STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455554	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McGregor Wellness & Rehabilitation	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)
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, interview and record review the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety in the 1-of-1 kitchen. 1. The facility failed to ensure food items were labeled and/or dated. 2. The facility failed to ensure food items were correctly sealed. 3. The facility failed to ensure food items were properly thawed. 4. The facility failed to ensure food items were not stacked on the floor. 5. The facility failed to ensure food temperatures were taken before serving residents meals. These failures could place residents who received meals from the main kitchen at risk for foodborne illnesses.Findings include: Observation on 3/10/2026 at 8:40 AM of the walk-in cooler revealed the following:A container of white gravy was labeled with a date of 3/9 only with no expiration date.A Ziploc bag of chicken nuggets had no date on the bag.Opened butter wrapped in Saran Wrap had no open date or expiration date.A container of sweet corn was dated only 2/9.A bag of herbs was not sealed and had no opening or expiration date.A Container of croissants had one date on the package, which was 2/2026. Observation on 3/10/2026 at 8:55 AM of the walk-in freezer revealed the following:lasagna in a foil pan wrapped with foil was dated 2/16 with no expiration date. Observation on 3/10/2026 at 9:00 AM of the dry goods pantry revealed the following:Five cases of canned goods stacked on the floor.Pasta in a Ziploc bag, dated 2/26, was not labeled with the contents, and had no expiration date. Observation on 3/10/2026 at 9:10 AM of the standalone freezer revealed the following:Bread had no open date and no expiration date on the package.A single-serve cup of ice cream was not covered, was exposed to air and was not labeled or dated. Observation of the kitchen on 2/10/2026 at 9:15 AM revealed the following:A clear plastic bin of single-serve or ketchup packets was not labeled or dated.A clear plastic bin of single-serve mayonnaise packets was not labeled or dated.A clear plastic bin of single-serve syrup was not labeled or dated.A clear plastic bin of single-serve jelly was not labeled or dated.A tube of hamburger thawed meat was in the sink, where dishes were rinsed, and was hot to the touch with no cold water running over it. Observation on 3/10/2026 at 9:20 AM of the standalone refrigerator revealed the following.Opened butter that was not sealed and exposed to air.A loaf of bread was not labeled with an open date or expiration date. Observation on 3/10/2026 at 11:35 AM of the food temperatures revealed the following:The temperature of 1 pan of meatloaf was not taken on the warming cart before it was served to residents. An interview on 3/12/2026 at 10:30 AM, the DA stated it was everyone's responsibility to label and date food in the kitchen. The DA stated it was everyone's responsibility to check the dates on food items in the kitchen and to make sure they are labeled correctly. The DA stated they there were items on the floor because they got a truck in and it had not been put on the shelf yet. The DA stated residents could be served unsafe food and could get sick. An interview on 3/12/2026 at 10:50 AM, with CK. The CK stated that it was everyone's responsibility to label and date food in the kitchen. The CK stated that food items placed in Ziploc bags should have had the contents' name, the date they were put in the bag, and the expiration date on the bag. The CK stated that cooked items should not have been kept for more than 3 days. The CK stated that frozen meat should have been thawed in the refrigerator or under cold running water, and that items should have been rotated so they did not get warm in one spot. The CK stated that if food (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	items were not labeled correctly, they would not have known whether the food was safe to use. The CK stated that the temperatures of all food on the warming table should have been taken before it was served to residents. The CK stated that no food should have been left on the floor and that all should have been on a shelf. The CK stated that residents could have become ill if they consumed out-of-date food. The CK stated that meat that was not handled correctly could have become contaminated with salmonella. The CK stated that if residents were to eat meat that was contaminated with Salmonella, they could either have gotten sick or died. An interview on 3/12/2026 at 11:19 AM, with DM. The DM stated that everyone in the kitchen was responsible for labeling and dating food items. The DM stated that there should have been a use-by date on Ziploc bags. The DM stated that he did not usually include the contents' name on the Ziploc bag if there was a see-through bag. The DM stated that meat should have been thawed out under running water. The DM stated that meat should not have been thawed out in the sink where dishes were being washed. The DM stated that they had had a separate sink where frozen meat should have been thawed out in. The DM stated that no food items should have been left on the kitchen floor and that they should all have been placed on a shelf. The DM stated that the temperature of all foods should have been taken on the warming table before it was served to residents. The DM stated that if residents were served food that was out of date or not thawed properly, they could have gotten sick. On March 12, 2026, at 11:20 AM, an interview was conducted with the RDM. The RDM stated that all prepared foods placed in Ziploc bags should have had the contents' name, the date it was made, and the expiration date written on the bag. The RDM stated that it was everyone's responsibility in the kitchens to label and date food products. The RDM stated that frozen foods should have been thawed either in the refrigerator or under cold running water. The RDM stated that the temperatures of all food should have been taken on the warming tray before it was served to a resident. The RDM stated