STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455855	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kennedy Health & Rehab	504 N. John Redditt Dr Lufkin, TX 75904

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record reviews, the facility failed to incorporate recommendations from a PASRR (Preadmission Screening and Resident Review) evaluation report into a resident's assessment, care planning, and transitions of care for 1 of 5 (Resident # 3) residents reviewed for PASRR services.The facility failed to submit a complete and accurate request for NF specialized services in the LTC online portal within 20 business days after the date of the Interdisciplinary Team (IDT) meeting on 12/10/2025 when PT and OT were new services requested.This failure could place residents at risk of not receiving specialized PASRR services which would enhance their highest level of functioning and could contribute to residents' decline in physical, mental, and psychosocial well-being.Findings included:Record review of an admission Record for Resident #3 dated 6/30/2026 indicated he admitted to the facility on [DATE] and he was [AGE] years old with diagnoses of schizoaffective disorder, bipolar type (a combination of psychotic symptoms such as hallucinations and disorganized thinking) and major depressive disorder (persistent sadness or loss of interest in doing things).Record review of a Quarterly MDS Assessment for Resident #3 dated 5/25/2026 indicated he had severe impairment in thinking with a BIMS score of 2.Record review of care plan for Resident #3 dated 10/17/2024 indicated he was PASRR positive related to IDD. Interventions included to coordinate specialized services provided by the Local Authority (LA).Record review of a PASRR Comprehensive Service Plan (PCSP) for Resident #3 dated 12/10/2025 indicated it was a quarterly meeting, and his Medicaid eligibility was confirmed. Specialized services including OT and PT services were new services requested. LA comments included that all services were discussed and agreed upon.Record review of the LTC online portal indicated there was no record of a specialized services request for therapy following the meeting on 12/10/2025 when PT and OT were requested or any other meetings in the portal after that date.During an interview on 6/30/2026 at 10:14 am, LVN D said she had been employed at the facility for 2 weeks but had previously worked at the facility a while and returned. She said she was the previous MDS Coordinator from September 2025 to March 2026. She said she was responsible for coordinating with the LA and the PASRR residents. She said Resident #3 was PASRR positive. She said she did not have any training on PASRR. She said she did not have access to SIMPLE (a platform that automates and simplifies regulatory compliance, clinical work flows and reimbursement for skilled nursing facilities). She said if she had a question about PASRR the Administrator would help. She said she was unaware that new services for therapy that included PT and OT were requested at the meeting in December 2025.During an interview on 6/30/2026 at 10:34 am, the MDS Coordinator said she had been the Coordinator since March 2025. She said the MDS coordinator would be responsible for coordinating PASRR. She said she was learning PASRR and the requirements and was not aware that Resident #3 had a meeting in December 2025 and therapy services were requested and the Resident #3 had not received the services.During a phone interview on 6/30/2026 at 11:47 am, the Habilitation Coordinator for the facility said during the December 2025 meeting it was discussed for Resident #3 to have specialized services for therapy.During an interview on 6/30/2026 at 1:41 pm, the DON said she had been employed as the DON since May 2026. She said (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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the MDS Coordinator was responsible for PASRR residents in the facility. She said she did know anything about PASRR and had not been trained on PASRR.Record review of a facility policy titled Preadmission Screening and Resident Review (PASRR) Policy undated indicated, .The purpose of this policy is to: ensure compliance with federal and Texas PASRR regulation. Ensure residents receive appropriate specialized services.

