3's quarterly MDS dated [DATE] reflected a BIMS score of 5 suggesting severe cognitive impairment. Review of progress note by LVN B on 8/31/2025 at 2:42 pm reflected: new order per Dr [name] to monitor VS for 12 hours x 1 day d/t med error missed dose of medication. VS WNL no s/s of distress. DON ADON, Administrator, RP aware of situation d/t staffing. During an interview on 9/3/2025 at 10:28 am, MA - A stated she was called at 10:00 am on 8/31/25 to come into the facility and pass meds because the MA for the 100 and 400 halls called in sick. MA-A stated she arrived at the facility at 11:00 and discovered none of the morning meds for the 100 and 400 hall had been passed. She stated she notified the nurse, LVN-B who called the MD for orders. MA-A stated there were no adverse outcomes due to the missed medications. During an interview on 9/3/2025 at 10:31 am, LVN-B stated she called the medical director on 8/31/2025 to inform him of the missed medications for the residents on the 100 and 400 hall and get orders for how to proceed. LVN-B stated she received orders to leave the missed medications as missed and start passing medications according to the current schedule. LVN-B stated she was given orders to monitor the vitals from all residents with missed medication for 12 hours and notify MD of any adverse reactions. She stated the MD informed her that all missed medications would be a medication error, and each would need to be reported. She stated she also called RPs of the residents and informed them of the missing medications. She stated there were no adverse outcomes due to the missed medications. During an interview on 9/3/2025 at 10 40 am, LVN A stated she was working on 8/31/2025 and was assigned the 200 and 300 halls. She stated LVN B told her about the medications for the 100 hall residents had been missed because the MA had called in sick, and no one had known. She stated she had been working with a resident that had a fall that morning and did not realize MA B had not come to work. She stated she helped LVN B make calls to RPs and assess residents by completing vital signs. She stated the residents VS were WNL and she did not see or get report of any adverse outcomes. She stated she had been with LVN B with MD on speaker phone when he gave them instructions to notify the DON, take VS, monitor residents for changes and just give the meds that were due now, but not go back and give any missed medications. During an interview on 9/3/2025 at 11:58 am, the interim ADM stated she had only been at the facility for 1.5 weeks. She stated a nurse called her around 10:10 am on 8/31/2025 and informed her of the missing medications. The ADM stated another MA came in</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Epic Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 W Hwy 22 Corsicana, TX 75110	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review the facility failed to provide a safe, functional, sanitary, and comfortable environment for 1 of 5 halls reviewed for environment. The facility did not address moisture damage and discoloration in the ceiling on the hallway in the secure unit. This failure could place residents at risk of not living in a safe, functional, sanitary, and comfortable environment. The findings included: During on observation on 09/03/2025 at 11:37am, the ceiling in the hallway in the secure unit had water stains and a black substance in the ceiling. During an interview with LVN C on 09/03/2025 at 11:40am, LVN C stated that the ceiling has been like that for a while. LVN C stated the water stains and black substance were cause by an air condition leak in the ceiling. LVN C stated that black substance appeared to be mold to her. LVN C stated a negative outcome would be respiratory issues from the mold. During an interview with the Maintenance Director on 09/03/2025 at 11:45am, Maintenance Director stated that he was aware of the water stains in the ceiling but had not been notified of any black substance in the ceiling. The Maintenance Director stated the air condition unit in the secure had a leak a few weeks back but that had been fixed. The Maintenance Director stated he was waiting for the ceiling to completely dry before fixing it. The Maintenance Director stated that the company requires him to get three estimates before he could proceed to have the work completed. The Maintenance Director stated that a negative outcome would be the ceiling would look less appealing, and the black substance could be mold. The Maintenance Director stated if the black substance was mold, then that could cause respiratory issues for the residents on the secure unit. During an interview with the DON on 09/04/2025 at 2:48pm, the DON stated she was aware that the ceiling had water stains and there was a black substance in the ceiling of the secure unit. The DON stated that the Maintenance Director had recently fixed air condition leak in the attic on the secure unit. The DON stated that the water stains and black substance in the ceiling would make the facility look less homelike. The DON stated that she considered the black substance to be mold. The DON stated that mold could cause respiratory issues for the residents and staff on the secure unit. During an interview with the ADM on 09/04/2025 at 2:55pm, the ADM stated she was not aware of any water stains or black substance in the ceiling of the secure unit. The ADM stated she was aware that air condition on the secure unit had a leak but had been fixed. The ADM stated that she could not give any negative outcomes due to not knowing what the black substance was. Review of the facility's Homelike Environment policy, revised dated 2021, reflected Policy Statement Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible Policy Interpretation and Implementation 1. Staff provides person-centered care that emphasized the residents' comfort, independence and personal needs and preferences. 2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary and orderly environment;</p>		