STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675013	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crowell Nursing Center	200 South B Ave Crowell, TX 79227

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 observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with the professional standards for food service safety for 1 of 1 kitchen reviewed for kitchen sanitation. The facility failed to ensure refrigerated, freezer and pantry food items were properly stored, labeled, and dated. The facility also failed to ensure refrigerator and freezer temperatures were monitored and logged daily.These failures had the potential to place residents at risk for food borne illness.Findings included:Observation of the refrigerator on 04/07/2026 at 9:05 AM, revealed the following:1/2 gallon container of chicken noodle soup was not labeled or dated.2 packages of lettuce had a use by date of 03/16/2026.1 gallon container of BBQ sauce had an open date of 03/25/2026 with no use by date.4 green peppers were soft and wilted in appearance and were not labeled or dated.1 bag of pepperonis was not labeled or dated.1 bag of yellow cream was not labeled or dated.1 package of cheese was opened with a preparation date of 03/16/2026 and no use by date.1 package of sliced turkey meat had a use by date of 03/26/2026.Observation of preparation area shelving in the kitchen on 04/07/2026 at 9:29 AM, revealed three boxes of cereal open to air with no date on the boxes. The shelving surface was sticky to the touch.Observation of Freezer 2 on 04/07/2026 at 11:31 AM, revealed the following:10 packages of sliced turkey with use by date of 03/26/26.Observation of the temperature log binder for refrigerator and freezers on 04/07/2026 at 11:32 AM for March 2026, revealed no documented temperature checks had been recorded since 03/25/2026.In an interview on 04/07/2026 at 11:26 AM, the DM stated it was the responsibility of all dietary staff to ensure food items were labeled, dated, and stored properly and that expired food should be discarded. The DM stated the food could spoil and residents could become ill if spoiled food was served. The DM further stated she was responsible for ensuring refrigerator and freezer temperatures were monitored and logged daily to verify safe food storage temperatures and for ensuring staff complied with labeling and dating requirements. In an interview on 04/07/2026 at 11:51 AM, [NAME] B stated it was everyone's responsibility to label and date food and if it was not done, residents could get sick. [NAME] B stated the DM was responsible for ensuring staff complied with labeling, dating and monitoring and documenting refrigerators and freezers temperatures.In an interview on 04/07/2026 at 11:53 AM, DA A stated it was everyone's responsibility to ensure food items were labeled, dated, and covered. DA A stated if food items were not labeled or dated then residents could receive spoiled food. DA A stated it was the DM's responsibly to ensure staff were complying with labeling and dating. In an interview on 04/09/2026 at 8:50 AM, [NAME] E stated it was everyone's responsibility to ensure food items were labeled, dated, and covered. [NAME] E stated the DM was responsible for ensuring staff were labeling, dating, and documenting refrigerator and freezer temperatures. [NAME] E stated a possible negative outcome would be residents receiving spoiled food and becoming ill. Record review of facility policy, titled Frozen and Refrigerated Foods Storage dated 11/16/2017 reflected the following:.Refrigerator and Freezer temperatures should be checked and logged at a minimum of twice daily, once in the morning and once in the evening. The purpose of this is to be able to react quickly if a unit is having a problem. Temperatures must be recorded on the appropriate temperature log.Items stored in the refrigerator (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675013	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crowell Nursing Center	200 South B Ave Crowell, TX 79227

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	must be dated upon receipt, they must also be dated with an expiration date unless they have one from the manufacturer. All refrigerated and frozen items in storage will contain a minimum label of common name of produce and dated as noted above.All items that are opened and not used in their entirety must be properly sealed, labeled and dated for continued storage. Record review of facility policy, titled Dry Food and Supplies Storage dated 11/15/2017 reflected the following:.Dry storage areas will be kept neat clean and orderly. Routine cleaning of walls, flooring and shelving will be maintained.All open products must be resealed effectively and properly labeled, dated and rotated for use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675013	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crowell Nursing Center	200 South B Ave Crowell, TX 79227