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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 observations, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen.The facility failed to thaw frozen ground meat appropriately on 7/1/2026 that was submerged in a sink with warm water running on top of it.The facility failed to ensure the temperature of the walk-in cooler was at the appropriate temperature of less than 41 degrees on 7/1/2026.The facility failed to ensure the temperature of a refrigerator was at the appropriate temperature of less than 41 degrees on 7/1/2026.The facility failed to ensure the walk-in cooler did not have fifty 1/2 pints of milk that expired 6/26/2026.The facility failed to ensure the milk cooler did not have food debris and a black substance inside at the bottom on 7/1/2026.The facility failed to ensure staff who worked in the kitchen did not store personal foods items in the refrigerators designated for the kitchen that included a bottle of soda and a dessert on 7/1/2026.These failures could place residents who eat from the kitchen at risk of foodborne illnesses.Findings included:During an observation and interview on 7/1/2026 at 8:40 am, the DM was present in the kitchen along with the Cook. The 3-compartment sink had a roll of ground meat and a plastic bag of ground meat submerged in water. The Surveyor checked the temperature of the water, and it was warm to touch. There was warm water running on top of it to thaw. The DM said the meat should be in a container and not just sitting in water. The [NAME] said she had been at the facility for a year and had placed the ground meat in the sink to thaw. The [NAME] said that was how she was taught to thaw meat by placing the meat in the sink, but the meat should be in a container. The [NAME] said the container was too big to place in the sink, so she just placed the meat in the sink. The [NAME] said she did not know about the proper thawing procedures and if she did not then something could be wrong with the meat and residents could get sick.During an observation and interview on 7/1/2026 at 8:46 am-9:11 am, the kitchen included:*The milk cooler was dirty with food debris and a black substance that was stuck in the corners at the bottom. The DM said she would get the staff to clean it. She said the cooler should be cleaned and not have food or mold build-up inside.*Refrigerator #1 had food debris at the bottom that was dirty, and the thermometer inside said it was 50 degrees. The temperature was checked with an infrared thermometer, and it was 50.4 degrees. The refrigerator had two boxes of muffins which read to keep frozen. The freezer at the top had personal food that consisted of a bottle of orange soda and a container of dessert from a local restaurant. The DM said the food items probably belonged to a staff member and should not be stored in the refrigerator that was for the resident's food. The DM said the refrigerator should be cleaned daily and as needed if dirty and would have the kitchen staff clean it.*The walk-in cooler outside thermometer indicated it was 50 degrees. Inside a thermometer was hanging from the ceiling and it read 50 degrees. An infrared thermometer was used, and it registered 48.6 degrees. The DM said the temperature should be 41 degrees or less. She said it had not been working properly for about a month, and it had been reported to the Maintenance Supervisor. She said the food inside the refrigerator would not be good to eat as it could cause residents to get sick, especially food items that required the temperature 41 degrees or below. She said she would notify Maintenance again. She said the food items need to be discarded immediately. She said the kitchen staff had been checking the temperatures for the walk in cooler and refrigerators daily and they kept a log. She said she was not sure why the staff recorded negative temperatures for the walk in cooler for the month of June 2026.*The walk-in cooler had: (1) crate of milk that expired 6/26/2026 that included fifty 1/2 pints; (3) boxes of hot pockets that the box read to keep frozen; (30) dozens of shell eggs and the box read to keep refrigerated at 33-40 degrees and 17 bags of liquid eggs.During an observation and interview on 7/1/2026 at 9:26 am, the Maintenance Supervisor said she was aware of the walk-in cooler having issues with the temperatures being above 40 degrees but thought it was from the kitchen staff not closing the door properly to make sure it had a good seal. She said she had (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	been checking the logs daily in the kitchen to ensure the walk-in cooler was at the proper temperature. She said it should be at 40 degrees or below. She said she had not been using an infrared gun to check the temperatures manually herself and was just reviewing the logs. She checked the temperature using an infrared gun and the temperature inside the walk-in cooler was 50 degrees when she scanned the wall and food items. She said residents could get sick if they ate foods that were not stored at the proper temperatures. She said she would contact someone to check it.During an observation and interview on 7/1/2026 at 11:09 am, the Administrator and the Maintenance Supervisor entered the kitchen. The Administrator