

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 05/29/2026
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen Lane 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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure residents had the right to retain and use personal possessions, including clothing, as space permits, unless to do so would infringe upon the rights of others for 3 of 10 residents (Resident #11, Resident #31, and Resident #106) reviewed for respect and dignity. The facility failed, for an undetermined period, to return residents' clothing to them after they had been laundered causing Residents #11, #31, and #106 to be mad. This failure could place residents at risk of their clothing not being returned, lost, stolen, and not having adequate clothing options. Based on interviews and record review, the facility failed to ensure residents had the right to retain and use personal possessions, including clothing, as space permits, unless to do so would infringe upon the rights of others for 3 of 10 residents (Resident #11, Resident #31, and Resident #106) reviewed for respect and dignity. The facility failed, for an undetermined period, to return residents' clothing to them after they had been laundered causing Residents #11, #31, and #106 to be mad. This failure could place residents at risk of their clothing not being returned, lost, stolen, and not having adequate clothing options. Findings included: Record review of Resident #11's face sheet, dated 05/29/2026, revealed a seventy six year-old female who was admitted to the facility on [DATE] and re-admitted on [DATE] and 04/12/2026 with a diagnosis that included type 2 diabetes mellitus with diabetic polyneuropathy (nerve damage caused by long-term high blood sugar and metabolic dysfunction), gastrointestinal hemorrhage (blood loss originating anywhere in the digestive tract), and non-ST elevation (NSTEMI) myocardial infarction (a common, life-threatening heart attack caused by a partial (or temporary) blockage of a coronary artery). Record review of Resident #11's MDS (clinical assessment to determine resident's strength and needs) dated 03/28/2026 Nursing Home Comprehensive Section C - Cognitive Patterns revealed a score of 15 indicating no cognitive issues. Record review of Resident #11's care plan revealed Resident #11 had a goal dated 09/16/2014 of impaired physical functioning related to debility, cognitive impairment with a goal dated 05/19/2026 of Resident #11 will remain well groomed, dressed, and assisted by staff as needed. Record review of Resident #31's face sheet, dated 05/29/2026, revealed a fifty six year-old female who was admitted to the facility on [DATE] and re-admitted on [DATE] with a diagnosis that included hypotension (low blood pressure), hypokalemia (a potentially dangerous electrolyte imbalance characterized by lower-than-normal potassium levels in the blood), and epileptic spasms (sudden contractions of the arms, legs, and trunk). Record review of Resident #31's MDS (clinical assessment to determine resident's strength and needs) dated 03/30/2026 Nursing Home Comprehensive Section C - Cognitive Patterns revealed a score of 15 indicating no cognitive issues. Record review of Resident #31's care plan revealed Resident #31 had a goal dated 03/01/2025 of impaired physical functioning and cognitive impairment with a goal dated 06/30/2026 of Resident #31 (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: 455638	Facility ID: 455638 If continuation sheet Page 1 of 19

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure residents received services in the facility with reasonable accommodations of resident's needs and preferences except when to do so would endanger the health and safety of the resident or other residents for 3 of 6 residents (Residents #28, #72, and #87) reviewed for resident rights. The facility failed to ensure Resident's #87's and Resident #72's call light was within reach on 05/27/26. The facility failed to ensure Resident's #28's and Resident #72's call light was within reach on 05/28/26. This failure could place residents at risk of needs not being met. Findings included: Record review of Resident #87's face sheet dated 05/29/26 reflected a [AGE] year-old-male admitted on [DATE] with diagnoses of chronic obstructive pulmonary disease (COPD) (a lung disease characterized by chronic respiratory symptoms and airflow limitation), multiple sclerosis (a chronic, autoimmune disorder of the central nervous system), hemiplegia-right dominant side (refers to total paralysis or the complete loss of voluntary movement on one side of the body), and hemiparesis-right dominant side (partial weakness or a mild loss of strength on one side of the body), traumatic brain injury (is a sudden physical assault that causes damage to the brain). Record review of Resident #87's quarterly MDS assessment dated [DATE] reflected a BIMS score of 15 which indicated Resident #87 was cognitively intact. The MDS reflected Resident #87 had no impairment in functional limitation in range in motion for upper extremity (shoulder, elbow, wrist, hand). Resident #87 required setup or clean-up assistance for eating, supervision or touching assistance for toileting, showering and personal hygiene. Review of Resident #87's care plan dated 03/11/26 reflected: Resident was risk for falls/injuries r/t debility/generalized weakness, poor safety awareness, potential medication side effects. Goals: Resident # 87 would be free from injury r/t falls with target date: 06/16/26 Interventions included: Call don't fall sign in room [ROOM NUMBER]/10/26, Call light within easy reach. Encourage him/her to use call light for staff assistance and encourage the use of his call light. 