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality for 1 out of 3 residents that received pureed food (Resident #30), in that:The facility served residents receiving a pureed diet with a different and less comparable breakfast than residents receiving a regular diet.This failure could negatively impact the self-esteem, self-worth, and identity of residents who require a pureed diet.Findings included:Record review of Resident #30's Face sheet, dated 04/08/2026, reflected an [AGE] year-old female admitted to the facility on [DATE] with the diagnoses that include but not limited to Dysphagia, oropharyngeal phase (difficulty swallowing due to impaired coordination of muscles and nerves in the mouth and throat), Aphasia (language disorder) and weakness. Record Review of Resident #30's Significant Change MDS Assessment, dated 02/16/2026, indicated a BIMS score of 04 indicating resident had severely impaired cognition. The assessment reflected Resident #30 had a mechanically altered diet (pureed food). Record review of Resident #30's Comprehensive Care Plan, last revised on 02/14/2026 reflected Resident #30 received a pureed texture diet with interventions to provide, serve diet as ordered. Record review of Resident #30's Active Orders dated 02/03/2026 reflected Resident #30 was ordered to have a pureed textured diet with no restrictions. Observation on 04/08/2026 at 7:20 AM, revealed the pureed textured menu (no restrictions) for breakfast for the day was pureed scrambled eggs, biscuit and oatmeal. The regular diet breakfast was cheese and sausage bake, biscuit and oatmeal. Observation on 04/08/2026 at 7:30 AM in the dining room revealed Resident #30 was eating breakfast. The resident's pureed breakfast consisted of pureed scrambled eggs, pureed biscuits and pureed oatmeal. Other residents observed in the dining room receiving a regular diet were served what appeared to be scrambled eggs with cheese and sausage, biscuits and oatmeal.In an interview on 04/09/2026 at 8:40 AM, the DM stated she did not create the menu and the company that oversees the kitchen were the ones responsible for menus. The DM stated she was responsible for ensuring the menus were followed. In an interview on 04/08/2026 at 9:12 AM, RD stated she was not responsible for developing the menus as they were created by her company. The RD stated she did not fully agree with the menus and believed residents receiving a pureed breakfast should have the option to receive additional protein. The RD stated residents receiving a pureed diet not receiving the same meal items as residents receiving a regular diet could negatively impact the resident and make them feel less valued.In an interview on 04/09/2026 at 8:55 AM, the Dietary Regional Director stated his company was responsible for developing the menus and stated the pureed breakfast of scrambled eggs, biscuit and oatmeal was not the same as the egg and sausage bake on the regular diet because the pureed version was less appealing to the eye. When asked if it was acceptable that Resident #30 did not receive sausage while other residents seated nearby did, the Dietary Regional Director stated the company was reviewing potential menu changes.In an interview on 04/09/2026 at 9:10 AM, the ADM stated she was not sure how the menus worked but stated residents receiving pureed diet should have the same or similar meal items as the residents receiving a regular diet. In an interview on 4/9/2026 at 9:52 AM, Resident #30 stated she liked sausage and would like to have it with breakfast if it was offered. Record review of facility's policy Resident Rights dated 02/23/2016 reflected the following:.The resident has a right to be treated with respect and dignity.The resident has right to make choices about aspects of his or her life and the facility that are significant to the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675013	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crowell Nursing Center	200 South B Ave Crowell, TX 79227

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the resident environment remained as free of accident hazards as possible for 1 (Resident #35) of 17 residents reviewed for accidents and hazards. Resident #35 was allowed to have the code for the door when going out to smoke. This failure could place residents at risk for injury or elopement.Findings included: Record review of Resident #35's face sheet printed 04/08/26 revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included, but were not limited to, acute respiratory failure with hypoxia (sudden failure of lungs to deliver oxygen to the body), chronic obstructive pulmonary disease (refers to a group of diseases that cause airflow blockage and breathing-related problems), heart disease, tobacco use, paranoid schizophrenia (serious mental health disease causing misinterpretation of reality), generalized anxiety disorder (a group of mental disorders characterized by significant and uncontrollable feelings of anxiety and fear), major