said she was made aware of the issues in the kitchen along with the temperatures in the refrigerator and walk in cooler. The Administrator said they would notify an AC/Refrigeration repairman to check the walk in cooler and refrigerator in the kitchen. The Administrator said the temperatures inside the refrigerators and walk in coolers should be less than 40 degrees. The Administrator said the kitchen staff should discard the food, and they would have to reorder the food. The Administrator said residents could be at risk of food poisoning and cross contamination or could get sick if they ate foods that were not stored at the proper temperatures. The Administrator said the kitchen staff had been trained on proper kitchen storage and temperatures. The Administrator said when frozen meat needed to be thawed, the staff should thaw it under cold water and not warm or could thaw on the bottom shelf in the walk-in cooler. The Administrator said she planned to reeducate all the kitchen staff on proper policies and procedures. The Maintenance Supervisor said she was not aware the refrigerator was having issues with the temperature not being cold enough.Record review of temperature logs for the kitchen dated June 2026 for the walk in revealed the temperatures recorded ranged from -6 degrees to -9 degrees.Record review of temperature logs for the kitchen dated June 2026 for the refrigerator revealed the temperatures ranged from 37 degrees to 39 degrees.Record review of a kitchen inservice provided by the Administrator dated 6/16/2026 indicated the kitchen staff were trained to maintain a clean and sanitary work area.Record review of a facility policy titled Dietary Department Sanitation and Food Storage Temperature Policy undated indicated, .All Dietary employees shall follow sanitation procedures and maintain proper food storage temperatures in accordance with federal, state, and local regulations. To ensure safe handling, preparation, and storage of food, prevention of food contamination. Equipment cleaning: the following shall be cleaned daily or after each use: refrigerators, freezers (as needed); Food storage: expired foods shall be discarded immediately. Refrigerator and Freezer Temperatures-Walk-in cooler: maintain temperature between 35 and 41 degrees. Target operating temperature 38 degrees. Temperature shall never exceed 41 degrees. Temperature monitoring-cooler and freezer temperatures shall be checked and documented twice daily. Thermometers shall be calibrated monthly or whenever accuracy is questioned. If refrigerator temperatures exceed 41 degrees: discard potentially hazardous foods that have remained above safe temperatures according to food safety guidelines. Submit a maintenance work order.Record review of the Food and Drug Code 2022 Chapter 3. Food indicated, .3-501.3 Thawing. Under refrigeration that maintains the food temperature at 41 degrees or less, or completely submerged under running water: at a temperature of 70 degrees or below; for a period of time that does not allow thawed portions of a raw animal food requiring cooking ass or be above 41 degrees for more than 4 hours.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, interviews, and record reviews, the facility failed to provide a safe, functional, sanitary, and comfortable environment for 3 of 5 halls (Hall 100, Hall 300, and the secure unit) and 1 of 1 kitchen reviewed for environment.The facility failed to ensure the ceiling tiles did not have holes on Hall 100 from 6/29/2026 to 7/1/2026.The facility failed to ensure the baseboards were not detached in the shower room on hall 300 from 6/29/2026 to 7/1/2026.The facility failed to ensure the dining room in the secure unit had adequate lighting on 6/29/2026.The facility failed to ensure the ceiling tiles did not have holes in the kitchen by the food prep area on 7/1/2026.These failures could place the residents at risk of living in an unsafe and uncomfortable environment.Findings included:During an observation and record review on 6/29/2026 at 11:10 am hall 100 had a hole in the ceiling that exposed the attic space that was approximately three inches wide. Hall 100 had twenty residents that lived on the hall according to the facility censusDuring an observation on 6/29/2026 at 11:42 am the shower room on hall 300 had a detached baseboard that was all along one wall that exposed the flooring underneath the sheetrock with approximately a 2-3-inch gap between the wall and flooring.During an observation on 6/29/2026 at 11:48 am, in the secured unit's dining room there were eight residents sitting waiting for their lunch meal trays. There were 3 of 6 lights that were out. Staff opened the blinds to provide more lighting. The dining area was dim. The secure unit had fourteen residents that lived on the hall according to the facility census.Attempted a phone interview on 6/30/2026 at 9:06 am, the RDO did not answer the phone, and a voicemail message was left for a return phone call.Attempted a phone interview on 6/30/2026 at 9:20 am, the Manager did not answer the phone, and a voicemail message was left for a return phone call.During an interview on 6/30/2026 at 1:27 pm, the Maintenance Supervisor said she had been employed at the facility for a year. She said the staff were supposed to enter issues in