that no food should have been left on the floor and that all food should have been on a shelf. The RDM stated that if residents were served food that was not properly dated or not thawed correctly, residents could have gotten sick. An interview on 3/12/2026 at 11:36 AM, the ADM stated all staff were responsible for labeling and dating food in the kitchen. The ADM stated the contents of a Ziploc bag, the date the item was placed in it, and the expiration date should all be on the bag. The ADM stated thawing meat should be done either in the cooler or under cold running water. The ADM stated the temperature of all food should be recorded before it was served to residents. The ADM stated failing to do these things could cause a resident to get sick. Record review of the facility's Food Labeling and Dating Policy, dated 1-25-2025, reflected Dietary employees will be trained regarding proper food storage procedures, labeling, and dating.The product name will be labeled on food items, including the original packaging, box, zip-lock bag, and storage bin.Any food items prepared for a meal that were not served may be retained to use later and are leftovers. Leftovers are placed in an airtight container or Ziplock bag and will be labeled with the leftover product name, date prepared, and discard date. Leftovers must be used by or discarded within 3 days of the preparation date. Record review of the facility's physical Food Temperatures Policy, dated 1-25-2025, reflected Measuring Food Temperature Take the temperature of each pan of product before serving.At starting of meal services Hot Food should be above 135 F Thawing Potentially hazardous foods, such as beef, chicken, port, etc., must not be left to thaw at room temperature.Thawing in the refrigerator, in a drip-proof container, and in a manner that prevents cross-contamination.Completely submerge the item under cold water (at a temperature of 10 F or below) that is running fast enough to agitate and float off loose ice particles.Thawing the item in a microwave oven, then cooking and serving it immediately afterward; orThawing as part of a continuous cooking process.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the assessment accurately reflected the resident's status for 1 of 2 residents (Resident #4) reviewed for accuracy of assessments. The facility failed to ensure Resident #4 was coded in the MDS for pressure ulcer (injuries to the skin and the tissue below the skin that are due to pressure on the skin for a long time). This failure could place residents at risk for receiving inadequate care and services based on an inaccurate assessment.The findings include: Record review of Resident #4's face sheet, dated 03/12/2026, reflected an [AGE] year-old female who was admitted to the facility on [DATE] with an initial admit date of 05/15/2025. Resident #4's Pertinent diagnoses included: type 2 diabetes mellitus without complications (a person has diabetes, but it has not yet led to any additional health problems or complications), hypokalemia (a medical condition characterized by abnormally low levels of potassium in the blood), hyperlipidemia, unspecified (a condition where lipid abnormalities are detected in the blood, but the exact type or cause of the abnormality is not clearly identified), muscle weakness (generalized) (a common symptom ranging from a temporary inconvenience to an indicator of a significant underlying health issue). Record review of Resident #4's Quarterly MDS assessment, dated 01/07/2026, reflected a BIMS score of 00, which indicated Resident #4 was severely impaired. Section M - Skin Conditions - Section M0150 - Risk of Pressure Ulcers/Injuries was marked yes. Record review of Resident #4's comprehensive care plan was last revised on 06/04/2025 and did not reflected Resident #4 had a pressure ulcer or skin breakdown. In an interview on 03/12/2026 at 1:40 p.m. with the ADON, she stated the MDS Coordinator was responsible for making sure the matrix was correct, but she was unsure how or when it was updated. She stated if the matrix was incorrect, it would cause a discrepancy in the coding. She stated the matrix came from what was placed on the MDS. She stated Resident #4 had a stage 3 PU. It was in stage 4, and the NP downgraded it to stage 3. The NP came every Monday and she looked at it. The ADON stated the progress notes should integrated over from the NP so they could access her notes and be able to treat the resident accordingly. The NP and the wound care nurse did rounds together on Mondays. In an interview on 03/12/2026 at 1:50 p.m. with the MDS Coordinator, she stated she was responsible for making sure matrix was correct. She tried to pull matrix daily. She stated they did not have access to PCC from 2/27/2026 until 3/3/2026. She stated the matrix was updated daily. She stated if the matrix was documented incorrectly, it would not affect the care of the resident. She stated she did not think it would affect care because no one looked at matrix. It should be on the care plan. She stated there was a wound care nurse who should be looking at it daily. The wound care nurse should relay updated medical information. She got a weekly skin report which reflected if a resident had a pressure ulcer, skin tear, blister and treatment. She stated sometimes residents had skin issues, and by the time she did updated MDS (which reflected what is on the matrix), it was healed and she did not place it on the MDS which was why it wouldn't reflect on the matrix. In an interview on 03/12/2026 at 2:10 p.m. with the Wound Care Nurse, he stated the MDS Coordinator was responsible for making sure the matrix was correct. He stated he looked at Resident #4, and it was a skin breakdown, but he did not recall it being open. The wound care doctor could give the wrong orders if he recorded it wrong. He checked wounds, Mondays, Wednesdays, and Fridays. If the resident was not on the matrix, they would not get the appropriate care. Record review of the facility's Care Planning Policy, dated January 2024, reflected - Purpose To ensure that a comprehensive person-centered Care Plan is developed for each resident based on their individual assessed needs.