depressive disorder (mental illness causing sadness due to lack of chemicals in the brain that cause happiness). Record review of Resident #35's Quarterly MDS, dated [DATE], revealed a BIMS of 13 indicated resident's cognition was intact. Section GG (functional abilities) indicated the resident was independent with bed mobility, transfer, walking, and dressing and required supervision or set-up assistance with eating, showering, and personal hygiene. Record review of Resident #35's Smoking assessment dated [DATE] indicated Resident #35 was assessed as an independent smoker. Record review of Resident #35's Elopement/Wandering Risk assessment dated [DATE] indicated the resident was a low risk for elopement, and no care plan interventions were initiated related to elopement risk. Record review of Resident #35's care plan dated 03/01/26 identified a focus area of smoking and indicated the resident was a safe smoker who did not require an apron or direct staff supervision during smoking breaks. The care plan did not address the resident's access to door codes, education regarding door security or risks associated with unsupervised exit. During an observation and interview on 04/07/26 at 3:27 PM, the surveyor attempted to access the smoking area. Resident #35 stated a code was required to exit the door and proceeded to enter the code allowing himself and the surveyor access to the patio. During an observation on 04/07/26 at 3:30 PM, a CNA escorted residents outside for smoking and maintained possession of smoking materials. The CNA assisted residents with lighting cigarettes and maintained control of smoking paraphernalia. During an interview on 04/08/26 at 08:40 AM, CNA D stated that residents were not supposed to have access to door codes; however, Resident #35 knew the code by observing staff entering it. CNA D stated that even if the code was changed daily, the resident would likely continue to obtain it. During an interview on 04/09/26 at 9:17 AM, Resident #35 stated he was allowed to have the door code because he had been at the facility a long time. During an interview on 04/09/26 at 9:48 AM, CNA G stated that residents were not allowed to have door codes but confirmed that Resident #35 knew the code. CNA G stated a potential negative outcome included the resident sharing the code with others, which could result in elopement. During an interview on 04/09/26 at 9:50 AM, LVN F stated she was unsure whether residents were allowed to have door codes. She confirmed Resident #35 knew the code and stated a potential negative outcome included the resident allowing other residents, including those at risk for elopement, to exit the facility. During an interview on 04/09/26 at 9:53 AM, the ADON stated that residents were generally not allowed to have door codes. She stated that Resident #35 obtained the code by observing staff and had not been formally educated on not sharing the code or allowing other residents to exit. The ADON identified potential negative outcomes, including elopement of Resident #35 or other residents. During an interview on 04/09/26 at 9:59 AM, the DON stated that Resident #35 nor any of the residents were supposed to have the door codes. The DON stated there was no documentation indicating the resident was authorized to have the code or had received education regarding its use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675013	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crowell Nursing Center	200 South B Ave Crowell, TX 79227

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The DON stated potential negative outcomes included elopement or injury to other residents. Record review of a facility policy titled, Incident/Accident Policy, dated 02/10/21 revealed the following in part: It is the policy of this facility to report and investigate all incidents and accidents that occur in the facility or on facility property in a timely manner. DefinitionsIncident: An unusual or unexpected event that is not consistent with the routine operation of the facility or the routine care of the resident. The Facility did not provide a relevant policy concerning Accident/Hazards or Door Codes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675013	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crowell Nursing Center	200 South B Ave Crowell, TX 79227

