STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455601	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alvarado Meadows Nursing & Rehabilitation	101 N Parkway Alvarado, TX 76009

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observations and interviews, the facility failed to ensure residents were treated with dignity and respect during meal service for 3 of 11 residents observed in the G Hall (Male Memory Care Unit) dining area.Resident 11, Resident 42, and Resident 51 were observed being served lunch on transport trays typically used for meal delivery rather than being provided with a standard dining setting appropriate for residents.This failure had the potential to compromise residents' dignity and created a non-traditional dining experience that did not promote a homelike environment.Observations conducted on 05/04/2026, at 12:41 PM, revealed residents eating lunch in the common dining area of the Male Secured Unit. Residents were observed being served meals on transport trays. A male staff member assisted with meal setup, including providing utensils such as forks, knives, and spoons when needed; however, the meals remained on the transport trays during dining service.Observations conducted on 05/05/2026, revealed residents in the Male Secured Unit continued to be served lunch on transport trays in the common dining room.During an interview on 05/06/2026, at 11:25 AM, CNA A stated that when residents were served meals in G Hall, staff placed the tray in front of the resident, removed the lid, assisted with meal setup, and prepared to serve the residents requiring assistance. CNA A stated staff also placed utensils in residents' hands when assistance was needed. CNA A further stated it had been standard practice for residents in the Memory Care Unit to receive meals on the transport trays. When asked whether the practice was facility policy, CNA A stated he did not know. CNA A stated he promoted a homelike environment by treating residents with respect and maintaining privacy.During an interview on 05/06/2026, at 11:40 AM, LVN A stated staff were responsible for removing tray lids and setting meals up for residents, and stated meals should have been removed from the transport trays prior to service. LVN A stated meals in G Hall were normally expected to be served similarly to meals in the main dining area to promote a homelike environment. LVN A further stated staff maintained a homelike environment by keeping doors closed, knocking before entering residents' rooms, and interacting respectfully with residents. LVN A also stated staff would be educated that meals should not be served on transport trays unless specifically care planned and stated additional staff training related to meal service practices would be needed.Record review of facility's policy titled: Resident Rights Policy revealed:SS 03-9.0a RESIDENT RIGHTSThe resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this policy.A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.The facility will provide the Resident Rights to each newly admitted resident and upon any revision to the Resident Rights to each resident and/or resident representatives.Respect and dignity - The resident has a right to be treated with respect and dignity, including:3. The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and records review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administ ering of all drugs and biologicals) to meet the needs of each resident. for one of one medication room (Medication room [ROOM NUMBER]), and for one of five medication carts (Medication Cart #1) inspected on 5/5/2026. The facility failed to dispose of: one box of expired Loperamide Hydrochloride, 2mg tablet, (an anti-diarrheal medication), with expiration date July 2025 in medication cart #1 (G hall Nurse cart). 28 syringes of expired AB 1MG-25/GM T/D Gel (topical anti-anxiety medication), with use by date of 12/1/2025 in medication room [ROOM NUMBER]. 3 syringes of expired Morphine Sulfate solution 100/5ML (oral narcotic pain medication), with use by date of 6/4/2026 in medication room [ROOM NUMBER]. One bottle of expired Hydromoprhone4 MG/ML syrup (oral narcotic pain medication) with best used by date of 8/18/2025 in medication room [ROOM NUMBER] 8 boxes of expired influenza vaccines with expiration date of 4/28/2026 in medication room [ROOM NUMBER] acetaminophen 650 mg suppositories (over the counter pain medication) with expiration date of 01/2026 in medication room [ROOM NUMBER] These failures have the potential for residents to receive expired medications with reduced therapeutic results, injury, or illness. Findings: Observation on 5/5/2026 at 10:19 am during an inspection of medication cart #1 revealed anti-diarrheal mediation with an expiration date of 7/2025. Observation on 5/5/2026 at 10:28 am during an inspection of medication room [ROOM NUMBER], revealed in the locked refrigerator the following expired medications were observed: AB 1MG-25/GM T/D Gel (expired 12/1/2025), Morphine Sulfate solution 100/5ML (expired 6/2/2026), Hydromoprhone 