04/13/2026. During an interview/observation on 05/27/26 at 1:35 PM, Resident #87 was seated in his wheelchair in his room. He stated he used his call light when assistance was needed. Resident #87's call light was lodged between the bed rail and mattress at the head of bed, preventing him from reaching and accessing the call light. Resident #87 attempted to retrieve the call light but was unable to free or access the call light due to its position. Record review of Resident #72's face sheet dated 05/29/26 reflected a [AGE] year-old-male admitted on [DATE] with diagnoses of chronic kidney disease, stage 3, (a condition where your kidneys are damaged and gradually lose their ability to properly filter waste and excess fluids from your blood), vascular dementia (a decline in thinking and memory skills caused by restricted or blocked blood flow to the brain), hypothyroidism (occurs when your butterfly-shaped thyroid gland fails to produce enough essential hormones), hypertension (a common condition where the force of your blood pushing against your artery walls is consistently too high). Record review of Resident #72's quarterly MDS assessment dated [DATE] reflected a BIMS score of 00 which indicated severely impaired cognition. The MDS reflected Resident #72 had no impairment in functional limitation in range in motion for upper extremity (shoulder, elbow, wrist, hand). Resident #72 required setup or clean-up assistance for eating, supervision or touching assistance for toileting, showering and personal hygiene. Record review of Resident #72's care plan dated 03/25/26 reflected: Resident was at risk for falls r/t impaired mobility/balance, impaired cognition, psychoactive medications, incontinence, wandering, chronic kidney disease (long standing disease of the kidneys leading to renal failure), history of myocardial infarction (commonly known as a heart attack, occurs (continued on next page)		

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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 observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety for one of one kitchen reviewed for sanitation. The facility failed to date all items after they were opened. The facility failed to properly label and date all items in the freezer. The facility failed to maintain clean cooking equipment. These failures could place residents at risk for foodborne illness. Findings included: An observation on 05/27/2026 at 9:08 AM of the stand-up freezer revealed the following: An undated and opened to air bag of chicken strips An undated and opened to air bag of fries 2-freezer bags of undated and unknown substances 4-sealed bags of undated and unlabeled substances that appeared to be frozen sauces An undated opened bottle of blackberry lemonade An observation on 5/27/2026 at 9:14 AM revealed the following areas to be uncleaned: The side of the fryer was dirty Under the counter where the tea maker was located was dirty The floors and walls were dirty and had food and dripping from food on them. The sanitation bucket had dirty towels in it and hanging out of it There was a container with kitchen equipment (a skillet, containers, container tops, tongs) that was unclean that sat under the counter The steam table was observed with particles of food on it. During an interview on 5/28/2026 at 5:17 PM, DM stated he has been working at the facility as the Dietary Manager since 12/2025 but has been in the culinary business as a chef for 20 years. DM stated he, along with his staff, is responsible for making sure the opening and used by dates are placed on items in the coolers and the freezers, but ultimately it all falls on him. DM stated it is the responsibility of everyone to check the dates on the items before using them and it should be done daily on every shift. He stated if the food is not dated and the resident is served that food; the resident could get food poisoned. He stated food left opened in the freezer is thrown away. DM stated the kitchen is swept and mopped daily and decked brush the floors and walls weekly, and the trash cans are washed nightly, the cutting board and the counters are cleaned in between the shift, the juice machine is done each time they change the bags, the juice lines are flushed weekly, the nozzles to the juice machine are done nightly, the shelves are put through the machine to be cleaned monthly. DM stated it is the responsibility of the kitchen staff