the maintenance log and other times they verbally report them. She said she reported all the issues with the environment yesterday 6/29/2026 to the corporate staff and owners and was awaiting a response that included the hole in the ceiling on hall 100, the shower room on hall 300, and the lights that were out in the secure unit. She said she would repair the issues found but was working on other environment areas in the facility. She said the shower room on hall 300 was locked now and she placed an out of order sign on the door. She said she would get the issues fixed as soon as she could. She said she would not be a resident in a facility like that one. She said she felt like the owners did not care about the residents and it takes them weeks to come and sometimes never show up. She said they do not answer the phones or would tell her they would fix the issues and do not. She said a lot of the issues have been going on for years in the facility. She said she was not aware of the issues before 6/29/2026 and they were not in the maintenance log.During an interview on 6/30/2026 at 1:41 pm, the DON said she had been employed at the facility since the first of April 2026 but only in her role as the DON since May 2026. She said all staff were responsible for reporting repair issues, but Maintenance was responsible for the repairs. She said the Maintenance Supervisor was always told that the owners were going to send someone out to make repairs and never would. She said she would feel horrible if she lived at the facility due to the conditions that were present.During a phone interview on 6/30/2026 at 2:21 pm, the Administrator said the Maintenance Supervisor conducted daily rounds, but staff were supposed to log issues in a log that was kept at each nurse station in a binder. She said she was not aware of any new issues that were observed on 6/29/2026. She said she would not be happy if she had to live in a facility like that and would expect the maintenance and repairs to be done and the owners to be held accountable. She said she notified the owners of any issues that arose all the time and they seemed to avoid answering questions about any maintenance issues. She said the facility was limited to what could be purchased independently without prior approval.During an observation and interview on 7/1/2026 at 9:00 am, the kitchen had a pot on the floor by the food prep table that had dark, brown water that was (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	used to collect water from a hole in the ceiling that was approximately 6 inches wide that exposed the attic space according to the DM. The area around the hole was brown in color from water damage. The DM said they kept the pot on the floor to collect water because when it rained the kitchen would leak water.During an interview on 7/1/2026 at 11:09 am, the Administrator said the owners were not always available or willing to repair certain things in the facility. She said she was aware of an issue with the ceiling in the kitchen a few weeks ago and thought it had been repaired and was not made aware of how bad it was at that time. She said residents could be at risk of food poisoning and cross contamination if leaks occurred in the kitchen where food was prepared.During an observation and interview on 7/1/2026 at 11:50 am, the Maintenance Supervisor called the Manager and placed him on speaker phone. The Manager said he was out of the state and visited the facility once a month. The Maintenance Supervisor was observed shaking her head no to the response provided by the Manager. He said a crew was at the facility working on other issues that had been cited that included some roof repairs and ceiling tiles and not the current ones that were found that week that included lights out in the secure unit, holes in the ceiling on hall 100 and the shower room on hall 300. He said the facility was older and they understood and took things seriously when issues were found. He said he would visit the facility next week (week of 7/5/2026) and wanted to take care of the residents in the facility and they were doing everything they could. He said the repair crew would be working on the new issues reported to him and have them done in the next 30 days. When asked how he would feel if he were a resident or if he had a loved one in the facility and had to live in these conditions, he said his phone was breaking up and he could not hear. When the question was repeated a second time, he said his phone was breaking up and he could not hear. The phone call was disconnected, and he did not call back.Record review of Maintenance logs for the facility from June 2026 to July 2026 did not indicate the shower room on hall 300, the lights being out in the secure unit, the hole in the kitchen ceiling, or the hole in the ceiling on hall 100 had been reported needing repair.Record review of a facility policy titled Quality of Life-Homelike Environment revised June 2024 indicated, .Residents are provided with a safe, clean, comfortable, and homelike environment. 2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary, and orderly environment, daily cleaning, and monthly deep cleaning; b. Comfortable yet adequate lighting. 4.Comfortable and adequate lighting is provided in all areas of the facility. a. Sufficient general lighting in resident-use areas.