STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on observation, interview, and record review, the facility failed to make information available to resident's and their representatives on filing grievances or concerns for 6 of 8 confidential residents reviewed for grievances. The facility failed to ensure 6 of 8 confidential residents were provided, through postings in prominent locations; the Grievance Procedure, access to Grievance forms, information regarding who the facility Grievance officer was with their contact information, and accommodations to file an anonymous Grievance. The facility failed to include all areas per the regulation in their Grievance Procedures policy, to include the following: This failure could place the residents at risk of unresolved Grievances and decreased quality of life. Findings include: During a confidential interview on 06/25/2025 at 1:30 PM with the resident council, 6 confidential residents stated they did not know how to file a formal Grievance. The residents stated they did not have access to Grievance forms, and they did not know where Grievance forms were kept. The residents stated they were not aware of who their Grievance Officer was, nor the process to resolve Grievances. They stated they had never seen a posting in the facility pertaining to Grievances. Residents in Resident Council stated they did not know how to file anonymous Grievances, and they were not aware they had the option to file a formal complaint anonymously. Six of the eight residents in attendance had been residing at the facility for 6 months or longer. Observation of prominent postings on 06/25/2025 at 2:30 PM; the facility did not have instructions regarding the Grievance procedure with any of their prominent postings. Grievance forms were not readily available to residents in the facility, and there were no accommodations to submit a Grievance anonymously. During an interview on 06/25/2025 at 3:00 PM the AD stated the facility did not have a posting providing information about filing a Grievance. The AD stated there were no forms available for residents to file a grievance on their own or anonymously The AD stated complaints were recorded during resident council meetings and provided to the ADM for review and resolution. The AD stated she was not aware of individual forms the facility had to file official grievances. (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
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 06/26/2025 at 9:30 AM the AD stated the ADM was the facility's Grievance coordinator. The AD stated complaints were taken by any facility staff, and reported to the ADM for resolution, as necessary. The AD stated she had never had a resident request to file an official Grievance or to file an anonymous Grievance. The AD stated she was not aware a Grievance could be recorded by a resident via a Grievance form. The AD stated residents were advised of their right to file complaints during Resident Council meetings, but they did not discuss Grievances specifically. The AD stated Grievances were resolved by each Department head, and the ADM followed up to ensure they were able to address complaints timely. The AD stated, if a resident was unable to file a Grievance or of the resident wanted to file an anonymous Grievance, and they were unable to, this could have placed the resident at risk of psychosocial harm. The AD stated a resident might not express their concerns if they were unable to file anonymous Grievances. The AD stated if a resident could not file a Grievance, the resident's concerns may have gone unheard and unresolved. During an interview on 06/26/2025 at 10:30 AM the ADM stated she was the Grievance Officer for the facility, and she was responsible for ensuring Grievances were resolved. The ADM stated all grievances were reported to her by facility staff, but grievance forms were not recorded individually. The ADM stated blank grievance forms were not accessible to residents since they were recorded digitally by the ADM. The ADM stated Grievances were communicated to each department head to ensure resolution, and the ADM followed up to ensure Grievances were resolved as soon as possible. The ADM stated residents were informed of their right to file a Grievance upon admission. The ADM stated, although there was no procedure in place currently that allowed residents to obtain a Grievance form on their own or to file it anonymously, she would ensure a process was set up as soon as possible. The ADM stated it was important for a resident to be able to file a Grievance anonymously because the resident may fear retaliation upon filing a Grievance. The ADM stated if a resident was unable to file a Grievance and/or wanted to file anonymous Grievances and they were unable to, the resident's right to voice their feelings and option could have been taken from them, and the resident may have not felt seen or heard. Record review of the facility Social Services Department Policy and Procedures Manual (Section: 7. Resident Rights, Subject: SS-705: Grievance Procedures), Effective 12/97, revealed the following documentation: POLICY: Residents and their families have the right to file a complaint without fear of reprisal. Purpose: Residents' rights should be protected when voicing complaints to maximize the quality of life for each individual and to promote customer satisfaction with facility care and services. Director's role: The social services director is responsible for the following: establishing a mechanism for all associates to communicate resident or family complaints to the designated staff so that all complaints will be documented and timely response developed and implemented. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Social services The social services staff is responsible for the following: maintaining a system to keep records (file, log, copy of complaint registration forms, etc.) of all complaints reported which contains the date of report, circumstances, specifics of investigation, action taken, and follow-up with the complainant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs that were identified in the comprehensive assessment for 3 of 14 residents (Residents #1, #4, #42) reviewed for care plans. The facility failed to develop an accurate, consistent, and completed care plan for Residents #1, #4 and #42 in regard to the residents being placed on hospice services. This failure could place residents at risk of not receiving the care required to meet their individualized needs. Findings included: Resident #1 Record review of the face sheet revealed Resident #1 was admitted to the facility on [DATE], with a readmission on [DATE]. Resident #1 was an [AGE] year-old female with diagnoses that included the following: Unspecified dementia (the specific type -like Alzheimer's or vascular dementia - cannot be determined or is not specified due to insufficient information or complexity) and unspecified macular degeneration (age-related macular degeneration where the specific stage or type - wet or dry - is not clearly defined). Record review of Resident #1's annual MDS assessment, dated 07/10/25, revealed Staff assessment of Resident #1 cognitive status was severely impaired - never/rarely made decisions. Record review of Resident #1's physician's order, dated 06/25/25, revealed an order: Admit to [hospice] Dx: Heart Failure with a start date of 06/09/22. Record review of the current care plan for Resident #1, date last reviewed on 06/18/25, revealed no care areas for hospice services at the facility. Resident #4 Record review of the face sheet revealed Resident #4 was admitted to the facility on [DATE]. Resident #4 was an [AGE] year-old female with the diagnoses that included the following: Vascular dementia with agitation (people become less able to interpret their environment and control or express their feelings), hypertension (condition in which the force of the blood against the artery wall is too high), and atrial fibrillation (the heart's upper chambers -called the atria - beat chaotically and irregularly). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #4's Annual MDS dated [DATE], revealed Resident #4 was unable to complete interview for mental status. Staff assessment for mental status revealed that Resident #4 has a short term and long term memory problem. Resident #4's cognitive skills for daily decision making was severely impaired. MDS reveals that resident has a condition or chronic disease that may result in a life expectancy of less than six months. Special treatments, procedures and programs reveals Resident #4 was receiving hospice care. Record review of Resident #4's current physician orders revealed an order dated 09/26/2022 to admit Resident #4 to hospice for the diagnosis of hypertensive heart disease. Record review of Resident #4's progress notes from dates of 05/02/2025 to 06/05/2025 did not reflect any notes related to hospice. Record review of Resident #4's care plan with date initiated 04/16/2024, with a revision date of 04/16/2024 with a focus area that Resident #4 triggered for mood problem related to feeling tired, no energy, sleeping a lot. Resident #4 was declining overall, hospice services in place at this time. Interventions included: administer medications and monitor for side effects, assist Resident #4, family, and caregivers to identify strengths and positive coping skills, educate Resident #4, family, and caregivers regarding expectations of treatments, Resident #4 needs time to talk during interactions, monitor and record mood to determine if problems seem to be related to external causes, monitor and report to MD as needed for acute episode feelings or sadness; loss of pleasure and interest in activities, feelings of worthlessness or guilt; change in appetite or eating habits; change in sleep patterns, monitor and report to MD as needed for mood patterns of depression, anxiety, and sad mood, provide Resident #4 with a program of activities that is meaningful and of interest. There was no focus area of Resident #4 being admitted to hospice for terminal diagnosis. Resident #42 Record review of face sheet revealed Resident #42 was admitted to the facility on [DATE]. Resident #42 was a [AGE] year-old female with diagnoses that included schizoaffective disorder - bipolar type (bouts of mania and sometimes depression), and unspecified dementia (the specific type like - Alzheimer's or vascular dementia - cannot be determined or is not specified due to insufficient information or complexity). Record review of Resident #42's admission MDS revealed Resident #42 had a BIMS score of 8, which indicated a moderate cognitive impairment. Record review of physician order dated 04/04/2025 at 7:40 AM revealed a verbal order to refer Resident #42 to hospice per POA's request. Confirmed by the DON. Record review of nursing progress note for Resident #42, dated 04/04/2025 revealed that Resident #42 had been admitted under the services of hospice with the diagnosis of senile degeneration of the brain. Record review of Resident #42 care plan that was initiated on 01/07/2025 did not address Resident #42's admission to hospice. During an interview on 06/25/2025 at 7:35 AM the ADON voiced that the DON does the care plans. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 06/26/25 at 11:08 AM, the Adm stated the DON was responsible for ensuring the resident's care plans were complete. The Adm stated she expected hospice services to be an area that was care planned in a resident's chart. The Adm stated the DON was trained on completing care plans and she did not know why hospice services was not care planned for some residents. The Adm stated the residents had a risk of not receiving adequate care related to the care plan. During an interview on 06/26/2025 at 12:24 PM, the DON stated care plans should reflect the resident, stating that she put any concerns, or potential concerns, the current diagnoses, and medications. DON voiced that hospice should be on the care plan and that they normally put hospice on the care plan. DON stated they had care plan meetings with hospice. Care plans are gone over and updated during the care plan meetings. DON was notified that three residents reviewed, did not have hospice on the care plan. DON voiced, Really? We normally do. DON stated she did not know how those were missed, stating, there is no excuse. Record review of the facility's policy titled, Care Plans, Comprehensive Person-Centered 2001 Med-Pass, Inc. with a revision December 2016i. reflected the following: Policy: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation: 1. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 13. Assessments of residents are ongoing, and care plans are revised as information about the residents' conditions change.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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 professional standards for food service safety in 1 of 1 kitchen (Kitchen A) reviewed for dietary services. 1) The DM failed to clean the food thermometer each time before placing in a food item. 2) [NAME] A failed to serve a cold food in the proper temperature for serving, below 41 degrees Fahrenheit (F). These failures could place residents at risk for food contamination and foodborne illness. The findings include: Observation on 06/24/25 at 11:49 AM during the food temping process for the noon meal, the DM placed a dial food thermometer in the puree macaroni salad without cleaning the probe first. The DM then placed the dial food thermometer in an ice bath for calibration and the thermometer was then placed in the puree sandwich without cleaning the probe first. The DM then cleaned the dial food thermometer with an alcohol prep pad and was then placed back in the ice bath. The DM then placed the dial food thermometer back in the puree macaroni salad from the ice bath without cleaning the probe first. Interview on 06/25/25 at 9:55 AM, the DM stated she has been trained on cleaning the thermometer probe each time before placing in a food item. The DM stated she was nervous and frustrated during the food temping process for the noon meal yesterday, and that was why the thermometer probe did not get cleaned each time before placing in a food item. The DM stated the risks to the residents was cross-contamination and the residents could get sick. Observation on 06/25/25 at 10:45 AM, a medium to large square container covered tightly with aluminum foil was noted sitting in a big bowl on a bed of ice. [NAME] A stated the container in the big bowl was full of potato salad for the noon meal. Surveyor asked for the temperature of the potato salad. The foil was removed and steam was noted coming from the potato salad and the temperature read 154 F. Observation on 06/25/25 at 11:50 AM, the DM took the temperature of 1 of 3 smaller, more shallow containers of potato salad sitting on a bed of ice and lightly covered with foil and the temperature was 97.4 F. The DM stated she would continue attempting to rapidly cool the potato salad to serve at the noon meal. Observation on 06/25/25 at 12:15 PM, potato salad was observed on the resident's plates eating in the dining room. Interview on 06/25/25 at 12:17 PM, [NAME] A stated the potato salad was last temped at 70 F in the center and 36 F on the outside of the container. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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	Interview on 06/25/25 at 12:18 PM, the DM stated she had advised [NAME] A to not serve the potato salad until the temperature was below 41 F. The DM stated she got busy putting away a food delivery and did not know [NAME] A had served the potato salad. Interview on 06/26/25 at 10:01 AM, [NAME] A stated she had been trained on the proper food temperatures for cold and hot foods to be served at. [NAME] A stated she had been trained that a food temperature of 70 F in the middle was too hot for cold foods. [NAME] A stated she was worried about feeding all residents their whole meal at one time and she did not want them to have to wait for the potato salad. [NAME] A stated the residents had a risk for food borne pathogens and they could get sick if they were served food that was not at the proper temperature. Interview on 06/26/25 at 10:09 AM, the DM stated the staff are trained on the proper serving temperatures for cold and hot foods. The DM stated the staff are trained on cooling foods and she thinks everyone was nervous and that was why the potato salad was served when it was not at the proper temperature of 40 F or lower. The DM stated the potato salad was usually provided to the facility in bags that the kitchen puts together. The DM stated the potato salad bags were not in this grocery order so the kitchen made potato salad from ingredients they had in the kitchen. The DM stated that was why the potato salad was very hot at first. The DM stated the residents had a risk of possibly getting sick with food-poisoning. Interview on 06/25/25 at 11:08 AM, the Adm stated she expected the kitchen staff to clean the thermometer probes each time before use with alcohol prep pads. The Adm stated she expected cold foods to be served in the proper temperatures and hot foods to be served in the proper temperatures. The Adm stated the kitchen staff had been recently trained on food temperatures. The Adm stated she did not know why the kitchen staff served the potato salad before it was fully cooled. The Adm stated the training was a verbal training and she did not have a physical copy of the training provided. The Adm stated the risks to the residents was food borne illness. Record review of the facility policy titled, Food Temperatures, with a revised date of 11/27/06 reflected the following: Policy: It is the policy of this facility to heat or chill foods to the proper temperature and to maintain proper Hot and Cold Food temperatures throughout holding and service. Proper technique will be used to maintain foods at desired temperature (hot and cold) to preserve food quality, safety and palatability. Fundamental Information: All potentially hazardous foods must be brought to a safe internal temperature before serving. 1. Proper Cooling: All cooked foods must be cooled rapidly to below 40F to slow bacterial multiplication. It is recommended that hot foods be cooled from 140F to 70F within 2 hours and from 70F to 40F within an additional 4 hours . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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	Procedure: .Designated staff will take and record temperatures of all potentially hazardous hot and cold foods prior to the beginning of meal service. Temperatures will be obtained by placing a clean, sanitized and calibrated thermometer in the center pard of the food . Corrective action will be taken for improper temperatures. Cold Holding: Cold foods will be held or stored in refrigeration or freezer units, or ice baths to maintain internal temperature of 41F or below.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain and ensure safe and sanitary storage of residents' food items for 7 of 7 residents rooms reviewed for food safety (room [ROOM NUMBER], #5, #9, #11, #29, #31, and #32) in that: The refrigerator located in room [ROOM NUMBER], #5, #9, #11, #29, #31, and #32 were not being monitored for internal temperature and expiration/used by dates. These failures could place residents at risk for food borne illnesses. Findings include: During an observation on 06/24/2025 at 09:52 AM, Resident room [ROOM NUMBER] contained a personal refrigerator. The refrigerator contained perishable food items such as ice cream. The expiration date on the individual ice cream was not legible, as the ink was smeared. The freezer portion of the refrigerator had a large amount of frost build up. The refrigerator also contained bottles of water and cans of soda. During an observation on 06/24/2025 at 09:58 AM, Resident room [ROOM NUMBER] contained a personal refrigerator. The refrigerator contained perishable food items such as undated jars of jams/jellies and bottles of iced tea. During an observation on 06/24/2025 at 11:05 AM, Resident room [ROOM NUMBER] contained a personal refrigerator. The refrigerator did not contain a thermometer. There was not a log present indicating the refrigerator's daily temperatures. The refrigerator contained perishable food items such as tarter sauce, Ensure supplement drinks and sodas. During an observation on 06/24/2025 at 11:21 AM, Resident room [ROOM NUMBER] contained a personal refrigerator. The refrigerator contained perishable food items such as undated guacamole, yogurt, packaged fruit cups, and fresh fruit. During an observation on 06/24/2025 at 11:24 AM, Resident room [ROOM NUMBER] contained a personal refrigerator. The refrigerator did not contain a thermometer. There was not a log present indicating the refrigerator's daily temperatures. The refrigerator contained perishable food items such as sodas, apple juice, Boost supplement drinks, and cheese. During an observation on 06/24/2025 at 11:27 AM, Resident room [ROOM NUMBER] contained a personal refrigerator. The refrigerator contained perishable food items such as jelly and sodas. During an observation on 06/25/2025 at 10:05 AM, Resident room [ROOM NUMBER] contained a personal refrigerator. The refrigerator contained perishable food items such as condiments, sodas, and bottles of waters. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 06/26/2025 at 10:30 AM, the ADM stated the housekeeping staff were responsible for cleaning the residents' personal refrigerators once a month and ensuring each refrigerator was working properly. The ADM stated the facility did not have a specific policy pertaining to a resident's personal refrigerator. The ADM stated the facility did not have a policy stating a resident's personal refrigerator should have a thermometer. The ADM stated the housekeeping staff were not responsible for checking temperatures of the residents' personal refrigerators. The ADM stated there was not another way the facility monitored a resident's personal refrigerator to ensure it maintained a safe temperature for perishable foods. The ADM stated the facility did not have a log to verify residents' refrigerators were being maintained. The ADM stated any spoiled or expired food should have been thrown away by the housekeeping staff monthly. The ADM stated food could have also become expired throughout the month, and it would not have been discarded unless the resident threw it out. The ADM stated the facility relied on the resident or family to ensure a resident's personal refrigerator was maintained and perishable foods were discarded when they expired. The ADM state if a resident's family was not available to maintain the resident's refrigerator, and the resident was unable to maintain their own refrigerator, the resident didn't usually have a personal refrigerator. She stated housekeeping staff would have made monthly checks when they cleaned the personal refrigerators. The ADM stated the facility did not have a specific system in place to ensure a resident's personal refrigerator was being maintained other than the housekeeping staff cleaning the personal refrigerators monthly. The ADM stated she planned to develop and implement a facility policy specific to a resident's personal refrigerator as soon as possible. The ADM stated she also planned to implement a system to track cleaning and maintenance of residents' personal refrigerators as soon as possible. The ADM stated it was important to ensure a resident's personal refrigerator was working properly to prevent food borne illness. The ADM stated the residents could have been at risk of consuming spoiled food and/or drinks if the refrigerators were not cleaned and checked adequately. The ADM stated this could have resulted in residents becoming sick. During an interview on 06/26/2025 at 11:00 AM, the HKS said housekeeping was responsible for cleaning the residents' refrigerators at least monthly. The HKS was unable to state what temperature the residents' refrigerators were supposed to maintain and stated housekeeping staff did not check the temperature of refrigerators. HKS stated housekeeping staff were responsible for throwing away any expired food from the residents' personal refrigerator on a monthly basis. The HKS stated she was not aware what happened with a resident's expired food, throughout the month, as housekeeping staff were only responsible for cleaning residents' personal refrigerators once a month. The HKS stated there was not a log for each residents' refrigerator for the housekeeping staff to track when refrigerators were checked or cleaned. The HKS stated it was her expectation that housekeeping staff were cleaning each resident's personal refrigerators as needed. She stated there was no way for her to document this was being done. The HKS stated residents were at risk of eating expired or spoiled food if their refrigerators were not checked by staff to ensure they were working properly or if staff did not throw away expired food. Record review of the facility's policy titled Foods Brought by Family/Visitors, revised July 2017, revealed: Policy Statement: Food brought to the facility by visitors and family is permitted. Facility staff will strive to balance resident choice and a homelike environment with the nutritional and safety needs of residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675061	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Munday Nursing Center	421 West F St Munday, TX 76371

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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Policy Interpretation and Implementation: 4. Family/visitors are asked to prepare and transport food using safe food handling practices, including: a. Safe cooling and reheating processes; b. Holding temperatures; c. Preventing cross-contamination with raw or undercooked foods; d. Hand hygiene. 5. All personnel involved in preparing, handling, serving or assisting the resident with meals or snacks will be trained in safe food handling practices. 8. The nursing staff will discard perishable foods on or before the use by date. 9. The nursing and/or food service staff will discard any foods prepared for the resident that show obvious signs of potential foodborne danger (for example, mold growth, foul odor, past due package expiration dates).