to keep the kitchen cleaned. During an interview on 5/29/2026 at 11:01 AM, CK K stated she has worked at the facility a little over a month. She stated it is everyone's responsibility to make sure all items are labeled and dated. CK K stated it is everyone's responsibility to check the dates on the food before using it. She stated if the food is not dated, it is supposed to be thrown away. She stated if the food is in the freezer left opened, it could get freezer burnt and thrown away. CK K stated it is everyone's job to make sure the kitchen is thoroughly cleaned and disinfected daily; but the kitchen is thoroughly cleaned every 2 days. During an interview on 5/29/2026 at 11:12 AM, CK J stated she has worked at the facility since February 2026. She stated she mainly prepares the desserts. She stated when the truck comes in, everyone is supposed to put up the items and place the dates on the items. CK J stated everyone is responsible for checking dates on food daily. CK J stated if the food in the freezer is left open, it can get freezer burnt and the DM will have them to throw it away. She stated they are supposed to put the food in a zip lock bag once the item is opened, seal it, then label it and date it. CK J stated it is the kitchen staff's responsibility to make sure the kitchen is clean daily. She stated when she comes in, she grabbed a bucket and wiped the areas down. During an interview on 5/29/2026 at 11:40 AM, ATDM stated she has worked at the facility since January 2026, but she became the ATDM within the last 2 months. She stated it is (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	everyone's responsibility to make sure the items in the coolers and freezers are labeled and dated. She stated it is her responsibility to make sure it is checked. She stated she worked 4 days out of the week (4 days on and 2 days off). ATDM stated the food is supposed to be discarded if there is no date on it and it is found in the refrigerator or the freezer opened. She stated it is everyone's responsibility to ensure the kitchen is cleaned daily. Review of facility policy titled Sanitation Inspection date implemented June 23, 2025, reflected It is the policy of this facility, as part of the department's sanitation program, to conduct inspections to ensure food service areas are clean, sanitary and in compliance with applicable state and federal regulations. Policy Explanation and Compliance Guidelines: 1. All food service areas should be kept clean, sanitary, free from litter and rubbish and protected from rodents, roaches, flies and other insects. 2. The department shall establish a sanitation program for food services based on applicable state and federal requirements. 3. The sanitation program will provide for inspections to be conducted of the food service areas. 4. Sanitation inspections will be conducted in the following manner: a. Daily: Food service staff shall inspect refrigerators/coolers, freezers, storage area temperatures, and dishwasher temperatures daily. b. Weekly: The dietary manager shall inspect all food service areas weekly to ensure the areas are clean and comply with sanitation and food service regulations. 5. Inspections will be conducted but not limited to the following areas: a. Dry storage. b. Freezer. c. Refrigerator. d. Dish [NAME]. Pot wash. f. Main production area. g. Food preparation area. h. General dietary observations		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents for 1 of 1 kitchen reviewed for pests. The facility failed to ensure the kitchen was free of flies on 5/27/2026, 5/28/2026 and 5/29/2026. These failures could place residents at risk for insect borne illness, infection and diminished quality of life. Findings included: Observation on 5/27/2026 at 9:08 AM, 11:25 AM, and 5:20 PM, 5/28/2026 at 12:15 PM and 5/29/2026 at 11:45 AM, revealed there were about 4 to 6 flies observed flying around in the kitchen, and flies landing on cake while the staff were trying to prepare the trays to be placed on the cart. Staff shooed the flies as they worked. Observation on 5/28/2026 at 4:15 PM reflected the facility pest control comes in a spray monthly for all insects and any rodents. During an interview and observation on 5/28/2026 at 5:17 PM, DM stated he has been working at the facility as the Dietary Manager since 12/2025 but has been in the culinary business as a chef for 20 years. DM stated he has spoken with the ADM regarding the flies and they are getting an air curtain, they are going to upgrade the light which will attract the flies to assist with getting rid of them. He said they have had an issue with the flies within the last 2 weeks. DM stated if the flies are touching the food, it needs to be thrown away. Observed a can of Aerosol Contact Insecticide in which the DM stated the staff cleaned the kitchen at night and they are to spray the insecticide once they leave. He stated he has asked the staff to make sure to dump the water bucket. DM stated it does not help with staff leaving the door open and the flies fly in also. During an interview on 5/29/2026 at 