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the accurate acquiring, receiving, dispensing, and administration of all drugs and biologicals to meet the needs of each resident for 1 of 17 residents (Resident #39) reviewed for pharmacy services. Resident #39's clinical record identified an allergy to cephalexin; however, the resident was administered a 14-day course of cephalexin for a urinary tract infection (UTI). This failure had the potential to place residents at risk for substandard care, failure to meet identified needs, and increased risk of adverse outcomes, including allergic reaction, anaphylaxis, or death.Findings Included: Record review of Resident #39's face sheet revealed a [AGE] year-old female admitted on [DATE] with diagnoses including, but not limited to, wedge compression fracture of T7-T8 vertebra (one or more back bones collapses into itself and becomes squashed into a wedge shape), hypertensive heart disease with heart failure (prolonged high blood pressure which can lead to heart failure), lumbar spondylopathy (age-related degeneration of the bones in the lower back), chronic pain syndrome, atherosclerotic heart disease without angina (the slow buildup of fat, cholesterol and calcium inside the artery causing them to harden and narrow). Record review of Resident #39's admission MDS dated [DATE] revealed a BIMS score 10 out of 15, indicating moderate cognitive impairment. The MDS indicated the resident required extensive assistance with bed mobility, transfers, locomotion, dressing, toileting, and personal hygiene. Section O, Special Treatments, Procedures, and Programs revealed Resident #39 was receiving Hospice services. Record review of Resident #39's current allergy profile revealed a documented allergy to Cephalexin, (generic antibiotic used to treat bacterial infections) dated 01/20/26, with unknown severity. Record review of Resident #39's physician orders revealed the following: Cephalexin oral capsule 500 mg, start date 3/20/26 with end date of 4/3/26 Record review of the Medication Administration Record confirmed that Resident #39 received cephalexin 500 mg daily from 03/20/26 through 04/02/26. Record review of the care plan dated 01/30/26 revealed that Resident #39 had a documented medication allergy and was identified as being at risk for adverse reactions to cephalexin, with interventions including verification of allergies prior to medication administration, updating the allergy list as needed, and monitoring for allergic reactions. During an interview on 04/08/26 at 8:22 AM, Resident #39 stated she had recently taken cephalexin for a UTI and reported she was not allergic to the medication and experienced no issues while taking it. During an interview on 04/08/26 at 11:12 AM, LVN F stated that Resident #39 had been treated with Cephalexin for 14 days without observed adverse reactions. LVN F stated she discussed administration of the medications with the ADON and hospice nurse, who indicated the resident did not have a true allergy. LVN F confirmed that conversation was not documented and the allergy information not updated. LVN F stated she administered the first dose to Resident #39, and protocol was to check all allergens listed for the resident before administering any medication. She stated not doing this would not be good and could lead to death if the resident was given something they were allergic to. During an interview on 04/09/26 at 9:21 AM, the ADON stated that a conversation with Resident #39 before administering the medication revealed she had taken cephalexin before and was not allergic to it. The ADON stated that a conversation with the HN before medication was administered revealed that although cephalexin was listed as an allergy, it was believed to be a non-allergic adverse effect. The ADON confirmed that the discussion with the hospice nurse and resident was not documented and the allergy was not removed from the clinical record. The ADON stated anaphylactic shock or death could be a negative result of not checking allergens for residents.During an interview on 04/09/26 at 9:28 AM, The DON stated medications listed as allergies should not be administered and identified death as a potential adverse outcome. During an interview on 04/09/26 at 9:37 AM, The HN stated that the ADON reported to her Resident #39's side effect when taking cephalexin was upset stomach. The HN (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675013	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crowell Nursing Center	200 South B Ave Crowell, TX 79227

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	confirmed she advised the ADON that the reported reaction to cephalexin was a side effect rather than an allergy and approved administration. Record review of facility provided policy titled Provision of Quality of Care, dated 01/04/23, revealed in part: Policy: Based on comprehensive assessments, the facility will ensure that residents receive treatment and care by qualified persons in accordance with professional standards of practice, the comprehensive person-centered care plans, and the resident's choices. 1. Each resident will be provided care and services to attain or maintain his/her highest practicable physical, mental, and psychosocial well-being.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675013	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crowell Nursing Center	200 South B Ave Crowell, TX 79227

