STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675009	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coleman Healthcare Center	2713 S Commercial Ave Coleman, TX 76834

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 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 review the facility failed to properly store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed. 1. The facility failed to ensure DA wore a hair net when he entered the kitchen.2. The facility failed to ensure the cook wore gloves while touching bread when serving food. These failures could place residents at risk for contamination and foodborne illnesses. Findings included: During an observation on 03/03/2026 at 9:59 AM the DA was wearing a baseball cap with hair pulled through the back (ponytail), without the use of a hair net . The [NAME] was observed touching the bread with her bare hand. During an interview on 03/05/2026 at 3:00 PM, the CCS stated all staff in the kitchen should have been wearing a hair net, he stated even if wearing a ball cap, no hair should be uncontained. The CCS stated if any staff were working in the kitchen, if they were going to touch food, the staff had to be gloved. He stated the DM should have monitored the staff in the kitchen better and that was where the failure was. The CCS stated there could have been the possibility of contamination with staff having not worn a glove while serving bread. During an interview on 03/06/2026 at 11:30 AM, the DM stated all staff entering the kitchen or working in the kitchen should always have a hairnet on prior to walking into where food was prepared and/or served. She stated when preparing food and plating residents' food, they should not at any time have touched food without a glove being worn. The DM stated there could be cross-contamination from both hairnets not being worn as well as touching the food without being gloved. The DM stated she should have been monitoring her staff closer and was her duty to do so. She stated her expectations in the kitchen were for staff to follow the protocols and guidelines that the facility gives out. During an interview on 03/06/2026 at 11:15 AM the dietician stated that all staff that enter the kitchen where the food was served, they should have a hairnet. She stated it would not be her recommendation for only a ballcap if the hair was out. The Dietician stated staff should not have touched ready to eat food without a glove. She stated the potential harm to residents was cross contamination. The Dietician stated the DM monitored the kitchen staff. She stated the failure occurred when the previous with the DM not enforcing or monitoring was not done as well as failed to comply with facility policies. The Dieticians expectations was for the DM in charge of kitchen follow policies. Record review of facility policy Food Preparation and Service dated 06/23/2025 revealed: Policy Statement: Food and nutrition services employees prepare and serve food in a manner that complies with safe food handling practices. Policy Interpretation and Implementation- food Preparation area. 5. Food preparation staff adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness.Food Service/Distribution-5. 6. Bare hand contact with food is prohibited. Goves are worn when handling food directly and changed between tasks. Disposable gloves are single-use items and are discarded after each use. 7. Food and nutrition services staff wear hair restraint (hair net, hat, beard restraint, etc.) so that hair does not contact food. Review of the FDA Food Code 2022 Review of the FDA Food Code 2022 FDA Food Code 2022: Full Document accessed 02/27/2025 revealed: 2-402.11 Effectiveness. (Hair Restraints) 1. Code of Federal Regulations, Title 21, Sections 110.10 Personnel. (b) (1) Wearing outer garments suitable to the operation (4) Removing all unsecured jewelry (6) (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Wearing, where appropriate, in an effective manner, hair nets, head bands, caps, beard covers, or other effective hair restraints. (8) Confining .eating food, chewing gum, drinking beverages or using tobacco and (9) Taking other necessary precautions code accessed 03/23/2023 revealed: Review of the FDA Food Code 2022 Annex 4. Management of Food Safety Practices - Achieving Active Managerial Control of Foodborne Illness Risk Factors Annex 4 - 7: Full Document accessed 03/20/2025 revealed: .practicing no bare hand contact with ready-to-eat food as well as proper handwashing, and implementing an employee health policy to restrict or exclude ill employees are important control measures for viruses.

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. Based on interview and record review, the facility failed to ensure that the facility had an Administrator licensed by the state that was responsible for management for 1 of 1 facility's reviewed for governing body. The facility failed to ensure the Assistant Administrator, who was acting as the facility Administrator, had an active Texas Administrator license. The facility had not had a licensed administrator since 06/20/2025. This deficient practice could result in decreased quality of life and quality of care due to a lack of staff oversight and monitoring of care.The findings include:During Interview on 3/06/2026 at 3:30 p.m. The Assistant administrator stated she had failed her test to be a licensed Administrator. She stated she had applied to retest and was waiting for a date to test again. She stated RDO (Regional Director of Operations) was the licensed Administrator covering the building. She stated she could call her if she needed her. She stated there was no negative outcome for residents due to her lack of a valid Administrator license. During interview on 03/06/2026 at 3:45pm the RDO stated the facility has been without a licensed Administrator for several months. She stated she was a licensed Administrator in Texas. The Assistant Administrator was hired to move into the position of licensed administrator over the facility when she passed her licensure exam. She stated the Assistant Administrator failed the examination but had applied to test again. She stated she had not been actively seeking a licensed administrator because the job had been promised to the assistant administrator. She stated that she did not know of any negative outcome for residents as a result of the facility not having a licensed administrator She stated she had visited the facility about 4 times since the last licensed administrator's employment ended, and she was always available by phone for the assistant administrator if she was needed. She stated she thought the Assistant Administrator was doing an excellent job of managing the facility.During interview on 03/07/2026 at 4:15pm the DON stated he was the designated Abuse Coordinator if there was not an Administrator.Record review of the facility's Active Employee Report provided by the facility revealed the Assistant Administrator was hired on 07/23/2024.During the exit conference on 03.06.2026 at 5:00 PM the facility was unable to provide a policy regarding facility administration.

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NAME OF PROVIDER OR SUPPLIER: Coleman Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2713 S Commercial Ave Coleman, TX 76834	

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. Based on interview and record review the facility failed to ensure Nurses' Aides were not working in the facility longer than four months without being enrolled in or having completed an approved training course for 2 (NA C and NA D) of 5 nurse aides reviewed. The facility failed to ensure NA C and NA D were certified within the required time frame. This failure could place residents at risk of receiving care from an individual whose skill level was unknown. Findings include: Record review of employee facilities files revealed: -NA C had a hire date of 4/08/2024, worked full time, and no evidence of nurse aide certification. -NA D had a hire date of 03/21/2025 and worked full time and no evidence of nurse aide certification. During an attempt at phone interviews on 03/06/2026 at 4:25 p.m. NA C and NA D were not available. During an interview on 03/06/2026 at 4:15 p.m. with the DON and ADON both stated that the expectation would be for the facility to have certified nurse assistants. The ADON stated that both she and the DON were aware that NA C and NA D had not been tested. She stated there had been no certified applicants and they had only been able to hire NAs. She stated that NA C had been terminated before for not having her CNA certification. She stated she had taken the CNA Class twice and not passed the test. She stated NA C required special accommodation for testing and will take the test again on 03/25/2026. She stated NA D Completed NA training on 06/25/2025 and was currently waiting on a test date. She stated there had been no negative outcome for residents, but receiving care from an uncertified aide could place a resident at risk of not receiving appropriate care. Review of facility policy titled The Role of the Hospitality Aide dated March 2020 revealed in part: The Hospitality Aide performs non-nursing, non-direct care duties under the supervision of licensed nursing personnel and assists in maintaining a positive physical social and psychosocial environment for the residents. Position qualification: Must possess a minimum of a high school diploma or equivalent, must complete a minimum of 10th grade education level, must be able to lift fifty pounds, any combination of experience and training which provides the required skill, knowledge and abilities, Answer call lights. Make unoccupied beds, assist with feeding non-aspiration on non -choking risk residents.

