STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455515	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copperas Cove Nursing & Rehabilitation	607 W Ave B Copperas Cove, TX 76522

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 - Some	Post nurse staffing information every day. Based on observation, interview and record review the facility failed to ensure nurse staffing data was posted daily and readily accessible to residents and visitors with all required information for 1 of 1 days reviewed (9/23/2025) for nurse staffing posting.The facility failed to post accurate daily staffing information on 9/23/2025. This failure could place residents, families, and visitors at risk of not being informed of the census and number of staff working each day to provide care on all shifts.Findings included:During an observation on 9/23/2025 at 12:45 PM, the daily staffing census information was posted on the wall outside the DON office dated 8/21/2025; 8/22/2025; 8/26/2025, 8/27/2025; 8/29/2025.During an interview on 9/25/2025 at 11:30 a.m., the DON stated it was her job or the ADON to post the staffing on the daily basis. The negative outcome would be no one knows what the staffing was for the day.During an interview on 9/25/2025 at 11:35 a.m., the ADON stated it was her job or the DONs job to post the daily staffing. She stated nobody would know what the staffing would be. During an interview on 9/25/2025 at 1:40 p.m., the ADM stated it was the DON job to post the daily schedule, and the negative outcome was staff would not know their hours and where to go. There was no policy regarding the daily posting of the schedule.

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review the facility failed to provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the need of each resident. On 2 of the 4 medication carts reviewed the facility failed to establish a system of record of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation at each shift change. This failure could place residents at risk of drug diversions and could result in diminished health and well-being.Findings Include: Record review of the change of shift narcotic count sheets for the medication cart on B Hall reflected missing documentation on the Narcotic count sheet for the following:*9/17/2025 1st shift on-coming and off -going shifts, *9/18/2025 1st shift off-going,*9/22/2025 1st shift on-coming and off- going shift, and *9/23/2024 1st shift on-coming and off-going. Record review of Narcotic count sheet for the mediation cart on D hall reflected missing documentation for the following:*9/15/25/2025 1st shift on-coming and off-going shift, *9/17//2025 1st shift on-coming shift and off-going shift, *9/18/2025 1st and 2nd shift off-going and on-coming shift, and *9/22/2025 1st and 2nd shift on-coming and off-going shift.During an interview with CMA A on 09/25/2025 at 1:37PM, she stated it was required for the off going and oncoming staff to count narcotic medications together and signed the narcotic count sheet.During an interview with LVN A on 09/24/2025 at 10:42AM, she stated it was required for the off going and oncoming staff to count narcotic medications together and signed the Narcotic Count Sheet.During an interview with DON on 09/24/2025 at 11:28AM, she stated it was the expectation the off-going and on-coming shifts counted narcotics and sign the Narcotic Count sheet at each shift change. She stated staff were trained at this expectation in new employee orientation. The DON stated nurses and CMAs have recently been in serviced on ensuring they are counting narcotics at change of shift. A negative outcome of not counting narcotics at shift change was the possibility of drug diversion.During an interview with Administrator on 09/25/2025 at 1:48PM, she stated it was her expectation that the off-going nurse and the on-coming nurse counted the narcotics together at the change of shift. She stated a negative outcome of not consistently following the narcotic count expectations was a possibility of drug diversion.Record review of In-service sign in sheet over narcotic count dated 9/9/2025, stated nurses and CMA was the audience. Please ensure you are counting the cart at change of shift. This is not optional. Record review of the Controlled Substances policy stated, Controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going off duty determine the count together.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure drugs and biological were stored under proper temperature for 1of 1 Medication Rooms reviewed for medication storage. The facility failed to ensure the correct temperature for the storage of refrigerated medications for 4 days in Medication room [ROOM NUMBER]. The facility failed to check the medication storage temperature for 10 of 23 days for the month of September 2024.This failure could place residents receiving medication at risk for lack of drug efficacy.Findings included:During an observation and record review of the Refrigerator Temperature Log for the month of September 2025 in Medication room [ROOM NUMBER] on 09/24/2025 at 10:19AM temperature readings were below 36 degrees Fahrenheit for 4 days.*9/4/2025 34 degrees F*9/13/2025 32 degrees F*9/14/2025 30 degrees F*9/15/2025 32 degrees F The out-of-range temperatures read from 30 degrees Fahrenheit to 34 degrees Fahrenheit. The temperature of the medication refrigerator was not checked and documented on the following dates:*9/3/2025, *9/11/2025, *9/16/2025, *9/17/2025, *9/18/2025, *9/19/2025, *9/20/2025, *9/21/2025, *9/22/2025 and *9/23/2025. During an interview with the DON on 09/24/2025 at 10:50AM the DON stated the medication refrigerator temperatures should be checked daily. The medication aides on the day shift are responsible for checking the medication refrigerator temperatures and documenting them on the log. The DON stated if the medication refrigerator temperature was out of range there was the potential for medications to be compromised and lose their efficacy. The DON stated if medication refrigerator temperature was not checked daily there was the potential for the temperatures to be out of range.During an interview