STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455849	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Rehabilitation and Healthcare of Bowie	700 W Highway 287 S Bowie, TX 76230

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on interviews and record reviews, the facility failed to consider the views of the resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility or to demonstrate their response and rationale for such response for 9 of 11 confidential residents reviewed for meeting grievances.The facility failed to provide a verbal or written response to the Resident Council addressing the grievances reported from their meetings on April 2025, May 2025, June 2025, July 2025, August 2025, September 2025, October 2025, November 2025, December 2025, January 2026, and February 2026 which included issues with nursing services, dietary services, and housekeeping services. These failures could place residents at risk of unresolved grievances, a decreased sense of self-worth, and a decline in quality of life.Findings Included:Record review of the Grievance logs for April 2025 reflected the Resident Council made four grievances. The first grievance involved leaking faucet and toilet not being repaired with one-to-one discussion checked for resolution notification and yes written in date written notification provided. The second grievance involved the pork loin always being tough with one-to-one discussion checked for resolution notification and yes written in date written notification provided. The third grievance involved the floors were not clean with phone conversation checked for resolution notification and yes written in date written notification provided. And the Forth grievance involved the CNAs always being late to take residents out for smoke breaks with one-to-one discussion checked for resolution notification and yes written in date written notification provided.Record review of the Grievance logs for May 2025 reflected the Resident Council made four grievances. The first grievance involved taking an hour to answer call lights, coming in and turning the light out and saying they would be back, not coming back to assist residents with one-to-one discussion checked for resolution notification and yes written in date written notification provided. The second grievance involved bathroom floor needs good cleaning and was still dirty with one-to-one discussion checked for resolution notification and 05/07/2025 written in date written notification provided. The third grievance involved residents getting clothes that do not belong to them with one-to-one discussion & phone conversation checked for resolution notification and 05/07/2025 written in date written notification provided. The fourth grievance involved the sausage is pink and needs to be browned with one-to-one discussion checked for resolution notification and yes written in date written notification provided.Record review of the Grievance logs for June 2025 reflected the Resident Council made three grievances. The first grievance involved the CNAs were not doing good and could improve with one-to-one discussion checked for resolution notification and yes written in date written notification provided. The second grievance involved the fish nuggets were not good, too much chicken was served, and fruit was not needed with one-to-one discussion checked for resolution notification and yes written in date written notification provided. The third grievance involved socks missing in the laundry with one-to-one discussion checked for resolution notification and 06/03/2025 written in date written notification provided.Record review of the Grievance logs for July 2025 reflected the Resident Council made three grievances. The first grievance involved roommate's television was too loud. The second grievance involved staff being rude, resident fell on the floor between the wheelchair and the bed, and roommate having to give call light to the resident. The third grievance involved the chicken (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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	was dry. The documents reflected that residents were notified of resolution by one-to-one discussion and date written notification provided was documented yes.Record review of the Grievance logs for August 2025 reflected the Resident Council made three grievances. The first grievance involved staff not coming back to rooms and residents not getting what they needed with one-to-one discussion checked for resolution notification and yes written in date written notification provided. The second grievance involved residents missing clothes with one-to-one checked for notification of resolution and date written notification provided 08/05/2025. The third grievance involved under beds not being cleaned and bathrooms not being cleaned with phone conversation checked for notification of resolution and date written notification provided 08/05/2025.Record review of the Grievance logs for September 2025 reflected the Resident Council made two grievances. The first grievance involved quesadillas which were not good and the food was cold with nothing documented for resolution notification and date written notification provided documented yes. The second grievance involved no toilet paper or paper towels in the bathrooms with one-to-one resolution notification checked and date written notification provided 09/03/2025.Record review of the Grievance logs for October 