

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  03/05/2026
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)
<p>F 0562</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide immediate access to any resident.</p> <p>Based on interviews, observation, and record review, the facility failed to allow immediate access to residents by a state representative of HHSC in that: The facility's Administrator refused to allow a HHSC Employee to enter the facility to conduct a Priority One investigation; with a resulting outcome of delaying entrance on 3/3/2026 from 10:05 am through til 2:00 pm, a delay of 4 hours. This failure placed all 93 residents at risk of potential harm due to a priority investigation not being conducted to rule out immediacy. Findings included: On 03/03/2026 at 10:05 am, through direct observation the HHSC Surveyor entered the facility and checked in with the reception desk. The HHSC Surveyor was led to the conference room behind the reception desk. On 3/3/2026 at 10:11 am, the ADM entered the conference room and informed the Surveyor she would not be allowed in the building to conduct the P1 investigation. The ADM was advised it was a P1 investigation. On 3/3/2026 at 10:43 am, the Surveyor was instructed by phone from the PM to leave the facility. The PM then contacted the ARD and was briefed on the incident and indicated she would get the appropriate parties involved. On 3/3/2026 at 2:00 pm, the Surveyor re-entered the building and conducted the entrance conference with the ADM and the P1 investigation commenced. During an interview on 3/3/2026 at 2:00 pm, the ADM apologized for the situation and stated he was just a ping pong ball going back and forth between corporate staff and HHSC. During an interview on 3/5/2026 at 12:30 pm, the ADM stated they did not have a policy on impeding a survey or access to medical records. Review of facility census document revealed their current census was 93 residents. Review of the facility's policy Governing Body dated 7/23/2025 revealed: The facility will have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility. Review of Health and Safety Code revealed under Ch 242: Sec. 242.043. INSPECTIONS. (a) The commission or the commission's representative may make any inspection, including an unannounced inspection or follow-up inspection, survey, or investigation that it considers necessary and may enter the premises of an institution at reasonable times to make an inspection, survey, or investigation in accordance with department rules Review of Texas Health and Human Services Commission Provider Letter PL18-26, dated December 10, 2018, entitled Providing Access to Electronic Health Records revealed: The Texas Health and Human Services Commission (HHSC) is issuing this letter as a replacement of PL 18-10 to inform provider of the following updated information as it applies to all provider types. Providers must grant access to all electronic health records when re</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
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<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 observations, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for one of one kitchen reviewed for kitchen sanitation, in that: The facility failed to label, date and seal food items in the pantry, refrigerator and chest freezer on 3/3/2026. The deficient practice placed residents who were served from the kitchen at risk for health complications and foodborne illnesses. Findings included: During an observation on 3/3/2026 between 3:27 pm and 3:47 pm the following observations were made in the kitchen area: 1) a clear, plastic, square container with a white granulated substance in it was found on the floor, lying on its side with the lid off and the white granulated substance on the pantry floor. 2) an unsealed zip bag of pasta was on the pantry shelf. 3) an unsealed bag of tortilla chips was on the pantry shelf. 4) an open box, containing a blue unsealed bag of rice was on the pantry shelf. 5) an unsealed plastic tote, not dated or labeled, of a white granulated substance was on the pantry shelf. 6) an unsealed zip bag of yellow shredded cheese was on the refrigerator shelf. 7) more than a dozen, uncovered, not labeled or dated, white Styrofoam cups with a fruit substance in them were on the refrigerator shelf. 8) an opened box, with an unsealed bag of frozen cookie dough was in the bottom of a chest freezer. During an interview on 3/3/2026 at 3:29 pm the DM acknowledged the opened items in the pantry area and stated he was the Dietary Manager, but all staff were responsible for ensuring food was stored correctly. During an interview on 3/3/2026 at 3:41 pm, the [NAME] acknowledged the open bag of shredded cheese and stated the bag was supposed to be sealed before being put away. She stated all dietary staff were supposed to store food properly and acknowledged she has been trained on how to properly store food in the kitchen. She stated food that was not stored right could go bad and make the residents sick. During an interview on 3/4/2026 at 10:53 am, the DM stated all staff have been trained on how to store food. The Dry pantry items should be put in a zip bag, labeled and dated; opened refrigerated items should be stored in a zip bag and labeled and dated, and freezer items should also be in sealed bags, labeled and dated - if not in the original packaging. He stated he has seen food items not stored properly and he will go back and seal packages, label and date them when he finds them. He stated it was important to store food properly, so residents do not get sick. He stated to his knowledge all residents were served food from the facility kitchen. During an interview on 3/4/2026 at 10:59 am, Dietary Staff A stated he had been trained on how to properly store food and to rotate food - first in, first out. He stated they should be using zip bags and labeling and dating food when it was stored. He stated the sugar was stored in a plastic tub in the dry pantry area and he has seen the tub with the lid off, and he will close it back up. He stated when he finds items not stored properly, he will try and fix it himself or let the DM know. He stated that when food was not stored correctly, it could make the residents sick. During an interview on 3/4/2026 at 11:18 am, the DM stated ultimately it was he, the DM, that was responsible for making sure food was stored correctly. He stated he doesn't always go back to the staff that were responsible for the improperly stored food; he will just fix it himself. He stated the facility conducted a mock survey last month and he talked to all the kitchen shifts about food storage, and he thought it had been addressed at that time. He stated any food that was identified as not being stored properly on 3/3/2026 had been thrown out and not served to residents. During an interview on 3/4/2026 at 1:32 pm, the ADM stated his expectation was that all food in the kitchen is stored properly. He stated it was the DM's responsibility to ensure all staff know how to store food and ensure the process was followed. He stated that improper food storage could lead to food borne illnesses and potentially make residents sick. Review of the facility policy Food Receiving and Storage, revised October 2017, revealed: Foods shall be received and stored in a manner that complies with safe food handling practices. Additionally, 7. Dry foods that are stored in bins will be removed from original packaging, labeled and dated ( use by date). Such foods will be rotated using a first in - first out system. 8. All foods stored in the (continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>refrigerator or freezer will be covered, labeled and dated ( use by date). Review of the facility policy Date Marking for Food Safety, copyright 2025, revealed: The facility adheres to a date marking system to ensure the safety of ready to eat, time/temperature control for safety food.Further review revealed: 2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded.3. The individual opening or preparing the food shall be responsible for date marking the food at the time the food is opened or prepared.</p>		