with Pharmacist on 09/25/2025 at 2:10PM the Pharmacist stated in his professional opinion, temperatures being out of range 4-6 degrees did not adversely affect the medications being stored. During an interview with the Administrator on 09/25/2025 at 1:48PM, she stated the medication refrigerator temperatures were to be checked and documented daily. If there were out of range temperatures, the staff were expected to notify Maintenance. She stated if the medication refrigerator was not checked daily there was the potential the temperature could be out of range and the medication could be compromised and lose their efficacy. During an interview with CMA A on 09/25/2025 at 1:37PM, she stated the medication aides on the day shift was responsible for checking the medication refrigerator temperatures daily and documenting it on the log. If the temperature was out of range or the temperature was not checked daily there was the potential for the medication to be compromised and lose their efficacy.During an interview with LVN A on 09/24/2025 at 10:42AM, she stated the medication refrigerator was checked daily by the night nurse.Record review of the policy entitled; Refrigerators and Freezers- Medication Room read:The facility will ensure safe refrigerators and freezers maintenance, temperatures, and sanitation, and will observe medication specifications for temperature control:1. Refrigerators and/or freezers are maintained in good working condition. Refrigerators keep medications at 37 degrees or below 40 degrees F and freezers keep frozen solid temperatures2. Monthly tracking sheets for all refrigerators and freezers are posted to record temperatures.3. Monthly tracking sheets include time and refrigerator temperature.4. Charge nurses are responsible for checking refrigerator temperatures.5. The supervisor takes immediate action if temperatures are out of range. Actions necessary to correct the temperatures are recorded on the tracking sheet, including the repair personnel and/or department contacted.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for 1 of 1 kitchen reviewed for food service safety. The facility failed to ensure food safety by not consistently monitoring, discarding expired food, maintaining sanitary kitchen. These failures can place residents at risk for foodborne illness. Findings included:Observation in the kitchen on 9/23/2025 at 9:15 AM of refrigerator #1 reflected a bag of Pepperoni was not sealed. Observation in the kitchen on 9/23/2025 at 9:20 AM of refrigerator #2 reflected the Ready Care Thickening water that had an expiration date of 4-9-2025. Observation in the kitchen on 9/23/2025 at 9:26 AM of refrigerator #3 reflected the Sour cream and ketchup in individualized containers were in a zip-lock bag dated 9/17/25 with no expiration date. Observation in the kitchen and interview on 9/23/2025 at 9:35 AM revealed the one pantry in the kitchen reflected a bag of Hot dog buns opened labeled date of 9-12-2025, and the DM said that bread has a 7-day shelf life. Observation in the kitchen on 9/23/2025 at 10:20 AM of the hot food serving station and food prep counter reflected the following: - Dust builds up hanging above the hot food serving station. - Dust builds up on the wall close to the prep table. An interview on 9/25/2025 at 1:57 PM, The DA said it was everyone's responsibility to check the dates of food in the kitchen. The DA said they use labels and stickers to put on food products so they can tell the date when it should be used. The DA said she uses the first-out method, which means all the old food items should be in front of the new items. The DA stated everyone in the kitchen was responsible for cleaning. The DA said this includes the walls and the ceilings, he was not aware that the ceiling was dirty. The DA said they get training for food safety, then for cleaning. The DA stated if outdated food was served to the residents, they could get sick. The DA stated if you went from the wall to the ceiling and fell into the food, residents could get sick. Interview on 9/25/2025 at 2:09 PM, the CK said it is everyone's responsibility to check the dates of food in the kitchen. The CK said if she sees items out of date, she throws them away. The CK said when they get a grocery truck, she checked the date on the items. CK said new food items go in the back, old ones in the front. CK said everyone is responsible for cleaning the kitchen. The CK said she did not realize the wall and ceiling were that dirty. The CK said if she cannot reach somewhere that needs to be cleaned, then she will get some help. The CK said they had in-service training on food safety and cleaning the kitchen a week ago. The CK said residents could get sick if out-of-date food was served or if dust debris fell into the food. Interview on 9/25/2025 at 2:20 PM, the DM it is everyone's responsibility to clean the kitchen and check for out-of-date food. dates. Food in the refrigerator should be checked daily, and the rest of the food is checked weekly. The DM said there is a log for cleaning the kitchen signed when a task is done. The DM said the walls and ceiling should be cleaned weekly. In-service training on labeling & dating and cleaning the kitchen was done a week ago. Residents could get sick if out-of-date food was served or if dust fell into the food. Interview on 9/25/2025 at 2:30 PM, the ADM said all kitchen staff should be checking for holiday food items and cleaning the entire kitchen. The ADM said she just had an in-service on food safety and cleanliness with the kitchen staff a week ago, not sure why there were issues. The ADM said the DM should be checking these things. Record review of the facility's food storage policy that was updated on 9-25-2025.Policy Interpretation and Implementation 1. All kitchens, kitchen areas and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects.2. All food is appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) are marked on cases and on individual items removed from cases for storage. Use by dates are completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food are observed and use by dates are indicated once food is opened.