2025 reflected the Resident Council made two grievances. The first grievance involved bathrooms not being cleaned with one-to-one resolution notification checked and date written notification provided 10/08/2025. The second grievance involved call lights not being answered with staff going in rooms and not coming back to assist the residents no resolution notification checked and yes written in date written notification provided.Record review of the Grievance logs for November 2025 reflected the Resident Council made four grievances. The first grievance involved smoking residents wanting something to lock the wind outside in the smoke area with one-to-one discussion resolution notification checked and yes written in date written notification provided. The second grievance involved resident still missing clothes with one-to-one discussion resolution notification checked and date written notification provided 11/06/2025. The third grievance involved food cold and taking too long to serve out the food with one-to-one discussion checked for resolution notifications and date written notification provided was yes. Record review of the Grievance logs for December of 2025 reflected the Resident Council made three grievances. The first grievance involved therapy going through closet looking for items for resident's roommate with no notification of resolution documented and yes written in date written notification provided. The second grievance involved a resident stating a flashlight and white bowl was taken from his room with one-to-one discussion checked under resolution notification and yes documented on date written notification provided. The third grievance involved therapy going through closet looking for items for resident's roommate with one-to-one discussion resolution notification checked and yes written in date written notification provided.Record review of the Grievance logs for January 2026 reflected the Resident Council made two grievances. The first grievance involved the kitchen putting food on trays that the ticket stated that residents do not like. The second grievance involved residents sitting by the nurses' station. The documents reflected that residents were notified of resolution by one-to-one discussion and date written notification provided was documented yes.Record review of the Grievance logs for February 2026 reflected the Resident Council made two grievances. The first grievance involved the food trays sitting on the hall too long and not getting enough gravy on trays. The second grievance involved a resident who did not get her inhaler at night. The documents reflected that residents were notified of resolution by one-to-one discussion and date written notification provided was documented yes.In a confidential group interview at a confidential date and time, 9 of 11 residents stated they came to Resident Council meetings regularly. The 9 of 11 residents stated that no one had gotten back with them about their grievances in the past. They stated some of the issues continued and they would like to be notified about what the facility was doing to resolve those issues. One resident stated they believed that more residents would come to the Resident Council meetings, if the facility would provide resolution discussions with the Resident Council and stated that residents who attended the meetings had slowly declined. During an interview on 02/25/2026 at 3:50 p.m., AD-A stated she did (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not go to the resident council meetings regularly but would go when invited. She stated the resident council had a secretary or the president would write down the concerns brought up during the meeting in the resident council minutes. She stated she would go over the minutes with who wrote them to fill out grievance forms. She stated after the grievance forms had been written, she would hand them to the ADM. She stated she had heard the grievances being gone over during the morning stand-up meeting where the management of the facility would go over issues. She stated she did not know if anyone relayed the information to the resident council members. She stated she kept the resident council binder with the minutes and other items for the meetings in her office. She stated she did not get the completed grievance forms back to log into that binder. She stated there was another AD who helped with resident council. During an interview on 02/25/2026 at 3:52 p.m., AD-B stated she was an AD and worked with another AD. She stated she had been in the activities director role for about 2 years. She stated she did not go to the resident council meetings regularly but would go when invited by the residents. She stated she had heard the grievances be gone over during the morning stand-up meeting where management of the facility would go over issues. She stated she did not know if anyone relayed the information to the resident council members. She stated she helped keep the resident council binder with the minutes and other items for the meetings in her office that she shared with AD-A. She stated she did not get the completed grievance forms back to log into that binder.During an interview on 02/25/2026 at 3:58 p.m., the ADM stated that she was the grievance officer. She stated she kept a binder for the grievances. She stated she was aware of the resident council grievances because they were in her binder and she had documented what the facility had done on those grievance