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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 ensure the menu was followed, for 1 (lunch meal) of 1 meal observed for nutritional adequacy. The facility failed to ensure Resident #11 received condiments and roll during the lunch. These failures could place residents at risk of poor intake, chemical imbalance and/or weight loss.The findings include: Resident #11 Review of Resident #11's Face Sheet revealed an [AGE] year-old male initially admitted on [DATE]. Resident #11's medical diagnoses included disturbance, psychotic disturbance, mood disturbance, anxiety and lack of coordination. Review of Resident #11's Annual MDS dated [DATE] revealed in Section C - C0500. BIMS Summary Score a BIMS score had not been completed. Review of Resident #11's Comprehensive Care Plan initiated 12/01/2023 and reviewed/revised 01/13/2026 revealed the following focused areas: Nutrition: Focus - Resident has the potential nutritional problem r/t DX Protein-calorie malnutrition and remains at risk for Malnutrition. Goal- The resident will maintain adequate nutritional status as evidenced by no s/sx of malnutrition, and consuming at least 50% of at least 2 meals daily through review date of 03/22/2026. An intervention for the focus on nutrition included: Provide, serve diet as ordered, monitor intake and record every meal. Review of Resident #11's physician orders reviewed on 03/04/2026 revealed: Regular diet, Mechanical soft texture, thin consistency.Record Review on 03/03/2026 of week 1 facility menu revealed: Lunch: Shrimp Fettuccini Alfedt, [NAME] Beans, Dinner Roll, Gelatin w/Whip Topping, Tableside Condiments, Choice of Beverage, Water. Alternative-baked potato (w/condiments), soup and hamburger. Observation of noon meal on 03/03/2026 at 12:00 PM revealed Resident #11 was served soup, baked potato and no roll. During an interview on 03/03/2026 at 12:25 PM, Resident #11 stated he had requested the roll, and extra sour cream with his baked potato. He stated since he had not received the requested sour cream and cheese, he was not going to eat it. During an interview on 03/03/2026 at 2:00 PM, the DM stated the condiments should have been on his plate when the tray went out to the residents. She stated when there was something missing on the menu, the cook would go to residents and asked if they wanted something different. The DM stated the kitchen had no sour cream or cheese for the baked potato that was the alternative for the lunch meal but had not known they were out prior to service. She stated it was her responsibility to order enough food/condiments. During an interview on 03/05/2026 at 3:00 PM, CCS stated all residents should have received all products listed on the menu such as condiments. He stated the DM monitored the food and how much should have been ordered. The CCS stated he was unaware there were no condiments for the residents that ordered the alternate of a baked potato during lunch service. He stated as a nurse, the possible resident harm was not getting proper nutrition if the resident had not liked what he was served. During an interview on 03/06/2026 at 11:30 AM, the DM stated the residents should have been offered another alternative if there were no condiments. She stated she monitored along with the nurses on what the residents preferred. The DM stated her expectations were for all residents to get all items on the menu, and all condiments, as they were listed on the menu also. During an interview on 03/06/2026 at 11:55 AM, the Dietician stated she trained the staff on resident needs and nutrition. She stated the in-services to other kitchen staff members were completed by the DM. The Dietician stated that all residents should always receive all food listed on the menu, even condiments unless were an allergy to the product. She stated harm for residents would be not receiving the protein calories they may need. She stated her expectations were for the DM in charge of the kitchen should always follow the facility policies. During the exit conference held on 03/06/2026 at 5:00 PM the facility failed to provide a policy on food distribution.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. During an observation, interview, and record review, the facility failed to provide food prepared by methods that conserve nutritive value, flavor, and appearance as well as failed to provide food and drink that was palatable, attractive, and at a safe and appetizing temperature for 1 of 1 meal The facility failed to provide a lunch meal that was flavorful and palatable due to puree texture and thickness. This failure could place residents at risk for decreased meal satisfaction and weight loss.Findings Include: During an observation on 03/03/2026 at 12:00 PM, the [NAME] placed the puree meal and pureed bread in microwave for reheating. During an observation on 03/03/2026 at 12:35 PM, the CNA E was assisting residents with a puree meal. Observation of the pureed bread looked dry and too thick, the CNA was not assisting with feeding the pureed bread to the resident. During an interview on 03/03/2026 at 12:25 the [NAME] stated there was only on resident who received a pureed meal. The cook stated she always prepared the one residents puree meal and placed covered in the microwave until time to serve and then would reheat in the microwave. During an interview on 03/03/2026 at 12:36 PM, CNA E stated she decided not to assist feed Resident #9 the pureed bread due to being too thick. She stated it was also too hot to serve the resident. CNA E stated if she had made the decision to give the pureed bread to the resident, there was a possibility of Resident #9 getting burned and/or possibly choke. During an interview on 03/05/2026 at 3:00 PM, the CCS stated that food should have been placed on the steam holding table prior to serving. He stated he was not sure why the cook was using the microwave to warm the food prior to serving it to residents and not placing it on the holding steam table. During an interview on 03/06/2026 at 11:30 AM, the DM stated all food should be temped. She stated there was a failure with food being too hot and not temping it properly could harm the resident with the possibility of being burned. The DM stated residents could also choke or have improper nutrition. She stated her expectations was for all food to be temped correctly prior to being transported to the resident. She stated in not doing so and not holding the temperature at the proper temperature for a long amount of time, could cause illness. During an interview on 03/06/2026 at 11:55 AM, the Dietician stated in-services were provided by the DM. She stated that all food temperatures should be held on the steam table not the microwave. The Dietician stated in doing so, would be safer for the resident as it heats up too much, as well as lowers the nutrients in food. She stated she did not know what the facility policy stated but knew there should be temperature logs for all food that was delivered to residents. Record review of kitchen temperatures dated 03/03/2026 revealed no evidence of temperature log for pureed food. Record review of facility policy Food Preparation and Service dated 06/23/2025 revealed: 8.Raw food cooked in a microwave reaches 165 degrees F in all parts of the food. 9. Previously cooked food is reheated to an internal temperature of 165 degrees Fahrenheit for at least 15 seconds. 11. Mechanically altered hot foods prepared for a modified consistency diet remain above 135 degrees Fahrenheit during preparation, or they are reheated to 165 degrees for at least 15 seconds. Food service distribution-1. Proper hot and cold temperatures are maintained during food service. Foods that are held in the temperature danger zone are discarded after 4 hours. 2. The temperatures of foods held in steam tables are monitored throughout the meal by food and nutrition services staff.