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests for 1 of 1 Kitchen and 2 of 2 residents (Resident #4 and Resident #8) reviewed for pest control.The facility failed to ensure ants were kept out of the room and bed of Resident #8 on 6/28/2026 and 6/29/2026.The facility failed to ensure ants were kept out of the room of Resident #4 on 6/29/2026.The facility failed to ensure an effective pest control program was in place to keep roaches out of the kitchen on 7/1/2026.These failures could place residents at risk of injury due to an ineffective pest control program at the facility.Findings included:1.Record review of an admission Record for Resident #4 dated 6/30/2026 indicated he admitted to the facility on [DATE] and he was [AGE] years old with diagnoses of osteoarthritis (the cartilage that cushions the ends of the bones wears down over time), COPD (a group of lung diseases that affect breathing), anemia (a decreased production in red blood cells), and hypertension (high blood pressure).Record review of a Quarterly MDS Assessment for Resident #4 dated 3/10/2026 indicated he did not have any impairment in thinking with a BIMS score of 13. He was independent with personal hygiene but required partial/moderate assistance with toileting hygiene and upper body dressing.Record review of a care plan for Resident #4 dated 10/23/2025 indicated he had a BKA and was at risk for falls/injury. Interventions included to assist with ADLs and transfers using positioning devices as needed.During an observation and interview on 6/29/2026 at 11:13 am, in Resident #4's room he was sitting in a wheelchair dressed, alert and oriented to person, place, time, and situation. He said he had been a resident at the facility for a while. Observed black ants on the floor crawling and in his bed. He said he noticed ants in his room a few days ago, but they were not in his bed. He said he had not been bitten by any ants. He said housekeeping had not been in his room that morning yet. He said he feels like he can do better at his own place with the overall condition of the facility.During an interview on 6/29/2026 at 11:33 am, the Maintenance Supervisor was notified of the ants in Resident #4's room and she said they had been taken care of and he was moved. The Maintenance Supervisor was questioned and asked if she was referring to Resident #4 and she said they were aware of ants being in his room over the weekend and had told the resident they needed to move him to a different room, but he refused. The Maintenance Supervisor was asked again who she was referring to because Resident #4 was still in his room and had changed rooms, she said that she was talking about Resident #8.o. She said they had contacted pest control, and they were going to spray Resident #8's room that day and would tell them to spray Resident #4's room as well.During an interview on 6/29/2026 at 1:00 pm, the Maintenance Supervisor said she contacted pest control to come and spray the two rooms with ants and was informed that they would not be able to come to the facility until a payment was made so she contacted the Administrator who said it would be taken care of.Record review of a pest control invoice for the facility dated 6/29/2026 indicated, . an outstanding balance and the letter served as a formal notice that the balance due has exceeded 90 days and the account had been suspended. The total amount due to pest control services rendered was $1239.40. Please be advised that all pest control services at the facility have been suspended until the account has been paid in full .2.Record review of an admission Record for Resident #8 dated 6/30/2026 indicated he was admitted to the facility on [DATE] and he was [AGE] years old with diagnoses of type 2 diabetes, osteoporosis (brittle bones), dementia (loss of cognition that interferes with daily life and activities), and hypertension (high blood pressure).Record review of a Quarterly MDS Assessment for Resident #8 dated 5/14/2026 indicated he had moderate impairment in thinking with a BIMS score of 11. He was independent in ADLs except for eating and he required set up or clean up assistance.Record review of a care plan for Resident #8 dated 8/9/2022 indicated he required assist with ADLs with interventions to assist as needed.During an observation and interview on 6/29/2026 at 1:37 pm, HSK E was on hall 200 cleaning. She said she was in the room of Resident #8 earlier that (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	day cleaning. She said yesterday 6/28/2026 she cleaned his room between 9 am to 10 am and he was sitting in his chair in his room. She said there were ants in the room yesterday 6/28/2026 behind the bed crawling on the floor. She said she sprayed bleach on the ants and was told to do that by the Housekeeping Supervisor and the Housekeeping Supervisor came in and helped deep clean his room. She said she has not seen maintenance in the room.During an observation and interview on 6/29/2026 at 1:41 pm, Resident #8 was moved to a different room on hall 200. He was sitting on the side of the bed alert to person, place, and time. He said they moved him at lunch that day because he had an ant infestation in his room on the wall, they were also in bed, and he was bitten. He said they sprayed bleach and some kind of insecticide and was told that the staff could not treat it properly over the weekend. He said they found that there was an infestation on the bathroom wall. He said the bites stung, but he was ok and they did not put anything on it. He said the first time he noticed any ants was on Friday (6/26/2026). He was actively scratching his arms. He said it was necessary to move him. He said he received a shower that morning and really wanted them to get the room exterminated so he could move back. He said he had bites on multiple places on his body.Record review of a progress note by LVN F for Resident #8 dated 6/28/2026 at 12:18 pm as a late entry on 6/29/2026 at 12:18 pm indicated he had ants in his room and the DON stated to move him to another room, but he refused. The resident agreed to allow staff to move his bed away from the windowsill and change his bedding and clothes. He then refused to move his bed away from the window. The DON was notified.Record review of a progress note by LVN B for Resident #8 dated 6/29/2026 at 12:00 pm, indicated LVN A came to her and stated the resident had ants in his room and she went to the room and ants were at the head of bed and along the baseboard. He was moved to another room. A skin assessment was done and found two ant bites on the upper back, four on his left bicep, one on the left side of his abdomen, one on the left upper thigh, one on the left knee, two on the right side of groin, and one on the left side of his groin. Notified the NP and DON.Record review of an injury note by LVN B for Resident #8 dated 6/29/2026 at 12:00 pm indicated he had multiple ant bites to his body. He was not experiencing pain related to the injury. The physician was notified and order given to monitor and let them know if any rash or redness appears. He was moved to a different room.During an interview on 6/29/2026 at 1:54 pm, LVN A said she had been employed at the facility for a few months. She said over the past weekend, Resident #8 had ants in his room. She said Resident #8 had a shower that morning 6/29/2026 and the shower tech noticed red marks on his body and reported it to the charge nurse. She said the Maintenance Supervisor said that Resident #8 needed to be moved because he had ants in his room and when she went into the room and saw ants on his pillow and on his upper body and immediately took him to the shower room and checked his skin and he did not complain of itching. She said the NP was notified and did not give an order for any treatments because he was not complaining of any issues.During an interview on 6/30/2026 at 8:31 am, LVN B said she heard about ants in Resident #4's room and thought they were talking about Resident #8. She said LVN A told her to go to Resident #8's room and there were ants crawling on the baseboards. She said Resident #8 had some bites on him and she called the physician. She said she observed the exterminator going to his room and sprayed that day 6/29/2026 She said she completed an incident report and completed a skin assessment on Resident #8 and the physician said to monitor and if a rash or redness developed to let him know. She said during the summer months sometimes the facility would have issues with ants in the facility. She said usually they were found before they bit a resident and they would move the residents to a different room. She said she was not aware of how often pest control came into the facility. She said she would not like it if ants were in her room and they bit her. She said Resident #8 was moved to a different room. She said the Maintenance Supervisor was supposed to inspect the room that day to see if he was able to return.During an interview on 6/30/2026 at 10:04 am, CNA C said she noticed ants in Resident #8's room yesterday 6/29/2026 and reported it to LVN B. She said the ants were on the floor and did not see any in his bed. She said LVN B checked Resident #8 and they changed his room later that day 6/29/2026. She (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455855	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kennedy Health & Rehab	504 N. John Redditt Dr Lufkin, TX 75904

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	said that was her first time seeing ants in the facility since she started working a few months ago.During a follow up interview on 6/30/2026 at 1:27 pm, the Maintenance Supervisor said the staff were supposed to enter issues in the maintenance log and other times they would verbally report issues such as pests to her. She said Sunday (6/28/2026) the DON sent a text message in a group chat to every department head in the facility that said Resident #8 had an ant issue in his room and was told to move Resident #8 temporarily to another room. The Maintenance Supervisor said she came in yesterday (6/29/2026) and called pest control and was informed that the bill was not paid. She said on Sunday (6/28/2026) Resident #8 refused to move. She said yesterday (6/29/2026) when she entered Resident 8's room there were ants in his bed and along the wall. She said she had the staff move Resident #8 and pest control came and they sprayed inside and outside of the facility along with the rooms of Resident #4 and Resident #8.During an interview on 6/30/2026 