STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455850	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hurst Plaza Nursing & Rehab	215 E Plaza Blvd Hurst, TX 76053

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and record review the facility failed to ensure each resident received and the facility provided food and drink that was palatable, attractive and at a safe and appetizing temperature for 1 of 1 kitchen (Kitchen 1) reviewed for dietary services. 1. The facility failed to ensure residents did not receive cold food.2. The facility failed to ensure residents who received puree texture were served food that looked and tasted good.These failures could place residents at risk of weight loss, altered nutritional status and a diminished quality of life.Findings include:Observation and interview on 05/20/26 at 1:01 PM, three state surveyors and the Dietary Manager tasted a regular texture and pureed texture lunch. The puree tray had turkey with gravy, bread, brussels sprouts and polenta. The puree tray was unappealing in appearance and lacked color. The polenta was white, the brussels sprouts were pale yellow, the turkey was light pink with brown gravy and the bread was light brown. The turkey tasted overly salty and the food was cold. The Dietary Manager stated the plate should have more color, the polenta was cold and the gravy and turkey was salty. She said the turkey came prepared and the cook should have used chicken broth to prepare the puree turkey . The Dietary Manager stated she sometimes received complaints that eggs were cold and she would go talk to the residents personally after receiving a complaint. She stated kitchen staff tried to push the food out as fast as they could and last week she started texting the nursing staff when each hall cart was ready to go out so it was not sitting in the hallway. Observation and interview on 05/20/26 at 1:13 PM, [NAME] F tasted the puree tray and said the turkey was salty. She said she did not taste it before serving. [NAME] F said the residents might find the food overly salty. The Dietary Manager stated [NAME] F mixed chicken base paste with water and added that to the turkey. During a confidential resident group interview on an undisclosed date at an undisclosed time, revealed residents had complaints of cold food being served. Interview on 05/20/26 at 1:39 PM, the Dietary Manager provided the recipe for the puree turkey. She stated she trained staff to follow the recipe and they usually used the gravy off the meat when they prepared the puree mixture. She stated she preferred staff to use the chicken paste instead of water and would retrain [NAME] F not to use so much of the paste. She said it should be half a teaspoon of chicken base mixed with 8 ounces of liquid. She stated they did not have a policy related to food being served cold and if a resident received cold food, kitchen staff would provide a new plate off the steam line, and a grievance would be filed . Interview on 05/20/26 at 3:22 PM, the Administrator stated they did not have a policy on food palatability. Record review of the recipe for Pureed Turkey Rotisserie Style revealed the following .Measure desired # of servings into food processor. Blend until smooth.Add small amounts of gravy, sauce, vegetable juice, water, fruit juice, milk or half & half to meet desired consistency.Record review of the facility's grievances revealed the following:-On 01/30/26, Resident states food is always cold when she gets it.Record review of resident council minutes, dated from 05/19/25 to 04/22/26, revealed the following: -On 05/19/25, .Dietary.Food cold most of the time.-On 06/23/25, .Dietary.Food cold.-On 09/18/25, .Dietary.Eggs cold.-On 10/22/25, .Dietary.Eggs cold.-On 11/20/25, .Dietary.Scrambled eggs are cold.-On 02/25/26, .Dietary.Scrambled eggs are cold often.Wish they had heated trays like they have in the hospital.-On 03/24/26, .Dietary.my breakfast is usually cold; I eat breakfast in my room.-On 04/22/26, .Dietary.my food is too cold.

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	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 safety in the facility's only kitchen (Kitchen 1) reviewed for food and nutrition services.The facility failed to ensure fans used in the kitchen were free of grease and dust. This failure could place residents at risk of food contamination and foodborne illness.Findings include:Observation on 05/18/26 at 5:53 PM in the kitchen, revealed a fan placed on the floor that was running and had grease and dust accumulated on the front grille of the fan. Another fan mounted on the wall in the dry storage area was observed running with dust build up. A third fan, mounted on the wall near the refrigerators and freezers, was running and pointed towards the steam table had grease and dust built up on the front grille. Interview on 05/20/26 at 1:51 PM, the Dietary Manager stated she had removed the fan that was on the ground because it was a trip hazard. She stated the ones hanging were wiped off and she told evening shift to clean the fans and to remove the cover to clean the inside of the blades. The Dietary Manager stated the dietary aide was responsible for cleaning the fans and they should be cleaned weekly. She said the last time they were cleaned was probably 3 weeks ago. She stated if they were not cleaned, dust could possibly contaminate the food. Record review of facility's, undated, policy titled, Sanitation Inspection revealed .1. All food service areas shall be kept clean, sanitary, free from litter, rubbish and protected from rodents, roaches, flies and other insects.