4 MG/ML syrup (expired 8/18/2025), boxes of influenza vaccines (expired 4/18/2026) and acetaminophen suppositories(expired 1/2026). During an interview on 5/5/2026 at 10:19 am, LVN A acknowledged the expired loperamide medication and stated it was the nurse's responsibility to check the cart for expired medications. She stated carts were checked once a month and as needed. She stated she checked the cart two weeks ago and did not know where the expired loperamide medication came from. She stated expired medications should be pulled from the cart and put in the destruction box in the medication room so they will not be giving expired medications to residents. She stated using expired medications could make residents sick and residents may not get the therapeutic levels of the medication to treat their illness. During an interview on 5/5/2026 at 10:28 am, LVN B acknowledged the expired medications: 1MG-25/GM T/D Gel, Morphine Sulfate solution 100/5ML, Hydromoprhone4 MG/ML syrup, influenza vaccines and acetaminophen suppositories. LVN B stated giving a residents expired medications might cause the medication to not do what it was supposed to do. She further stated if they gave a resident expired pain medication, the medication could lose its effectiveness, and the residents could still be in pain. She stated she checked the narcotic medication in the medication room [ROOM NUMBER] every shift she works but did not check expiration dates. She stated she would need to start checking expiration dates when she checked medication counts. During an interview on 5/6/2026 at 9:20 am, RNC stated she had been made aware of the expired medications and stated the nursing staff was responsible for medications on the med carts, but she was unsure who was responsible for medication room [ROOM NUMBER]. She stated all medications should be checked for expiration dates before they were given to the residents. She stated pharmacy came in once a month and they are supposed to check those things. She acknowledged that the medications were expired and stated she would have concerns about the efficacy of the medication if given to a resident. During an interview on 5/6/2026 at 10:00 am, RNC stated the nursing staff that takes the cart at shift change was responsible for the cart and checking dates on medications She stated DON C was responsible for the medication room. She stated monthly pharmacy audits should include medication room, and she was not sure if this was (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	being done but would follow up with pharmacy. During an interview on 5/6/2026 at 10:20 am DON C stated she had been at the facility for one month and was not aware of the expired medications in medication room [ROOM NUMBER]; she thought the nurses on the floor had been checking medication room [ROOM NUMBER] and the medication carts. She stated that the overall responsibility for medications rolled up to her as far as her area of responsibility. She stated a potential concern with giving residents expired medications was that the medications could be ineffective causing more medication needed to be given to address the need. She further stated a resident could have increased pain due to pain medication being expired and not available to treat their pain. During an interview on 5/6/2026 at 10:35 am, the MD stated he was not aware of the expired medications on the medication cart or in the medication room. He stated his concern with expired medication would be that the medications could be less effective if they expired and they would not be able to manage the resident's needs appropriately. He stated it was not okay to give expired medication per the facility policy but acknowledge medications could still be effective for a short period of time after they expired. Review of facility policy PCU027 - Medication Storage in the Facility, dated vs-2025 reflected: Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to license nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Further: 13. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to the procedures for medication destruction, and reordered from the pharmacy, if a current order exits.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed.The facility failed to ensure food items in the kitchen were properly labeled and dated.These failures had the potential to place residents consuming food prepared by the kitchen at risk for foodborne illness.During an observation conducted on 05/04/2026, at 9:32 AM Refrigerator #1: contained one large container of [NAME] Deluxe Mayonnaise and one bottle of Louisiana Hot Sauce that had been opened but was not labeled or datedDuring an observation conducted on 05/05/2026, at 12:07 PM, Freezer #1, contained two packages of prepared bread and two bags of single-serve ice cream that had no labels or use-by dates.During an interview on 05/06/2026, at approximately 11:37 AM, the DM stated when new items were received in the kitchen, staff checked for damage and labeled and dated items appropriately. The DM stated all kitchen