STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675251	A. Building B. Wing	10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadows of Corsicana, LLC	3301 Park Row Blvd Corsicana, TX 75110

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility did not store, cook, and give out food in a safe and clean way for 1 of 1 kitchen for kitchen task.The facility failed to ensure food safety by not consistently monitoring, discarding, labeling, and storing food items in the refrigerator and storage areas.These failures could place residents at risk for food-borne illness. Findings included: In the observation on 9/30/2025 9:10AM of the initial walk through of kitchen revealed the following: -Dried egg noodles with open date 6/1/2025 and expiration date 9/1/2025-Dried ziti noodles with open date of 6/2/2025 expiration date 9/2/2025-Dried spaghetti in a plastic bag that was not sealed properly. In the walk-in refrigerator: -A personal size of pudding was fully covered in a bowl. There was no label indicating what the dish contained, the date it was prepared, or the date it should be consumed by. -A plastic storage container of leftover chicken noodle soup. The container was not labeled with its contents, date of preparation or date to be consumed by. -A box of red bell peppers with noticeable mold growth along with a red bell pepper that was cut in half and placed in an unsealable plastic bag. The bag was not labeled with contents or date it was cut nor the date it should be consumed by. -An opened and recapped bottle of partially used hot sauce was not labeled with an open or date to be consumed by no details stating it was an employee's personal bottle or if it was used to prepare food. In an interview on 10/2/2025 at 12:45 PM with DA C, she stated she worked in the facility for one year but worked in food service for a very long time. She stated it was the facility's practicing policy to label all food with the date that it was delivered. She stated any left-over prepared food items should be labeled with their contents, the date prepared and dated 72 hours after to be used by. DA C stated that, dry goods once opened, depending on the item should be labeled with the opened date and the expiration date. She reported that some items were 30 days while seasonings are good for 90 days. DA C stated no food items should be used after the expiration or use by date. She stated meals should not be prepared with visibly molded food items. DA C stated anyone and everyone who works in the dietary department is responsible for ensuring all food items that are past the use by date or molded are removed from the kitchen. She stated that if a resident was given expired food, they could get food poisoning, go to the hospital, or die. She stated if a resident was given a meal prepared with food items that were molded/spoiled they could contaminate the food and give them salmonella. In an interview on 10/2/2025 at 12:49 PM with CK B, he stated he worked in the facility's kitchen for nine months. He stated their policy was to label all prepared food items with the prepared date and three days out. He stated no food items should be used past the use by date, and no molded items should be used to prepare meals. He stated everyone was responsible for ensuring expired or spoiled food was discarded. When asked what could happen to a resident who was served expired or spoiled food, CK B stated the resident could get sick and he would not serve it. In an interview on 10/2/2025 at 12:55 PM with the DM, she stated the facility policy for labeling and storage was when items arrived for delivery they were dated. She stated that prepared foods were labeled with the prepared date, and she liked to use them by two days rather than the standard three days. The DM stated that no expired or spoiled food should be used to prepare meals for the residents. The DM stated all kitchen staff (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	were responsible for ensuring all expired food or spoiled food items should be removed from the kitchen. The DM stated that she checked the refrigerator and the dry storage in the mornings and did a walk through before she went home each day. The DM stated if a resident was served food prepared with expired or spoiled items, they could get a food [NAME] illness. The DM stated the spoiled bell peppers should have been thrown out, she also stated the items in the refrigerator should have been labeled and she ensured they were removed. The DM stated the dried pasta labels should have been updated when the staff placed new packages inside the containers. In an interview on 10/2/2025 12:54 with the DON, she stated if a resident was given expired food or food prepared with spoiled items they could have a reaction, food poisoning, and GI upset. In an interview on 10/2/2025 1:20 PM with the Administrator, she stated she expects all dietary staff were to follow policies and procedures for labeling and storage of food items to prevent food [NAME] illness. She stated she expected the dietary staff not to use expired or spoiled food items in preparation of meals for the Residents. She stated the DM was responsible for ensuring all expired and spoiled food items were removed from the kitchen. She stated if a resident was given a meal prepared with expired or spoiled food items, they could get sick. Record review on 10/2/2025 of Policy Date Marking for Food Safety, the following guidelines are noted under Policy Explanation and Compliance Guidelines for Staffing: 2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded.3. The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared.4. The marking system shall consist of a color-coded label, the day/date of opening, and the day/date the item must be consumed or discarded.5, The discard day or date may not exceed the manufacturers used-by date, or four days, whichever is earliest. The date of opening or preparation counts as day one. (For example, food prepared on Tuesday shall be discarded on or by Friday.)6. The Head Cook, or designee, shall be responsible for checking the refrigerators daily for food items that are expiring, and shall be or shall discard accordingly.7. The Dietary Manager, or designee, shall spot check refrigerators weekly for compliance, and document accordingly. Corrective action shall be taken as needed.