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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 record review the facility failed to provide pharmaceutical services, including procedures that assured the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 1 of 3 medication carts (Hall 2 East nurses' medication cart) reviewed for pharmacy services .The facility failed to ensure expired medications were removed from the Hall 2 East nurses' medication cart. This failure could place residents at risk of not receiving the therapeutic benefit of medication or an adverse drug reaction. Findings included:Observation on 05/19/2026 at 1:04 PM, of the Hall 2 East nurses' medication cart with LVN G revealed 3 boxes of Loperamide 2mgs (used to control and relieve the symptoms of acute diarrhea) with an expiry date of 04/2026, one pen Toujeo Solostar insulin (used to control blood sugar) with an open date of 3/20/26 and expiry date of 56 days from open date. It was due for discard on 05/15/26 and one pen Lantus (insulin glargine) (used to control blood sugar) with an open date of 3/21/26 with an expiry date of 28 days from open date and due for discard on 04/18/26. Interview on 05/19/2026 at 1:53 PM, LVN G stated she was responsible for checking the cart for expired medications. She stated she checked her cart for expired medications that morning, and she missed the expired medication. LVN G stated she checked her cart daily for expired medication and expiry dates. LVN G said failing to remove the expired medication could result in the medications being administered which could cause the residents not to get the required therapy. She stated the risk of having expired medication if administered was, it will not be effective. She stated she had done training on cart audit, but she could not recall when.Interview on 05/21/2026 at 2:02 PM, the ADON revealed her expectation was for nurses to check their cart for expired medications every week. She stated the ADON's were responsible for checking behind the nurses weekly. She stated she was supposed to audit the carts on 05/18/26, but she was off. She said the last time she audited the cart was a week prior to the date she was off and she also missed the expired medications. She stated the risk of having expired medications on the cart was it being administered, and they would not be effective.Interview on 05/21/2026 at 3:13 PM, the DON stated her expectation was all nurses were responsible for checking the carts daily, to ensure expired medications were removed from the carts. She stated it was the responsibility of the ADON and the DON to go behind the nurses weekly and ensure expired medications were being removed from the carts. She stated she last checked the carts on 05/18/26 and she missed the expired medications. She stated if expired medications were administered, it could place residents at risk of having side effects.Record review of the facility's Medication Administration/medication errors on policy , dated 05/09/25, reflected: . 13. Identify expiration date. If expired, do not administer and notify pharmacy for replacement.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 3 residents (Resident #2) reviewed for infection control.The facility failed to ensure Resident #2's catheter bag was not on the floor.These failures could place residents at risk of infections. Findings included:Record review of Resident #2's Significant Change MDS assessment, dated 02/19/26, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #2 had diagnoses which included Diabetes Mellitus (a disease that occurs when the body does not respond properly to insulin leading to high blood sugar levels), renal insufficiency (a decline in kidney function over months or years), and dementia (loss of memory, language and thinking that interfere with daily life). Resident #2's BIMS score was 00, which indicated severe cognitive impairment. Section H revealed Resident #2 had an indwelling catheter.Record review of Resident #2's care plan revealed the following:- Alteration in elimination of bowel r/t incontinence and bladder r/t foley.secondary to neuromuscular dysfunction of bladder (lack of bladder control due to brain, spinal cord or nerve condition). Date initiated 08/20/2024. Record review of Resident #2's physician orders summary revealed the following:- Foley Catheter Care Q Shift, cleanse with soap and water or peri -wash Record Output q shift.Start date 10/07/25.