staff were responsible for labeling and dating food items. The DM stated the facility used Cambro StoreSafe Food Rotation Labels for labeling and dating food products. The DM further stated facility practice was to date fresh items for three calendar days and prepared items for six calendar days. In addition, the DM stated if a date label could not be read, the item should have been discarded.During an interview on 05/06/2026, at approximately 12:08 PM, [NAME] A stated when groceries were received in the kitchen, staff wrote dates on boxes when products were opened. [NAME] A stated fresh produce and prepared food items were stored in containers or zip-top bags with preparation dates, initials, and expiration dates. [NAME] A stated staff had not received formal training specifically related to labeling and dating practices, but staff generally followed a rule that produce should have been discarded after three days. [NAME] A stated all kitchen staff shared responsibility for labeling and dating products in the kitchen. In addition, [NAME] A stated he performed weekly checks to ensure food items were properly labeled and dated.During a group interview on 05/06/2026, at approximately 1:13 PM, with KW A , KW B, and KW C they stated when items were opened, they labeled and dated them for seven days; however, they were unsure whether items should have been dated for seven days from opening or three days from opening. KW A stated she understood they were responsible for labeling and dating food items along with the cook on duty. KW C further stated improperly labeled or undated food items could result in residents consuming spoiled food or becoming ill. Record review of facility's policy titled: Food Storage dated 2012 revealed:Food Storage and SuppliesAll facility storage areas will be maintained in an orderly manner that preserves the condition of food and supplies. We will ensure storage areas are clean, organized, dry and protected from vermin, and insects.

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the completion of a significant change assessment for 1 of 5 residents reviewed for Significant Change Assessments. (Resident #39).The facility did not complete a significant change assessment for Resident #39 within 14 days of being admitted to hospice services. This failure could place residents at risk of not receiving adequate services and reimbursement to meet their needs.The findings included:Record review of Resident #39 annual MDS dated [DATE] reflected she was a [AGE] year-old female who was admitted to the facility on [DATE] with diagnosis of chronic obstructive pulmonary disease (a lung disorder making it difficult to breathe), mild intermittent asthma (narrowing of the airway), anxiety, and vascular dementia (a decline in memory function). Resident #39 had impaired short term and long-term memory and was receiving hospice care. Record review of Resident #39's Physician's Order Summary report reflected an order for Resident #39 to admit to hospice services dated 01/09/2026. Record review of Resident #39's Individual Election Form for hospice services reflected a hospice admission dated 01/09/2026.Record review of Resident #39s' care plan dated 01/09/2026 reflected she had a terminal prognosis and/or is receiving hospice services date Initiated: 01/09/2026. Interventions included work cooperatively with hospice team to ensure the resident's spiritual, emotional, intellectual, physical and social needs are met.Record review of undated MDS summary report reflected Resident #39 had a quarterly MDS completed on 12/24/25 and an annual MDS completed on 3/26/26. There was no significant change assessment completed after the elected admission to hospice services. In an interview on 05/06/2026 at 1:20p.m. the MDS LVN stated she was responsible for scheduling all MDS assessments including significant changes. She stated Resident #39 should have had a change in condition MDS completed within 14 days of her hospice admission. She stated she must have just missed that assessment. She stated that by not completing an MDS assessment after a change in condition the resident's plan of care may not accurately represent their needs. In an interview on 05/06/2026 at 1:27p.m. the RCN stated the MDS coordinator was responsible for scheduling all MDS assessments. She stated a significant change assessment should have been completed 14 days after the significant change in condition was recognized for Resident #39. She stated a hospice admission was considered a significant change in a resident's condition. Record review of facility policy titled Resident Assessment dated 2003 reflected Each resident will be reassessed at regular intervals related to the course of treatment or when the resident's physical, psychosocial, functional, or nutritional status significantly changes. Reassessment will occur quarterly thereafter or in response to a change in the residents' condition. Documentation reflecting assessment and changes in the plan of care will be reflected in the resident's medical record and/or plan of care.