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to establish and maintain an infection control program for 6 (Resident #56, Resident #47, Resident #51, Resident #21, Resident #35 and Resident #8) of 10 residents reviewed for infection control. 1. CNA D did not conduct hand hygiene between residents (Resident #56, Resident #47, Resident #51, Resident #21, and Resident #35) when passing hallway lunch trays. 2. CNA E did not conduct hand hygiene and glove change when performing peri-care when going from front to back and pulled adult wipes from the package with soiled gloves when providing peri-care for Resident #8. These failures could place the residents at risk of transmission of disease and infection and re-hospitalization. Findings included: Observation on 09/30/25 at 12:16 PM of hallway lunch tray pass with CNA D, said she did not conduct hand hygiene when passing a lunch tray to Resident #47's room. CNA D then took a lunch tray to Resident #56's room, and no hand hygiene was conducted. She did not conduct hand hygiene from Resident #56's room, and took a tray to Resident #51, who had signage on the door for enhanced barrier precautions. She did not conduct hand hygiene from Resident #51's room and took a tray to Resident #21's room. She did not conduct hand hygiene from Resident #21's room and took a tray to Resident #35's room. She did not conduct hand hygiene after coming from Resident #35's room and took a lunch tray into Resident #8's room. An interview on 09/30/25 at 12:23 PM with CNA D said she had forgotten to use hand hygiene between each resident when she passed meal trays. She stated the residents could get an infection if staff did not conduct hand hygiene between residents. Observation on 10/01/2025 at 10:44 AM of peri-care (cleansing the resident of urine and feces) for Resident #8 with CNA E said she pulled the adult wipes from the package (which could lead to cross-contamination for the resident) while cleansing the peri-area. CNA E did not change gloves when going from the peri-area to the bottom and continued pulling adult wipes from the package one at a time with soiled gloves. An interview on 10/01/2025 10:59 AM with CNA E said she was trained to change gloves and conduct hand hygiene twice, before starting peri-care and after cleansing the peri-area and the bottom. CNA E stated she would do hand hygiene and glove change three times instead of two, before cleansing the peri-area, before cleansing the bottom, and before placing a clean brief. CNA E stated not changing gloves and doing hand hygiene could lead to an infection to the residents. 1. Record review of Resident #8's undated face sheet revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included chronic obstructive pulmonary disease (a common, preventable and treatable disease that is characterized by persistent respiratory symptoms like progressive breathlessness and cough.), heart failure (a long-term condition that happens when your heart does not pump blood well enough to give your body a normal supply), osteoporosis (a condition when bone strength weakens and is susceptible to fracture. It usually affects the hip, wrist, or spine), pain, urinary tract infection, hypertension (high pressure in the arteries (vessels that carry blood from the heart to the rest of the body). Symptoms vary from person to person and generally include unexplained fatigue and headache), lack of coordination, and an old myocardial infarction (damage to the heart muscle caused by a loss of blood supply due to blocks in the arteries). Record review of Resident #8's Care Plan, dated 09/17/25, reflected she was incontinent of bowel and bladder, and the goal was to not have skin breakdown related to incontinence through the next review The interventions included to provide incontinent care after each incontinent episode. The care plan further reflected Resident #8 had an ADL self-care performance deficit related to multiple diagnoses, and the goal was to improve the current level of function in ADLs through the review date. The interventions reflected Resident #8 required extensive assistance of one person with personal hygiene, including incontinent care. Record review of Resident #8's Quarterly MDS assessment, dated 09/03/25, revealed a BIMS score of 06, indicating a moderate to severe cognition. Further review of the MDS said Resident #8 was incontinent with bowel and bladder and required extensive assistance (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of one person with ADLs. Record review of CNA Orientation Skills Checklist for CNA E, dated 06/26/25, reflected that she was checked off on Infection Control, including handwashing/gloves, general guidelines, isolation, and disinfection of shower. The checklist further reflected CNA E was checked off on personal care, including peri care for male and female. An interview on 10/02/25 at 12: 48 PM with the ADM, said she worked in the facility for a year and a half. The ADM stated she was trained in infection control and completed the Nursing Home Infection Preventionist Training in October 2024. She stated all nursing home administrators were required to take this training. She stated the policy for conducting hand hygiene when providing care included anytime a staff member touched a resident or a soiled surface, they must wash and sanitize their hands. She further stated staff members should conduct hand hygiene and glove changes before and after they provided care to a resident, and cross-contamination could occur if staff did not take proper infection control precautions. An interview on 10/02/25 at 1:10 PM with the DON, said she worked in the facility since May 2025. The DON stated she was trained in infection control and completed the Nursing Home Infection Preventionist