forms. She stated the resident council grievances were logged in the binder with what the facility had done to correct the issues. She stated she did not go to resident council meetings unless she was invited by the residents. She stated she would monitor that the grievances had been resolved by going over them during the morning staff meetings and documenting when they had been resolved. She stated she had never been told that the residents felt their concerns were not heard from the council not getting a response about the grievances. She stated she would go down the halls and ask some of the residents including the resident council president if those concerns had gotten better and assumed that was relayed to the council. She stated she was responsible for following up about grievances and when she documented 1 to 1 that meant that she had spoken to the resident council president or another member of the resident council. During an interview on 02/27/2026 at 8:35 a.m., SW-C stated the ADM was responsible for investigating grievances and she was not sure how the ADM notified the parties of the outcome of the grievances. She stated residents may not feel like they were being heard if not told the resolutions of a grievance filed. Record review of the facility's policy titled Grievance Policy revised on 11/19/2016 reflected The designated grievance officer is the Administrator. Resident concerns should be taken seriously and that the ability to voice a grievance is an important right and protection for residents. Social Service under the guidance of the Administrator is responsible for the following: *maintains a system to keep records (file, log, copy of grievance registration forms, etc.) of all complaints reported which contains the date of report, circumstances, specifics of investigation, action taken, and follow-up with the complainant *Conduct/designate routine interviews with residents and families related to specific areas of facility life and resident ca. Document negative findings on a grievance form. The Administrator (grievance officer) is responsible for the following *Maintains a Grievance Log for 3 years *Review grievances to validate investigation of the facts and circumstances of the grievance *Written findings of fact, conclusion and recommendations and validate with person issuing the grievance timely *Establish a mechanism for all associates to communicate resident or family grievances to the designated staff so that all grievances will be documented and timely response developed and implemented.*Coordinate orientation and in-service training to ensure that all facility associates are knowledgeable of the facility grievance procedures and their role in providing responsive customer service to residents and families in grievance resolution. *Validates designee follows up with resident/family regarding resolution or explanation.

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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. 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 1 of 1 kitchen, in that: 1. An open package of spaghetti noodles in the dry food storage room was not placed in a resealable bag or airtight container and was not dated when opened.2. The floor was soiled beneath the reach-in refrigerator and behind the deep fryer units, grill, and ovens.3. Shelves were soiled with food crumbs and spilled cornmeal and granulated sugar.4. The milk refrigerator unit did not have an interior thermometer.5. The two deep fryer units contained dark colored cooking oil and the interior surfaces were soiled with dried and fried food crumbs and breadcrumbs.6. Cleaning schedules were not initialed when tasks were completed. These failures placed residents at risk for foodborne illness, compromised nutritional health status, and being served food items that may not be fresh, taste stale, or be contaminated.The findings included: Observations and interviews on 2/24/26, between 9:35 AM and 10:05 AM, during the initial tour of the facility kitchen, revealed the following:The dry food storage/non-perishable food storage room had wire rack shelf units for storing packaged food items. An open package of dry spaghetti noodles was open to the air (end of the package was cut off), was not in a resealable bag or storage container, and was not labeled and dated when opened. The Culinary Services Director removed the opened package of dry spaghetti noodles from the shelf and stated she would throw it away. She stated chicken spaghetti was served last night and the spaghetti was probably opened yesterday. The floor was soiled beneath the small reach-in refrigerator unit used for storing supplement beverages. A bread knife was stuck to the floor beneath the unit. The Culinary Services Manager tried to pick up the bread knife and was unable to loosen it from the floor. She stated she would have to get water.The milk refrigerator unit did not have an interior thermometer; the unit thermometer on outside of unit was at 35.5 degrees F.There were dried food crumbs on the stainless-steel shelf beneath the counter with the bread toaster.The 2 deep fryer units were covered with inverted rectangular sheet pans; the fryer oil was dark in color and the interior surfaces were soiled with dried, fried food and breading crumbs.The floor was soiled with dark colored/burned food, crumbs, and dust behind the deep fryer units, grill, and ovens.The exterior side of the utensil cabinet, used as a base for the grill, was soiled with a thick grease build up. The grill and base were located near a deep fryer unit and the area of floor was soiled with grease in the area between the deep fryer unit and base for the grill.The back-splash panel behind the grill was soiled with grease build-up.The shelf under the food preparation counter was covered with shelf liner paper that was soiled with corn meal and granulated sugar. 