10:30 AM, ADM stated he was just informed of the fly's issue in the kitchen. He stated they are going to get the Eco-machine (a machine used to attract flies) fixed to assist with getting rid of the flies. ADM stated if any flies touch the food, they can lay eggs and multiply and make more flies, and residents will get sick. ADM stated his expectation of the DM and the kitchen staff is to make sure they are keeping the kitchen as clean and sanitary as possible. During an interview on 5/29/2026 at 11:01 AM, CK K stated she has worked at the facility a little over a month. She stated there had been an issue with the flies since she has been there. She stated if the flies landed on the food, it needs to be thrown away because the resident can get sick if they are served the food the flies landed on. During an interview on 5/29/2026 at 11:12 AM, CK J stated she has worked at the facility since February 2026. She stated there has been an issue with the flies since she has been here. CK J stated if the flies land on the food it is thrown away. She stated the residents could get sick if the food is eaten and the flies or any bug touched it. During an interview on 5/29/2026 at 11:40 AM, ATDM stated she has worked at the facility since January 2026, but she became the ATDM within the last 2 months. She stated they have a pesticide they spray every night before they leave. ATDM stated they try to spray in the morning to keep the flies away also. She stated they also keep the trash cans away from the door to keep the flies down. ATDM stated the flies recently started getting bad since they have gotten warmer outside. She stated it is worse when the delivery truck comes and the door is left open and if the trash is closed by the door. Review of facility policy titled Pest Control Program date implemented June 15, 2025, reflected It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents. 4. Facility will utilize a variety of methods in controlling certain seasonal pests, i.e. flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment for one (room [ROOM NUMBER]) of six resident rooms reviewed for a clean and homelike environment. The facility failed to ensure room [ROOM NUMBER] did not have spattered and smeared yellowish-brown, chunky substance appearing consistent with vomit on the floor beneath and beside the bed and the room was free of a bitter foul odor. The failure could place residents at risk of living in an unsafe, unsanitary, and uncomfortable environment. Findings included: During observation on 05/27/2026 at 1:22 PM revealed room [ROOM NUMBER] to have spattered and smeared yellow-brown, chunky substance appearing consistent with vomit on the floor beneath and beside the bed and the room was free of a bitter foul odor. During observation on 05/28/2026 at 9:49 AM revealed room [ROOM NUMBER] to have spattered and smeared yellowish-brown, chunky substance appearing consistent with vomit on the floor beneath and beside the bed and the room was free of a bitter foul odor. During an interview on 05/28/26 at 4:41 PM, CNA A stated that residents are rounded every two hours and that resident rooms should be cleaned daily. She stated housekeeping is responsible for cleaning the residents room's. She stated that nursing staff (nurses and CNA's) were responsible for cleaning up bodily fluids, including vomit, and that housekeeping would be notified afterward to sanitize the affected area. She stated that a resident could slip and fall if a substance was present on the floor. During interview on 05/28/2026 at 4:45 PM, CNA B stated that residents are rounded every two hours and that housekeeping are responsible for cleaning the resident rooms daily. She stated that nursing staff and CNA's were responsible for cleaning up bodily fluids, including vomit, and that housekeeping would be notified afterward to clean and sanitize the affected area. She stated if a resident stood up and there was yellowish-brown, chunky substance appearing consistent with vomit on the floor, the resident could slip or fall and sustain an injury. During interview on 05/28/2026 at 4:49 PM, LVN C stated that residents are rounded every two hours and that housekeeping are responsible for cleaning the resident rooms daily. She stated that nursing staff, CNA's should be checking the resident rooms during rounds and throughout their shift to ensure the rooms remained clean, safe, and free of hazards. She stated that the nurses and CNA's were responsible for cleaning up bodily fluids, including vomit and that after the substance was removed, housekeeping would be notified to clean and sanitize the floor. She stated that substance left on a resident floor could create a fall hazard and could result in injuries, including a fractured hip. During an interview on 05/29/2026 at 11:33 AM, the ADM stated that it was his expectation that the facility maintain a home-like environment and that all resident rooms be cleaned daily. He stated that housekeeping staff were responsible for cleaning resident rooms. He stated that housekeeping and nursing staff were responsible for cleaning up bodily fluids, including vomit. He stated that residents are round every two hours and that management also conducted rounds throughout the facility. He stated that if a substance was present on a residents floor, it could cause a resident to slip, fall, and experience a serious injury. During an interview on 05/29/2026 at 12:12 PM, the PTM stated that housekeeping staff were responsible for cleaning resident rooms daily and as needed to maintain a clean environment. He stated that nurses and CNA's were responsible for cleaning bodily fluids, including vomit, and that housekeeping staff would be notified to clean and sanitize the affected area following the initial cleanup. He stated that he conducted daily rounds throughout the facility, including resident rooms and bathrooms to monitor cleanliness and sanitation. He stated substances (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	should not be left on resident room floors, as they could create an unsafe environment for residents. During an interview on 05/29/2026 at 1:00 PM, the DON stated that housekeeping staff were responsible for cleaning resident rooms. She stated that nurses and CNA's were responsible for cleaning bodily fluids, including vomit, and would notify housekeeping to clean and sanitize the affected area following removal of the substance. She stated that staff were expected to report housekeeping concerns to the PTM. She stated that if a substance was left on the floor, it could create a safety hazard and place residents at risk for injury. Review of the facility's Safe and Homelike Environment policy, revised 06/10/2025, reflected the following:Policy: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.Definitions: Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas.A homelike environment is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A determination of homelike should include the resident's opinion of the living environment. Sanitary includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes, but is not limited to, equipment used in the completion of the activities of daily living.Policy Explanation and Compliance Guidelines:3.Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment.Review of the facility's Routine Cleaning and Disinfection policy, revised 06/15/2025, reflected the following:Policy: It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible.Definitions: Cleaning refers to the removal of visible soil from objects and surfaces and is normally accomplished manually or mechanically using water or detergents or enzymatic products.Policy Explanation and Compliance Guidelines:1. Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms, and at the time of discharge.4. Routine surface cleaning and disinfection will be conducted with a detailed focus on visibly soiled surfaces and high touch areas to include, but not limited to:a. Toilet flush handlesb. Bed railsc. Tray tablesd. Call buttonse. [NAME] remotef. Telephonesg. Toilet seatsh. Monitor control panels, touch screens and cables1. Resident chairsJ. IV polesk. Blood pressure cuffsl. Sinks and faucetsm. Light switchesn. Doorknobs and levers5.Standard precautions will be adhered to when cleaning any blood or body fluid spills, or soiled material that have the potential to contain these or other potentially contaminated substances:a. Hand hygieneb. Use of gloves, gown, mask, eye protection or face shield12. Horizontal surfaces with infrequent hand contact (windowsills and hard surface flooring) in routine resident-care areas should be cleaned:a. On a regular basisb. When soiling and spills occurc. When a resident is discharged from the facilityReview of the facility's Cycle Cleaning policy, revised 06/15/2025, reflected the following:Policy: It is the policy of this facility to identify the functional areas in the facility that require cleaning and to use cycle cleaning schedules to outline the frequencies and maintain regularly scheduled environmental service tasks.Policy Explanation and Compliance Guidelines:1. Routine cleaning of environmental surfaces and non-critical resident care items shall be performed according to a predetermined schedule and shall be sufficient enough to keep surfaces clean and dust free.2. Surfaces that are frequently touched by hands of (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	health care personnel and residents, may require more frequent cleaning.3. Cycle cleaning will be completed according to the Facility Cycle Cleaning form.4. All specific areas have a form that has a designated legend and cycle related to specific areas.5. Specific areas include:a. Hallways/Dayrooms/Dining Roomsb. Offices/Support Rooms/Exteriorc. Showers/Utility/Bathroomsd. Resident Rooms6.The frequency of cleaning and disinfection of the facility environment may vary according to the:a. Type of surface to be cleanedb. The number of individuals in the areac. Amount of activity in the aread. Risk to residentsc. Amount of soiling7. The Environmental Services Manager is responsible to ensure that cycle cleaning is maintained.		