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 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 that the menu was followed, for 3 out of 3 residents that received pureed food (Residents #7, # 16, #30), in that: The facility failed to ensure Residents #7, #16, #30 received pureed applesauce prepared according to the facility recipe, instead they were served plain applesauce directly from the original container. This failure could place residents at risk for inadequate nutritional intake, reduced meal acceptance, potential weight loss and diminished quality of life. Findings included: Resident #7Record review of Resident #7's Face sheet, dated 04/08/2026, reflected an [AGE] year-old male originally admitted to the facility on [DATE] with diagnoses that include but not limited Senile degeneration of the Brain (disorder affecting memory, thinking, behavior), Aphasia, following cerebral infarction (language disorder that affects communication abilities) and Dysphagia(difficulty in swallowing)- pharyngeal phase (involuntary reflex that propels food or liquid down the throat).Record review of Resident #7's Quarterly MDS Assessment, dated 02/24/2026, indicated a BIMS score of 01 out of 15 indicating severely impaired cognition. The assessment reflected Resident #7 had a mechanically altered diet (pureed food). Record review of Resident #7's Comprehensive Care Plan, revised on 02/24/2026 reflected Resident #7 was ordered to have a pureed texture diet with no restrictions with interventions to serve the diet as ordered. Record review of Resident #7's Active Orders dated 12/21/2025 reflected Resident #7 was ordered to have a pureed texture diet with no restrictions.Resident #16Record review of Resident #16's Face sheet, dated 04/08/2026, reflected a [AGE] year-old male originally admitted to the facility on [DATE] with diagnoses that include but not limited to Progressive Multiple Sclerosis (autoimmune disease that affects the central nervous system), Aphasia (language disorder), and Dysphagia, oropharyngeal phase (difficulty swallowing due to impaired coordination of muscles and nerves in the mouth and throat). Record review of Resident #16's Quarterly MDS Assessment, dated 01/02/2026, indicated a BIMS score of 04 out of 15 indicating severely impaired cognition. The assessment reflected Resident #16 had a mechanically altered diet (pureed food). Record review of Resident #16's Comprehensive Care Plan, revised on 03/29/2026 reflected Resident #16 received a pureed texture diet with interventions to provide and serve diet as ordered. Record review of Resident #16's Active Orders dated 03/05/2025 reflected Resident #16 was ordered to have a pureed texture diet with no restrictions. Resident #30Record review of Resident #30's Face sheet, dated 04/08/2026, reflected an [AGE] year-old female admitted to the facility on [DATE] with the diagnoses that include but not limited to Dysphagia, oropharyngeal phase (difficulty swallowing due to impaired coordination of muscles and nerves in the mouth and throat), Aphasia (language disorder) and weakness. Record Review of Resident #30's Significant Change MDS Assessment, dated 02/16/2026, indicated a BIMS score of 04 out of 15 indicating severely impaired cognition. The assessment reflected Resident #30 had a mechanically altered diet (pureed food). Record review of Resident #30's Comprehensive Care Plan, revised on 02/14/2026 reflected Resident #30 received a pureed texture diet with interventions to provide, serve diet as ordered. Record review of Resident #30's Active Orders dated 02/03/2026 reflected Resident #30 was ordered to have a pureed textured diet with no restrictions. Record review of the recipe book located in the kitchen reflected the following:Cinnamon Applesauce 1/2 cup, combine applesauce and cinnamon, mix thoroughly. Chill well. The recipe book also included a recipe for Apple Crisp with instructions for both regular and pureed diets. During an observation and interview on 04/07/2026 at 12:38 PM in the dining room, three residents (Resident #7, #16, #30) were served a pureed meal. Resident #7 and #16 were assisted by staff with their meal. Resident #30 was eating independently. When asked if her meal was good to taste, Resident #30 shrugged. Resident #7, #16, #30 were served a plastic container of applesauce for dessert. Other observed residents were served apple crisp (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675013	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crowell Nursing Center	200 South B Ave Crowell, TX 79227