4 bulk storage containers with flour, granulated sugar, food thickener, and corn meal were positioned on top of the shelf liner. The Culinary Services Manager stated a dietary staff member had put the shelf liner on the shelf because she thought it would look nice. The Culinary Services Manager started to remove the shelf liner paper from the shelf and dumped the spilled corn meal and sugar onto the floor. In an interview on 2/26/2026 at 10:55 AM, the Assistant Dietary Manager stated the deep fryer units would be cleaned later today. She stated she tried to schedule cleaning behind the oven and grill appliances on a night following an easy meal. She stated the appliances needed to be pulled out and away from the wall and she needed help to do it. Observation on 2/27/2026 at 9:45 AM revealed cleaning schedule forms on clip boards hanging on a wall in the kitchen. The forms were for dietary aides daily cleaning tasks, cooks daily cleaning tasks, and monthly cleaning tasks. The daily tasks included sweeping and mopping the floors in the morning and evening. The monthly tasks included cleaning the dish room, tray line, food processor, carts, reach-in refrigerator, walk-in refrigerator, shelving, ingredient bins, and delime the steamer. The monthly cleaning schedule for February 2026 had no tasks initialed as completed for Week 4. In an interview on 2/27/2026 at 9:50 AM, the Culinary Services Director stated the staff had cleaning schedules on clipboards for daily and weekly cleaning. She stated the expectation was for the staff to sweep and (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	mop the floors after every shift. She stated the staff were to clean and sanitize. The Culinary Services Director stated the deep fryer units oil was drained and they were cleaned weekly. She stated the steamtable wells were cleaned out after every meal. The Culinary Services Director stated a potential outcome of not cleaning was sickness and illness for the residents. In an interview on 2/27/2026 at 10:09 AM, Dietary Aide D stated she had worked in the facility for about 2 years. She stated she used the weekly cleaning schedule for the dietary aides and the monthly cleaning schedule. Dietary Aide D stated no assignments were made for cleaning tasks and she cleaned when she had time. She stated the expectation was to clean daily. Dietary Aide D stated a potential outcome from not cleaning would be a nasty kitchen that could attract bugs and cause people to get sick. Record review of the facility dietary policy for Environment, dated October 2019, indicated [in part]: PolicyIt is the center policy that all food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition.Action Steps1. The Dining Services Director will insure [sic] that the physical plant is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation.2. The Dining Services Director will insure [sic] that all employees are knowledgeable in the proper procedures for cleaning all food services equipment and surfaces.3. The Dining Services Director will insure [sic] that all food contact surfaces are cleaned and sanitized after each use.4. The Dining Services Director will insure [sic] that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces. Record review of the facility dietary policy for Receiving, dated October 2019, indicated [in part]: Policy StatementIt is the center policy that safe food handling procedures for time and temperature control will be practiced in the transportation, delivery, and subsequent storage of all food items.Action Steps1. The Dining Services Director or designee receives all items and checks each against the order.4. The Dining Services Director or designee ensures that all non-perishable foods and supplies are stored appropriately.6. All food items will be appropriately labeled and dated either through manufacturer packaging or staff notation.7. All food items will be stored in a manner that insures appropriate and timely utilization based on the principles of first in - first out (FIFO). Record review of the facility dietary policy for Food Storage - Dry Goods, dated October 2019, indicated [in part]: Policy StatementIt is the center policy to insure all dry goods will be appropriately stored in accordance with guidelines of the FDA Food Code.Action Steps: Dry Storage5. The Dining Services Director or designee ensures that all packaged and canned food items shall be kept clean, dry, and properly sealed. The Food and Drug Administration Food Code 2022 specified [in part]:Chapter 3 Food3-202.15 Package Integrity.FOOD packages shall be in good condition and protect the integrity of thecontents so that the FOOD is not exposed to ADULTERATION or potentialcontaminants. Chapter 4 Equipment, Utensils, and Linens4-602.13 Nonfood-Contact Surfaces.The presence of food debris or dirt on nonfood contact surfaces may provide a suitableenvironment for the growth of microorganisms which employees may inadvertentlytransfer to food. If these areas are not kept clean, they may also provide harborage forinsects, rodents, and other pests.