- Enhanced Barrier Precautions r/t indwelling medical device: FOLEY CATHETER.Start date 05/17/26- Ensure foley bag are in basin and not touching the floor when bed is in the lowest position.Start date 05/20/26Observation on 05/19/26 at 12:08 PM, revealed Resident #2 was lying in bed and the Foley catheter bag was hanging on the side of the bed with the bag touching the floor. Resident #2 was not interviewable.Observation on 05/20/26 at 9:40 AM, revealed Resident #2 was in bed and the Foley catheter bag was hanging on the side of the bed and the bag was touching the floor . Interview on 05/20/26 at 11:53 AM, CNA C stated the aides were responsible for making sure the catheter bags were in a privacy bag or off the floor because it could be cross contamination. Observation and interview on 05/20/26 at 12:13 PM with CNA C in Resident #2's room, revealed Resident #2 lying in bed and the catheter bag was touching the floor. CNA C stated the bag should not touch the floor and should be placed in a basin or position off the floor. She stated the risk to the resident was contamination.Record review of Resident #42's order summary report, dated 05/20/26 , revealed:1. Foley catheter with 18cc balloon. Change every month and as needed. Change the drainage bag every 15th of the month and as needed every night shift starting on the 15th and ending on the 16th every month for infection control monitoring/foley catheter use. Active Order date 05/06/26 start date 05/15/262. Foley catheter with 18cc balloon. Change every month and as needed. Change the drainage bag every 15th of the month and as needed every night shift starting on the 1st and ending on the 2nd every month for infection control monitoring/foley catheter use. Active Order date 05/06/26 start date 06/01/263. Foley Catheter care every shift, cleanse with soap and water or peri-wash. Record Output every shift. Active Order date 06/14/26 start date 06/14/264. Ciprofloxacin HCl Oral Tablet 250 MG (Ciprofloxacin HCl) Give 1 tablet by mouth one time a day for Prophylaxis due to history of Urinary Tract Infection related to Sepsis Due to Escherichia Coli (a group of bacteria that can cause infections); Urinary Tract Infection (Infection in the urinary tract). Active Order date 02/24/26 start date 02/25/26.Observation and interview on 05/18/2026 at 7:52 PM revealed Resident #42 was in his room, laid in bed. Observation of the catheter bag revealed the bottom of the bag was touching the floor at the foot of the bed with a catheter cover. Resident #42 stated he was not aware his catheter bag was touching the floor. Resident #42 could not recall if he had issues with the catheter or catheter care. Observation on 05/19/2026 at 9:45 AM revealed Resident #42's bottom of the catheter bag was touching the floor.Observation on 05/20/2026 at 9:35 AM revealed Resident #42's catheter bag laid flat on the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	floor.Interview on 05/20/26 at 12:21 PM with CNA E revealed she was new to the floor and working with Resident #42. to CNA E she was aware Resident #42 had a catheter, because when she arrived at the beginning of her shift and rounded, she observed the catheter bag on the floor. According to CNA E, she picked it up at that time and hung it at the lowest part of his bed. CNA E stated she rounded maybe every 1.5 hours to ensure the bag did not need to be drained and checked for placement. CNA E stated all staff were responsible for ensuring catheter bags were not touching the floor, not doing so placed residents at risk of contamination. Interview on 05/20/26 at 12:25 PM with LVN D revealed usually resident catheter bags were not supposed to touch the floor, it was the responsibility of all staff to ensure the bags were not touching the floor. LVN D stated Resident #42 was a fall risk, his bed was lowered to the ground which may allow the bag to touch the floor. LVN D stated Resident #42 should have had a basin which should be utilized to keep the catheter bag from touching the floor, or if it fell it, would not touch the floor. According to LVN D, allowing the resident's catheters to touch or fall to the floor placed residents at risk of contamination and urinary tract infections. Interview on 05/20/26 at 12:57 PM with the DON revealed it was not okay to allow resident catheter bags to touch the floor. The DON further stated nothing that touched the resident should touch the floor because it created an infection control issue. The DON stated all staff which included CNAs, nurses and the ADONs were responsible for checking the bags to ensure they were not touching the floor.Record review of the facility's policy titled Indwelling Catheter Use and Removal, revised 06/06/25, revealed in part: .If an indwelling catheter is in use, the facility will provide appropriate care for the catheter in accordance with currently professional standards of practice and resident care policies and procedures that include but are not limited to:.d. Insertion, ongoing care and catheter removal protocols that adhere to professional standards of practice and infection prevention and control procedures.Record review of the facility's policy titled Infection Prevention and Control Program, revised 04/02/2025, revealed This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines.