

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/06/2026
NAME OF PROVIDER OR SUPPLIER  Coral Rehabilitation and Nursing of McGregor		STREET ADDRESS, CITY, STATE, ZIP CODE  414 Johnson Dr MC Gregor, TX 76657	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, the facility failed to ensure 3 of 3 staff (the KD, CO B and CO C) prepared, distributed and served food in accordance with professional standards for food service safety when reviewed for food procurement, store/prepare/serve-sanitary. The KD, CO B and CO C were observed with exposed mustaches while preparing lunch and handling food. The KD and CO B were observed touching multiple surfaces (food, clothing, books, cellphones) without changing their gloves. Findings included: Observation on 01/06/25 at 11:05 AM revealed the KD, CO A and CO B wearing face coverings that did not cover their mustaches while preparing lunch. Observation also revealed the KD and CO A touching multiple surfaces (clothing, cell phone, books) and preparing lunch while wearing gloves and did not change them. In an interview with the KD on 01/06/26 at 11:05 AM, he stated the policy on hair restraints reflected staff was to have no visible hair exposed. He stated facial hair was also included. The KD stated hair falling in the food was a risk that led to resident sickness, cross contamination and choking. He added it was unsanitary. The KD stated the most recent training on hair restraints was in, or around September 2024, and added he was responsible for all training. The KD stated gloves were to be changed when something spilled on them, when they got dirty, or when switching tasks. He included lack of glove changes could also lead to resident illness. In an interview with CO B on 01/06/26 at 11:15 AM, he stated he was unaware his mustache had to be covered. He stated he started nearly 2 months ago, and he did not recall if hair restraints was covered in his food handlers training. CO B stated hair falling in the food could affect residents by getting them sick. When asked about the policy, CO B stated he was not sure what it stated. In an interview with CO C on 01/06/26 at 11:18 AM, he stated he started in August of 2023. He stated facility policy was that beards and mustaches were to be kept covered. CO C stated a risk to resident health was spreading germs getting them sick. He stated his food handler's training was taken in August of 2025, when he started. In an interview with the ADM on 01/06/26 at 02:45 PM, he stated the KD was responsible for training kitchen staff. He stated all facility hair was to be covered in hair restraints. The ADM stated residents could become exposed to hair in their food causing sickness. He stated there was a facility policy related to hair restraints. In an interview with the DON on 01/06/26 at 02:45 PM, she stated the KD conducted in-service trainings with staff about hygiene. She stated a recent in-service had been conducted by him so staff knew what they should have been doing. The DON stated residents could get sick from having hair in their food. Record review of the facility policy Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices dated 10/2017 reflected, Policy Statement: Food and nutrition employees will follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness. Policy Interpretation and Implementation: 6. Employees must wash their hands: g. During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; and/or h. After engaging in other activities that contaminate the hands. 9. Food</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  455554	Facility ID:  455554  If continuation sheet Page 1 of 2

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	service employees will be trained in the proper use of utensils such as tongs, gloves, deli paper and spatulas as tools to prevent foodborne illness. 10 Gloves are considered single-use items and must be discarded after completing the task for which they are used. The use of disposable gloves does not substitute for proper handwashing. 12. Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens. Record review of facility in-service dated 10/08/25 and given by the KD, reflected: Subject: Infection Control, Inspection Report with a Kitchen Safety Quiz. CO C signed the in-service and completed the quiz. Neither CO B's signature nor quiz were attached.		