STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2025

NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation	STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen LN Waco, TX 76710

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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. (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

FORM CMS-2567 (02/99)
Previous Versions Obsolete

Event ID:

Facility ID: 455638

If continuation sheet
Page 1 of 2

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption for 1 of 5 residents (Residents #1) reviewed for food and nutrition services.1. The facility failed to ensure Resident #1's personal refrigerator did not have a brown substance stuck to the bottom of the refrigerator and freezer along with a food encrusted butter knife. 2. The facility failed to ensure Resident #1's personal refrigerator had a temperature log.These deficient practices could place residents at risk of foodborne illness due to consuming foods which might be spoiled. The findings include: Record review of Resident #1's admission Record reflected Resident #1 was admitted to the facility on [DATE]. Resident #1 had diagnoses which included Alzheimer's disease (a progressive brain disorder that affects memory, thinking, and behavior), elevated blood pressure, muscle weakness and chronic pain. Record review of Resident #1's admission MDS, dated [DATE], reflected Resident #1 had a BIMS score of 15, which indicated she was cognitively intact. Resident #1 required Substantial/Maximal assistance with personal hygiene, upper and lower body dressing. During an observation and interview on 09/12/25 at 10:25 a.m. revealed Resident #1 had a personal refrigerator. There was a brown substance stuck to the bottom of the refrigerator and freezer along with a food encrusted butter knife. There was no temperature log for the refrigerator. Resident #1 stated she did not have anything in the refrigerator at this time, but she did occasionally store food in it. Resident #1 stated staff did not clean her refrigerator. In an interview on 09/12/25 at 1:05 p.m., the Maintenance Director stated it was his first week working at the facility. He stated all refrigerators should have a temperature log and be clean. He stated he was not sure why it had not been done in the past. He stated housekeeping and maintenance were responsible for checking the cleanliness of the refrigerators and temperatures. He stated not keeping the residents' room refrigerators clean and within a proper temperature, could lead to mold, antifreeze could be leaking, spoiled food not at the right temperature that could cause residents to become sick. In an interview on 09/12/25 at 1:10 p.m., the ADM stated the facility staff should have been checking the residents' refrigerators in the rooms for cleanliness and temperatures. He stated moving forward the facility would have a temperature log taped to each refrigerator. He stated he was not sure why it was not completed before now. He stated the negative effects could be spoiled food, which could cause illness Record review of the facility's policy titled Resident Refrigerators, dated 06/15/2025, reflected, Maintenance staff shall record refrigerator temperatures weekly on a temperature log attached to the refrigerator. a. A thermometer shall remain in the refrigerator. It shall be calibrated prior to use and periodically thereafter.b. Temperatures will be at or below 41 0 F, and freezers will be cold enough to keep foods frozen solid to the touch (or in accordance with state regulations).c. If temperatures are out of range, maintenance staff shall notify nursing department to discard any foods that require refrigeration and take measures to remedy the problem.d. If problems persist with maintaining proper temperatures, the refrigerator shall be removed from use and the resident/family notified.(Nursing/housekeeping) staff shall clean the refrigerator weekly and discard any foods that are out of compliance. Nursing staff shall clean up spills as needed or refer to housekeeping staff.

FORM CMS-2567 (02/99)
Previous Versions Obsolete

Event ID:

Facility ID: 455638

If continuation sheet
Page 2 of 2