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dessert. During an interview on 04/07/2026 at 11:51 AM, [NAME] B stated applesauce was given to the residents receiving a pureed diet because the apple crisp could not be pureed. [NAME] B further said she was supposed to follow the recipe as it was written and did not realize the applesauce needed to have added cinnamon. During an interview on 04/08/2026 at 8:50 AM, the DM stated the residents should have had apple crips or have sugar and cinnamon mixed with the applesauce for flavor. The DM stated the applesauce should have been served in a bowl rather than in the original container. The DM stated that not receiving the correct dessert could negatively impact residents, including contributing to weight loss or making residents feel they were not important. The DM stated it was her responsibility to ensure menus were followed. During an interview on 04/08/2026 at 9:12 AM, the RD stated residents receiving a pureed diet should have received applesauce with cinnamon for flavor and that it should have been served in a bowl rather than in the original container. The RD said the DM should be ensuring menus were followed. The RD stated a possible negative outcome of not serving the menu item as planned could include residents not feeling valued. No policy was given related to following menus.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675013	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crowell Nursing Center	200 South B Ave Crowell, TX 79227

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to 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 (Resident #26) of 3 residents observed for infection control. -CNA C did not wash her hands while performing incontinent care for Resident #26. This deficient practice could lead to the spread of infections, tissue breakdown, and feelings of isolation related to poor hygiene.Findings include: Record review of Resident #26's face sheet printed 04/09/26 revealed she was an [AGE] year-old female resident admitted to the facility originally on 01/06/25 and readmitted on [DATE] with diagnoses to include dementia (a group of thinking and social symptoms that interferes with daily functioning), muscle weakness (a lack of muscle strength), aphasia (loss of the ability to understand or express speech caused by brain damage), and Hx. of cerebral infarction (occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it). Record review of Resident #26's MDS assessment revealed a quarterly assessment completed on 03/16/26 with a BIMS of 06 indicating she was severely cognitively impaired, she had a functional status of requiring substantial/maximal assistance with her toileting hygiene, and she was listed as frequently incontinent of urine and bowel. Record review of the care plan with admission date of 07/18/25 for Resident #26 revealed the following: Focus:Resident is incontinent of bowel and bladder r/t cognitive impairment secondary to dementia and is at risk for the complications of incontinence. During an observation on 04/08/2026 at 10:18 AM CNA C completed incontinent care for Resident #26 with CNA D assisting. CNA C washed her hands and put on new gloves. CNA C cleaned Resident #26's perineal area with 3 wipes, then assisted CNA D to roll Resident #26 to her side. CNA C then cleaned Resident #26's rectal and buttocks area with 3 wipes. CNA C removed the dirty linens. CNA C then removed her gloves (she did not wash her hands), put on new gloves and put the new brief on Resident #26. CNA C pulled up Resident #26's covers, then removed her gloves and washed her hands. During a group interview on 04/08/2026 at 10:29 AM CNA C reported she should have washed her hands when she removed her gloves after cleaning Resident #26 and before placing new gloves and putting on the new brief. CNA D reported staff could also use hand sanitizer between gloves changes if needed. CNA C reported if they do not perform proper hand hygiene then a resident could get an infection and the staff could spread infection. CNA D agreed. Both CNA C and CNA D reported the ADON was the person who trained staff on hand hygiene. During a group interview on 04/09/2026 at 9:25 AM the ADON (with the DON present) reported she was the person who trained all staff on hand hygiene, and she expects staff to complete handwashing when removing gloves, before placing new gloves, or when the gloves become soiled. This surveyor asked the DON if she agreed with the ADON's statement and the DON stated yes and reported hand hygiene also needs to be performed frequently when in the dining room. The ADON reported if hand hygiene was not completed correctly then the staff could spread infection. This surveyor asked the DON if she agreed with the statement the ADON made and the DON stated yes. On 04/09/2025 at 10:00 AM this surveyor received a copy of the training provided by the ADON dated 03/20/2026 for the following: Topic: Quarterly Infection Control Training-Hand Hygiene and Donning and Doffing PPE.-Handwashing/Review of: Hand Hygiene Policy and Procedure Review-Handwashing versus Using Alcohol Based hand gel-Proper technique for Hand Hygiene.-CNA C was listed as receiving this training. Record review of the facility provided policy titled, Hand Hygiene date of last review 02/11/2022, revealed the following: Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors.6. Additional considerations:a. The use of gloves does not replace hand hygiene.Hand Hygiene TableWhen, during resident care, moving from contaminated body site to a clean body site.