at 1:41 pm, the DON said she said her first time hearing about ants in the facility was the past weekend when ants were found in Resident #8's room. She said she was told ants were in the windowsill and Resident #8 did not want to move. She said she was not aware Resident #4 had ants in his room. She said they cleaned Resident #4's room yesterday (6/29/2026) and pest control was in the facility yesterday and sprayed both resident rooms. She said Resident #8 had multiple ant bites. She said the NP did not give any new orders for Resident #8 at that time. She said she would feel horrible if she lived in a place that had ants that were in her bed or in her room. She said she saw pest control in the facility, and she noticed them spraying in the hallways also.During a phone interview on 6/30/2026 at 2:21 pm, the Administrator said the facility called her yesterday (6/29/2026) and told her about the ants in Resident #4 and Resident #8 rooms. She said she was not aware Resident #8 was bitten by ants. She said pest control was supposed to come once a month to spray at the facility and they would come out anytime they needed them between times. She said lately they had been visiting more regularly to treat the facility. She said she would not like it if she was bitten by ants or had ants in her room. She said she planned to increase the schedule for pest control to come to the facility.During an interview on 6/30/2026 at 3:10 pm, Pest Control said they visited the facility monthly but had to suspend some services for nonpayment. He said the facility paid the bill and were back current as of yesterday (6/29/2026). He said it started in May 2026 when they had more visits for ants and have a scheduled visit for tomorrow 7/1/2026 to treat the facility. He said during their visits they did a full inside treatment and the facility was falling down around them and had a lot of environmental issues. He said they conducted monthly services and spot treatments as much as they could. He said they quoted a full entry for the facility back in October 2025, but they opted not to do it, and they must be willing to give them access to the entire facility and will only allow access to certain areas of the facility at this time. He said they used everything they could and most of the time they used gel bait but most of the time it was Quantum they used and outside was a treatment called Demand and whatever else was needed. He said Top Choice was something they used to treat ants on the outside. He said the chemicals that they used inside the facility would be safe to use with residents in the facility. He said tomorrow (7/1/2026) they were planning to treat ants in rooms as an additional service and had just sprayed for ants on 6/29/2026 inside a room and on the entire exterior of the facility. He said they were dealing with ants everywhere at this time of the year, especially with the heat and they moved with the weather that including crawling inside the facilities Record review of a pest control invoice for the facility dated 6/29/2026 at 1:43 pm revealed a balance of $0.00.Record review of a pest control invoice from the facility dated 6/29/2026 at 3:15 pm indicated a service was performed at the facility for ants, cockroaches, and spiders. Locations treated were the interior and exterior.3. During an observation on 7/1/2026 at 9:15 am, the DM was present in the kitchen. Two roaches were observed crawling on the wall in the kitchen by the freezers. Two small black roaches were observed on the floor crawling. The DM said the roaches in the kitchen had gotten out of hand. She said they were everywhere in the kitchen and pest control sprayed twice a month. Multiple roaches were observed going down the wall behind the freezers and she pulled one of the freezers (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	away from the wall and multiple roaches were observed crawling on the floor and going into the vent that was on the outside of the freezer. Trash and food debris was noted on the floor behind the freezer. The DM said the kitchen needed a deep clean and did not know when the last time it had one. She said when pest control sprayed, they never sprayed behind the refrigerators or freezers and said they would clean and make sure they sprayed behind them when they returned to the facility. Roaches were observed crawling on the bottom of the food prep table. She said roaches were nasty and could make someone sick.During an observation and interview on 7/1/2026 at 11:09 am, the Administrator and Maintenance Supervisor entered the kitchen. The Administrator pulled one of the freezers and a refrigerator away from the wall and observed roaches crawling on the floor and wall along with trash and food debris were present. She said they would contact pest control to spray the facility after they did a deep clean in the kitchen. She said she expected the kitchen to be clean and free of pests and would not like it if she had to eat food out of that kitchen.Record review of a facility policy titled Pest Control revised July 2025 indicated, .Our facility shall maintain an effective pest control program. 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. 5. Maintenance services assist, when appropriate and necessary, in providing pest control services.