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide IV maintenance in accordance with standards of practice for one of one residents (Resident #22) reviewed for IV maintenance care. On 5/29/2026, Nurse G failed to adhere to sterile technique during maintenance of IV therapy port for Resident #22. This failure could cause residents infection, pain and decreased quality of life. Findings include: Review of Resident #22's face sheet reflected a [AGE] year-old female admitted on [DATE] with diagnoses that included hypokalemia (low levels of potassium in the blood), Liver cancer, colostomy opening created allowing access to the colon), alcoholic cirrhosis of the liver (long term scarring of the liver due to heavy alcohol consumption), hypertension (high blood pressure) atrial fibrillation (irregular heart rhythm), hyperlipidemia (high cholesterol) and acute kidney failure. Review of Resident #22's quarterly MDS dated [DATE] reflected a BIMS of 15 suggesting she was cognitively intact. Review of the MDS section Special Treatments, Procedures, and Programs reflected resident #22 had IV access performed while a resident of this facility and within the last 14 days. Review of Resident #22's care plan dated 5/29/2026 reflected the problem: Potential for complications r/t peripheral IV access, PICC to Right ARM With interventions: Assess peripheral IV site q shift for s/s of complications a) redness b) pain c) swelling d) infiltration Change PICC line dressing per order Review of Resident #22's physician's orders dated 5/29/2026 reflected an order: PICC LINE RT. ARM. Change PICC/Midline dressing every 7 days. every day shift every Thu-Start Date- 05/14/2026 [6:00 am]. During an observation on 5/29/2026 at 10:06 am Nurse G was observed emptying the contents of a sterile PICC dressing change kit onto a table covered with a clean, disposable absorbent pad. Nurse G then donned [put on] clean gloves and removed the existing PICC line dressing from Resident #22's right arm. Nurse I was in the room observing Nurse G. During an interview on 5/29/2026 at 10:45 am, Nurse I stated she observed Nurse G put the sterile dressing change supplies on the clean disposable pad instead of setting up the sterile field. She stated that could cause an increase in infection risk for the resident. During an interview on 5/29/2026 at 12:00 pm, Nurse G stated she had put the sterile supplies for changing the PICC line dressing right on the disposable pad instead of on the sterile drape. She stated she got nervous during the procedure and then lost her concentration. She stated not using a sterile drape for the supplies could pose an infection risk to the resident. During an interview on 5/29/2026 at 11:45 am, the ADM stated that PICC line dressing changes were a nursing area, and he really didn't know much about the procedure. He stated the DON would know about nursing procedures. During an interview on 5/29/2026 at 12:45 am, the DON stated it was her expectation that staff would use a sterile drape for putting PICC line dressing change on instead of a disposable pad. She stated using a disposable pad instead of the sterile drape meant it was no longer sterile and there was a risk of bringing bacteria into a sterile site. She stated that could increase the risk of infections. She stated they rarely got a resident admitted to the facility that has a PICC line, but staff was recently certified for IV skills and knew what to do. Review of the facility policy dated 5/2/2025 PICC/Midline/CVAD Dressing Change revealed: It is the policy of this facility to change peripherally inserted central catheter to decrease (PICC), potential midline or for central venous access device (CVAD) dressing weekly or if soiled, in a manner to decrease potential for infection and/or cross-contamination. Physician's orders will specify type of dressing and frequency of changes. Policy Explanation and Compliance Guidelines: 4 Perform hand hygiene. a. Put on mask. b. Place mask on resident if they cannot keep their head turned away. c. Perform hand hygiene. d. Set up clean field on the overbed table (wipe tabletop with sanitizing wipe) with needed supplies for the (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dressing change.e. Place a disposable cloth on the overbed table.f. Perform hand hygieneg. Open the sterile dressing change kit, lay out the sterile drape and place supplies on the sterile field being careful not to contaminate them.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and records review, the facility failed to ensure proper labeling, storage and disposal of the drugs and biologicals in a safe manner for two of six medication carts (Medication Cart #1 and Medication Cart #2) inspected on 5/28/2026. The facility failed to dispose of:- One bottle of concentrated liquid protein with expiration date of 15 May 2026.- one bottle of Rapid Dry skin protectant with expiration date of 10-03-2025.- one tube of Extra Strength Anti-Itch Cream with expiration date of 06/2024. These failures could prevent residents illnesses from being addressed by not getting the therapeutic benefit of their medications. Findings include: During a med pass observation and interview on 5/28/2026 at 8:11 am with CMA F of Medication Cart #1, it revealed a bottle of concentrated liquid protein was discovered with an expiration date of 15 May 2026. CMA F stated expired medications should be removed from the cart and that she checked her cart every other month. She stated it was her responsibility to check the cart for expired medications and remove them from the cart. She stated expired meds should not be given to residents because it could make them sick or not have the intended effect. During an observation audit of Medication Cart #2 on 5/28/2025 at 2:35 pm with Nurse M, revealed a bottle of Rapid Dry skin protectant with expiration date of 10-03-2025 and one tube of Extra Strength Anti-Itch Cream with expiration date of 06/2024 were observed. During an interview on 5/28/2026 at 2:40 pm, Nurse M stated she was not aware that the two medications in the bottom drawer were expired. She stated she checked her cart monthly and removed any expired medications and was not sure how they were overlooked. She stated it was her responsibility to check the cart for expired medications and remove them from the cart. Nurse M stated residents should not be given expired medications because they may not have the desired effect or it could cause them to feel worse. During an interview on 5/29/2026 at 12:45 pm, the DON stated expired medications should be removed from the cart by the medication aide or nurse; whomever was assigned to the cart. She stated she was not aware of the expired medication on the cart but noted that the pharmacist came in monthly to complete cart audits. The DON stated expired medications given to residents could potentially not have the desired therapeutic effect or could make them sick. She stated they would be in-servicing staff on checking their medication carts for expired meds. During an interview on 5/29/2026 at 11:30 am the ADM stated he was aware that expired medications had been found on the medication carts. He stated the nursing staff was responsible for checking the medications carts and removing expired medications. The ADM stated expired medications could cause residents to not get their symptoms treated but that he was not aware of any adverse effects to residents from expired medications. Review of Facility Policy Medication Administration dated 5/9/2025 reflected: Policy:Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Policy Explanation and Compliance Guidelines:13. Identify expiration date. If expired, do not administer and notify pharmacy for replacement.		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow the menu for three of three days reviewed for menu adherence. The facility failed to follow the lunch menu on 5/27/2026, 5/28/2026, and 5/29/2026. The facility failed to post menus visible for residents to see what is being served daily. These failures placed residents at risk for decreased intake, dissatisfaction with their meals, weight loss, and nutritional inadequacy. Findings included: A record review of the facility's menu for 5/27/2026 reflected the following items that were to be served for lunch: spaghetti and meat sauce, garlic bread, mixed vegetables, fruit cup, tea or punch. A record review of Resident #116's face sheet dated 05/28/2026 reflected a [AGE] year-old male admitted on [DATE] and with diagnoses of Spastic Quadriplegic Cerebral Palsy (impacts all four limbs, the trunk, and the face. Caused by early brain damage, it commonly causes muscle stiffness, limited mobility, and challenges with speech, feeding, and seizures), acute Pyelonephritis (a sudden, severe bacterial infection of the kidneys), and bipolar disorder II (a mental health condition defined by recurring patterns of major depressive episodes and at least one hypomanic episode, without ever experiencing a full-blown manic episode). A record review of Resident #116's MDS assessment dated [DATE] reflected a BIMS of 15, which indicated no cognition impairment. A record review of Resident #116's care plan last revised 04/15/2026 reflected a focus of Resident #116 was risk for nutritional related to weight loss, refusals to eat. During an observation on 05/27/2026 at 12:12 PM Resident #116 was brought his lunch meal tray. The meal consisted of noodles topped with red meat sauce and spaghetti. Record review of Resident #116's lunch meal tray meal ticket reflected Food Dislikes: spaghetti. During an interview on 05/27/2026 at 12:12 PM Resident #116 said he hated spaghetti. During an interview on 5/28/2026 at 5:17 PM, DM stated there is always an alternate meal for the resident if they do not want what is being served. He stated but sometimes the resident changed their mind. DM was advised resident ticket reflected he disliked spaghetti and he was served a mechanical diet which included noodles and meat sauce. DM stated the staff did not pay attention to the ticket. DM stated it is his responsibility along with the nursing staff to make sure the resident received the correct food items. DM stated if the resident isn't served the proper diets and they received food they did not like; they can lose weight. His expectations are to make sure the residents received the meals they are supposed to be served and if they do want what is being served, he will accommodate the residents with an alternative meal. During an interview on 5/29/2026 at 11:01 AM, CK K stated she has worked at the facility a little over a month. She stated she does not read or touch the residents' tickets. She prepares the food according to what is to be served for the day, and she places the food on the trays. The other staff members call out what type of diet is needed per plate, and she fixed it according to what is prepared per that diet. CK K stated it is the job of the nurses, and the aides to make sure once the plates are prepared and sent out on the cart, the resident received the correct diet. During an interview on 5/29/2026 at 11:12 AM, CK J stated she has worked at the facility since February 2026. She stated the cook is responsible for making sure the resident received the correct food on their tray. She stated the aides in the kitchen are responsible for calling out the ticket to the cook so that she knows what type of tray to prepare. CK J stated the reason the resident is asked their likes and dislikes is because they may have allergies to certain types of food and they may not like certain foods. She stated if the resident does not get the correct food, they will get mad and not eat the food, they can get sick and start losing weight. She stated she will offer something else, but she will not (continued on next page)		

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 05/29/2026
NAME OF PROVIDER OR SUPPLIER Greenview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Owen Lane 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.			
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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	allow the resident to be hungry. During an interview on 5/29/2026 at 11:40 AM, ATDM stated she has worked at the facility since January 2026, but she became the ATDM within the last 2 months. She stated she takes notice they are putting the right items on the trays. ATDM stated the kitchen aides are supposed to check the trays and make sure they have their mighty shakes on the trays. The nurse and the nurse aides are supposed to read the tickets to make sure they have what is supposed to be on their trays before serving them to the residents. ATDM stated she went around and asked the resident what they liked and disliked. She stated so they can make sure the residents are getting the proper diet, they are getting what they like, and they will eat it and you do not have to worry about them losing weight or writing up a grievance. She stated she tried to make sure the resident likes and dislikes are honored. Review of facility policy titled: Menus and Adequate Nutrition revision date 2025 reflected the following:Policy: The purpose of this policy is to assure menus are developed and prepared to meet resident choices including their nutritional, religious, cultural, and ethnic needs, while using established guidelines. 3. Menus shall be prepared at least two weeks in advance for timely approval and ordering of food. Menus will be posted in the kitchen and in areas accessible by residents at least one week in advance. 4. Menus will be followed as posted. Notification of any deviations from the menu shall be made as soon as practicable. Substitutions shall comprise of foods with comparable nutritive value. 5. Menus shall reflect, based on a facility's reasonable efforts, the religious, cultural, and ethnic needs of the resident population.a. Religious, cultural, and ethnic needs shall be determined through the facility assessment and individual assessments.b. The facility should review the availability of preferred food items, identify preparation methods and approaches, and determine whether purchasing and serving preferred food items can occur.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain an infection prevention and control program to help prevent the development and transmission of communicable diseases and infections when 1 of 5 staff observed for infection control failed to perform proper hand hygiene. CNA L failed to perform hand hygiene while passing meal trays from the hall cart to residents in their rooms. These deficient practices placed residents at risk for cross contamination and/or spread of infection. Findings include: During an observation in the 100 hall on 5/29/2025 at 11:55 am, CNA L was observed passing meal trays to room [ROOM NUMBER], room [ROOM NUMBER] and room [ROOM NUMBER]. CNA L picked up each tray after handling the tray cart with his bare hands, then took the trays in the room and set it up for each resident., handling items on the trays. Further observations revealed CNA L did not perform hand hygiene before and after entering each of these rooms. During an interview on 5/29/2025 at 12:05 pm CNA L stated he had passed trays to rooms room [ROOM NUMBER], room [ROOM NUMBER] and room [ROOM NUMBER] without performing hand hygiene and stated he had missed using hand sanitizer between some of the rooms. CNA L stated he had been trained on passing meal trays and that hand hygiene was to be performed before entering and after leaving the resident's rooms. He stated he should be sanitizing his hands before delivering meal trays and if he did not it could cause cross contamination, and the residents could get sick. He stated residents could get sick because they are older and they are more susceptible to getting sick. During an interview on 5/29/2026 at 12:45 pm, the DON Stated her expectation was that staff would perform hand hygiene while passing meal trays to residents. She stated that not performing hand hygiene could have been an infection control issue and staff could have brought something in the room to the residents and made them sick. During an interview on 5/29/2026 at 11:45 am, the ADM stated his expectation was that hand hygiene would be done by staff between passing meal trays to residents. He stated by not doing so the staff could spread germs to residents that could cause them to get sick. Review of facility policy Hand Hygiene dated 4/11/2025 reflected: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Policy Explanation and Compliance Guidelines: Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table. Alcohol-based hand rub with 60 to 95% alcohol is the preferred method for cleaning hands in most clinical situations. Wash hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom. Review of Hand Hygiene table attached to the policy reflected that staff could use Either Soap and Water or Alcohol Based Hand Rub (ABHR is preferred), between resident contacts		