Training on 05/13/25. She stated the policy for conducting hand hygiene when providing care included staff should conduct hand washing/hand hygiene and put on gloves before providing resident care. She stated all staff members should conduct hand hygiene with hand sanitizer with each glove change unless the hands and/or gloves were visibly soiled. She stated the staff should conduct handwashing with soap and water. She stated staff should conduct hand hygiene and glove changes when providing care when coming into direct contact with a resident, when cleaning anything soiled, providing medications, treatments, gastrostomy tube care, indwelling catheter care, and anything that would be direct care to the resident. She further stated when staff members did not take the proper infection control precautions, they could spread infection from one resident to the other. Record review of Policy & Procedures for Hand Hygiene dated 12/12/24 reflected, Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table: hands are visibly dirty, hands are visibly soiled with blood or other body fluids, between resident contacts, after handling contaminated objects, before performing invasive procedures, before applying and after removing personal protective equipment, including gloves, before and after handling clean or soiled dressings, linens, etc., before handling items potentially contaminated with blood, body fluids, secretions, or excretions, when, during resident care, moving from a contaminated body site to a clean body site, and after assistance with personal body functions such as elimination, hair grooming, and smoking. 3. Alcohol-based hand rub with 60-95% alcohol is the preferred method for cleaning hands in most clinical situations. Wash hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom. 6. Additional considerations: The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. Record review of Policy & Procedures for Perineal Care dated 12/16/24 reflected, Policy: It is the practice of this facility to provide perineal care to all incontinent residents during routine bath and as needed to promote cleanliness and comfort, prevent infection to the extent possible, and to prevent and assess for skin breakdown. Policy Explanation and Compliance Guidelines: 6. Perform hand hygiene and put on gloves. Apply other personal protective equipment as appropriate.7. Set up supplies.8. Place waterproof pad underneath resident.9. If perineum is grossly soiled, turn resident on side, remove any fecal material with toilet paper, then remove and discard. 10. Re-position the resident in supine position. Change gloves if soiled and continue with perineal care. 16. Remove gloves and discard. Perform hand hygiene.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to make sure that drugs are stored properly, and only authorized persons have access for 1 of 4 medication carts (MC A) reviewed for drug storage and labeling. The facility failed to ensure the F-hall medication cart was locked and medications were secured and not accessible to other staff, residents, or visitors. This failure could place residents at risk of having unauthorized access to medications, decreased effectiveness of medication, or missing medications.Findings included:Observation of F-hall on 09/30/2025 at 9:05 a.m., revealed MC A was unattended and unlocked. LVN A was in room F50. The medication cart was partially in front of room F50. The locking mechanism was protruding outward on the medication cart. The state surveyor opened drawers and captured pictures. LVN A was in the room with a resident with the privacy curtain pulled closed. During an interview on 09/30/2025 at 9:10am, LVN A stated she was trained on medication storage. She said the policy was to make sure the narcotics were locked, and the medication cart was locked. She said the medication cart should be locked every time the medication cart was out of sight of the nurse. She said if a medication cart was left unlocked and unattended then other residents could get into the medication cart and take pills that do not belong to them. She said she forgot to lock the medication cart and lock the computer screen. During an interview on 10/02/2025 at 11:01a.m., the DON stated she and staff were trained on medication storage. She said the policy for the medication cart was the medication cart was to be always locked when staff were not actively handing out medication. She said the nurse or MA who was working out of the cart was responsible for ensuring the cart was locked when not in eyesight or in use. She said if the medication cart was left unattended and unlocked, a resident could take medications that were not theirs. She also said a resident could get ahold of medication to which he/she was allergic. She said the ADM and DON monitored to ensure the medication carts were locked. She said the ADM and DON monitored through observation rounds. She said she did not know why LVN A left her medication cart unlocked and unattended. During an interview on 10/02/2025 at 11:12a.m., the ADM stated she and staff were trained on medication storage. She said the policy for the medication cart was that the medication cart was to be locked any time the nurse or MA was away from the cart. She said the nurse who was working on the cart was responsible for ensuring the cart was locked. She said if the medication cart was left unattended and unlocked, it could cause a potential hazard for the residents. She said that the ADM and DON monitored to ensure the medication carts were locked. She said the ADM and DON monitored through daily rounds and audits. She said she did not know why LVN A left her medication cart unlocked and unattended. Record review of Medication Storage Policy, dated 12/16/2024, revealed: General Guidelines:A. All biologicals will be stored in locked compartments (medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls.B. Only authorized personnel will have access to the keys to locked compartments.C. During medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart.