STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675312	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palma Real	1220 Loop 459 Mathis, TX 78368

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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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide notice before a transfer or discharge to the resident or the resident's representative in writing and in a language and manner in which they understand for 3 of 5 residents (Resident #25, Resident #53, and Resident #51) reviewed for transfer and discharge. The facility failed to notify Resident #25 and/or their RP of the transfer or discharge with the reasons for the move in writing in a language and manner in which they understand. The facility failed to notify Resident #53 and/or their RP of the transfer or discharge with the reasons for the move in writing in a language and manner in which they understand. The facility failed to notify Resident #51 and/or their RP of the transfer or discharge with the reasons for the move in writing in a language and manner in which they understand. These failures placed residents at risk of not receiving an advocate who could inform them of their options, rights, and the added protection from being inappropriately transferred or discharged . Record review of Resident #51's face sheet, dated 06/09/2026, revealed an [AGE] year-old male with an original admission date of 03/10/2026 with diagnoses of paroxysmal arterial fibrillation (an irregular, rapid heart rhythm that starts and stops suddenly on its own), diastolic congestive heart failure (occurs when the heart's main pumping chamber, left ventricle, stiffens and cannot relax to fill with enough blood between beats, and diabetes a chronic condition where your body either cannot produce enough insulin or cannot effectively use the insulin it makes. Record review of Resident #51's Discharge MDS assessment, dated 03/20/2026, revealed no BIMS score. Record review of Resident #51's Progress notes dated 03/20/26 revealed Family present at bedside and is requesting for the resident to be sent to the hospital due to change in condition. The resident wants to go to, so the physician was notified and received orders to be sent to er. Transportation called. Pending arrival at this time. RP aware. In an interview with Resident #51's Responsible Party, stated she was not present at the time the resident was discharged to hospital and never received a written notice of Resident #51's discharge. The RP stated that the only notification she ever received was via the telephone. In an interview on 06/09/2026 at 10:20 AM, the DON stated the SW notified residents and RPs of planned transfers or discharges, but if a resident went to the ER or had an unplanned discharge or transfer, the nursing staff notified the RP via telephone. The DON stated that no written notifications were being completed for these. In an interview on 06/09/2026 at 2:59 PM, the Administrator stated he sent discharge notices to the (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
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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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	ombudsman. The Administrator state the physician, the NP, and the RP were notified via telephone for the transfers, and the only written notification given to the resident or the RP was when residents were discharged from skilled service and the Notice of Medicare Non-Coverage was given to inform them the Medicare covered services were ending. The Administrator stated he was not aware of the transfer/discharge notification regulations. The findings included: Record review of Resident #25's face sheet, dated 06/09/2026, revealed an [AGE] year-old female with an original admission date of 07/09/2023, and a current admission date of 05/08/2026. Pertinent diagnoses included Type 2 Diabetes Mellitus (a chronic disorder characterized by high blood sugar levels due to insufficient insulin [a crucial hormone which regulates blood sugar levels and plays a vital role in energy metabolism] production or ineffective use of insulin by the body). Record review of Resident #25's Quarterly MDS assessment, dated 06/04/2026, revealed a BIMS score of 01, which indicated severely impaired cognition. Record review of Resident #25's Hospital Transfer Form, dated 05/22/2026, revealed reasons for transfer/discharge and report was called to the hospital. The form also revealed Resident #25's RP was notified via telephone. Record review of Resident #25's hospital discharge paperwork, revealed a hospital admission on [DATE] and a discharge from the hospital on [DATE], but there were no written discharge or transfer information or instructions for the RP. In an interview on 06/09/2026 at 3:56 PM, Resident #25's family stated the facility never sent or gave them anything in writing in regard to and written transfer or discharge information or instructions, but they usually got a phone call with an update. Record review of Resident #53's face sheet, dated 06/09/2026, revealed a [AGE] year-old female with an original admission date of 02/27/2026, and a current admission on [DATE]. Pertinent diagnoses included Diabetes Mellitus (a chronic disorder characterized by high blood sugar levels due to insufficient insulin [a crucial hormone which regulates blood sugar levels and plays a vital role in energy metabolism] production or ineffective use of insulin by the body). Record review of Resident #53's Quarterly MDS assessment, dated 04/12/2026, revealed a BIMS score of 02, which indicated severely impaired cognition. Record review of Resident #53's Hospital Transfer Form, dated 05/04/2026 (but the transfer date on the form was 03/17/2026), revealed reasons for transfer/discharge and report was called to the hospital. The form also revealed Resident #53's RP was notified via telephone. Record review of Resident #53's progress note, dated 06/08/2025, revealed Resident #53 was re-admitted after hospitalization 05/04/2026 – 06/05/2026, and she was also hospitalized [DATE] – 03/23/2026. In an interview on 06/09/2026 at 3:48 PM, Resident #53's family stated they never received any written notification of Resident #53's transfers or discharges. They stated the only notification they ever received was via the telephone. T (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 06/09/2026 at 10:20 AM, the DON stated the SW notified residents and RPs of planned transfers or discharges, but if a resident went to the ER or had an unplanned discharge or transfer, the nursing staff notified the RP via telephone. The DON stated no written notifications were being completed for these. In an interview on 06/09/2026 at 2:59 PM, the Administrator stated he sent discharge notices to the Ombudsman. The Administrator stated the physician, the NP, and the RP were notified via telephone for the transfers, and the only written notification given to the resident or the RP was when residents were discharged from skilled service and the Notice of Medicare Non-Coverage was given to inform them the Medicare covered services were ending. The Administrator stated he was not aware of the transfer/discharge notification regulations. Record review of the facility's Transfer and Discharge policy, revised 12/02/2025, revealed Policy Explanation and Compliance Guidelines: 3. The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided: A. reason and basis for transfer or discharge. B. The effective date of transfer or discharge. C. The specific location. To which the resident is to be transferred or discharged . D. An explanation of the right to appeal. E. The name, address. and telephone number of the state entity which receives such appeal hearing requests. F. Information on how to obtain an appeal form. G. Information on obtaining assistance in completing and submitting the appeal hearing requests. H. The name, address. and phone number of the representative of the Office of the State Long-Term Care Ombudsman. 4. Generally, the notice must be provided at least 30 days prior to a transfer or discharge of the resident. Exceptions to the 30 day requirement apply when the transfer or discharge if effected because: A. The health and/or safety of individuals in the facility would be endangered due to the clinical or behavioral status of the resident. E. In these exceptional cases, the notice must be provided to the resident, resident's representative if appropriate, and LTC Ombudsman as soon as practicable before the transfer or discharge.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews and record review, the facility failed to store food in accordance with professional standards for food service safety for 1 of 1 unit refrigerators (resident refrigerator RR #1), 1 of 1 resident freezer (resident freezer RF #1) and 1 of 1 resident walk in pantry (walk in pantry WP#1) reviewed for storage, preparation and sanitation. The facility failed to ensure items in the refrigerators were sealed, labeled, and dated. The facility failed to ensure food items in the dry storage area were not expired. The facility failed to ensure the staff was using the first in first out method of storage in the dry storage area. The facility failed to ensure food items in the resident's refrigerator and freezer were covered or sealed to prevent exposure to air and cause cross contamination. The facility failed to ensure no personal items were in the kitchen area These failures could place residents at risk of foodborne illnesses. Findings included Observation and Initial tour of the kitchen on 06/07/26 at 10:45 a.m., in the walk-in freezer revealed a box of pancakes, waffles, and beef patties that were not covered or in a sealed container causing the items to be exposed to the air and causing cross contamination. Observation of the refrigerator revealed a pie not dated with expiration date and a box of lemons, lettuce, cucumbers, and onions not in a seal container or covered that were exposed to air and causing cross contamination. Observation of the dry storage area revealed the staff was not using the first in first out method of storage and containers of honey thickener expired on 04/08/26, fruit juice expired on 04/2026, thickened dairy beverage with expired date 06/01/26, and a box of tea bags with expiration date of 05/11/2025 with written date of 04/11/26on the box stored for use. Observation of storage racks revealed a personnel phone, a pack of flour tortillas with no open date, and a loaf of bread with no open date that had been opened and used that morning. In an interview on 06/09/2026 at 9:30 AM with DA C she stated it was important to make sure all items in the dry storage area were not expired and used to feed the residents. DA C stated if residents ate expired food the residents could become ill and possibly get hospitalized with food poisoning. DA C stated she will ensure that the first in first out is used when she stores any items in the dry storage area to ensure expired items are thrown away. DA C stated it was important to make sure items in the refrigerator and freezer are covered and sealed so that the food is not exposed to the air and possibly become contaminated. DA C stated she knew on personal items were to be in the kitchen and did not whose phone was on the rack in the kitchen. DA C stated anyone wo is restocking is responsible for making sure the first in first out was used and the dishwashers are responsible for makie sure expired item are thrown away and the Dietary Manger is responsible for ensuring that it is done. DA C stated the last time she was in-service on storage of food was two weeks ago. In an interview on 06/09/2026 at 9:30 AM with DA D stated he did not know whose phone was on the rack in the kitchen but knew that you are not it have personal items in the kitchen that can cause cross contamination of food or utensils used for cooking or eating. DA D stated all staff are responsible for making sure the items in the dry pantry are stored according to the first in first out method to store the food in the dry storage area. DA D stated it was dangerous to have expired food items still in rotation for use because it can make a resident sick. DA D stated the last time he had a training on stored food was about 2 weeks ago. In an interview on 06-09-2026 at 9:47 am DA F stated She stated expired items should be thrown away immediately when expired. DA F stated the person restocking should be looking at the dates that are on the items they are restocking, so all food items are good to serve to the residents. DA F stated serving expired food can make a resident sick with food poisoning. DA F stated she knew to use the first in first out method for restocking new food supply in the dry storage room. DA F stated she did not know whose phone was on the rack in the kitchen but knows not to have a personal item in the kitchen. The last time she had an in-service on food storage was about 3 weeks ago. In an interview on 06/09/2026 at10:43 AM with the Dietician she stated using expired food items can diminish the quality of the food because it was not at its (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	best. The Dietician stated the use of expired food items could make a resident sick especially for a compromised resident. The Dietician stated all products should have an open date, expiration date with month and year, and received date written on each item. The Dietician stated the DM does inventory every two weeks with all food, but the honey thickener, and thickened dairy product had not been used in a while and were overlooked. The Dietician stated some items contained the expiration date on the box and could have been why some items did not have the expiration date, but would make sure kitchen staff was educated on make sure all items have an expiration date with day, month, and year before restocking in dry area storage. The Dietician stated that when the DM had monthly meetings, she had training on different areas of the kitchen that needed attention. The Dietician stated the DM would be having a training session on food storage and dating when she returns to work the following week. In record review of the policy and procedure for food storage was undated and stated Sufficient storage facilities are to keep food safe, and wholesome and appetizing. Food is stored, prepared, and transported at an appropriate temperature and by methods designed to prevent contamination. 4. All food items will be dated with the received date, unless labeled with readable label from the food vender. 5. Plastic containers with tight-fitting covers must be used for storing cereals, cereal products, flour, sugar, dried vegetables, and broken lots of bulk foods. All containers must be legible and accurately labeled, including the date the package was opened. 9. All stock must be rotated with each new order received. Rotating stock is essential to ensure the freshness and highest quality of all foods. 16. frozen foods c. Foods should be covered, labeled and dated.

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 interview and record review, the facility failed to ensure the comprehensive care plan was developed and implemented for each resident consistent with resident rights to include measurable objectives and timeframes to meet residents medical, nursing, mental, and psychosocial needs identified for 2 (Resident #25 and Resident #53) out of 5 residents reviewed for care plans.The facility failed to review and revise Resident #25's care plan to remove full code status when Resident #25 became a DNR.The facility failed to remove the intervention of full code from Resident #25's DNR care plan.The facility failed to remove Resident #53's hospice care plan after the hospice orders were rescinded. These failures could place residents at risk for receiving inadequate care and services.The findings included:Record review of Resident #25's face sheet, dated 06/09/2026, revealed an [AGE] year-old female with an original admission date of 07/09/2023, and a current admission date of 05/08/2026. Pertinent diagnoses included Type 2 Diabetes Mellitus (a chronic disorder characterized by high blood sugar levels due to insufficient insulin [a crucial hormone which regulates blood sugar levels and plays a vital role in energy metabolism] production or ineffective use of insulin by the body).Record review of Resident #25's Quarterly MDS assessment, dated 06/04/2026, revealed a BIMS score of 01, which indicated severely impaired cognition. Record review of Resident #25's physician's order summary, dated 06/05/2026, revealed an order for DNR. Record review of Resident #25's Out of Hospital DNR, revealed the DNR had been signed into place on 05/02/2025.Record review of Resident #25's care plan, initiated 04/21/2026, revealed Resident #25 had a care plan focus for code status of DNR. Interventions included: Inform staff of Code Status and make sure code status was signed and in the active medical record. The care plan also revealed a focus for a code status of full code, initiated 05/28/2026. Interventions included inform staff of code status, and monitor for decrease in change of condition.Record review of Resident #53's face sheet, dated 06/09/2026, revealed a [AGE] year-old female with an original admission date of 02/27/2026, and a current admission [DATE]. Pertinent diagnoses included Diabetes Mellitus (a chronic disorder characterized by high blood sugar levels due to insufficient insulin [a crucial hormone which regulates blood sugar levels and plays a vital role in energy metabolism] production or ineffective use of insulin by the body).Record review of Resident #53's Quarterly MDS assessment, dated 04/12/2026, revealed a BIMS score of 02, which indicated severely impaired cognition. The MDS assessment did not indicate hospice.Record review of Resident #53's Hospice Revocation Statement, dated 05/04/2026, revealed the reason for revocation was due to seeking aggressive treatments and labs. Record review of Resident #53's physician order summary, reviewed 06/08/2026, revealed no order for hospice.Record review of Resident #53's care plan, initiated 04/27/2026, revealed Resident #53 had a care plan focus for Resident #53: requires hospice and has elected to have hospice to evaluate and treat her. Interventions included: feed Resident #53 if she was unable to feed herself, and monitor for decreased appetite, weight loss, skin breakdown, nausea and vomiting, and report to hospice. In an interview on 06/09/2026 at 8:00 AM, the DON stated Resident #50 was previously on hospice, but the hospice orders had been rescinded, and she was no longer on hospice.In an interview on 06/09/2026 at 8:53 AM, the MDS nurse stated the SW was typically the one who updated the code status in the care plan, but the IDT should have noticed and fixed Resident #25's care plan to reflect the most current code status. She also stated she, or one of the IDT members, should have removed the hospice focus from Resident #53's care plan when hospice was rescinded, but both the DNR and the hospice care plans must have been accidentally overlooked. In an interview on 06/09/2026 at 2:59 PM, the Administrator stated the SW was responsible for updating the care plans with the correct code status. He also stated he was not sure how both the code status care plan and the hospice care plan was accidentally overlooked or missed by the IDT. The Administrator also stated the SW was out of the facility this week and may not be (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	able to be reached. Record review of the facility's Care Plan policy, dated 10/02/2025, revealed Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were free from any significant medication errors for one of 6 residents (Resident #54) reviewed for medication errors. The facility failed to hold Resident #54's midodrine (medication that raises blood pressure) when Resident #54's blood pressure was outside of physician's parameters on May 29th, June 2nd, and June 6th of 2026. This failure could place residents at risk for complications such as increased blood pressure, exacerbation of symptoms, and potential hospitalization.The findings include: Record review of Resident #54's face sheet dated 06/09/26 revealed a [AGE] year-old female with an admission date of 05/28/26. Resident #54's pertinent diagnosis included Hypotension (abnormally low blood pressure). Record review of Resident #54's Comprehensive MDS assessment dated [DATE] revealed a BIMS score of 15 indicating her cognition was intact. Record review of Resident #54's Comprehensive Care Plan dated 06/09/26 revealed the focus [Resident #54] has hypotension Midodrine initiated on 06/01/26. An intervention listed for this focus included Give medications as ordered. Monitor for side effects and effectiveness. Initiated on 06/01/26. Record review of Resident #54's order summary dated 06/09/26 revealed an order for midodrine 5 MG 1 tablet TID GIVE IF SYSTOLIC BLOOD PRESSURE (top number in a blood pressure reading) LESS THAN 90 initiated on 05/29/26 and discontinued on 06/01/26. Further review revealed an order for midodrine 5 MG 1 tablet TID GIVE IF SYSTOLIC BLOOD PRESSURE LESS THAN 90 related to HYPOTENSION, UNSPECIFIED. **DO NOT TAKE WITHIN 4 HOURS OF BEDTIME** initiated on 06/01/26 and discontinued on 06/08/26. Record review of Resident #1's MAR for May and June 2026 revealed midodrine was administered at the following dates and time slots with associated blood pressures:May 30th, 2026, at 8:00 PM - 103/61 by LVN AJune 2nd, 2026, at 8:00 AM - 96/59 by LVN AJune 2nd, 2026, at 12:00 PM - 106/68 by LVN AJune 6th, 2026, at 12:00 PM - 132/66 by LVN B During an interview with LVN A at 10:25 AM on 06/09/26, LVN A stated she always checked a resident's vitals before administering any blood pressure altering medication to ensure the resident's blood pressure or pulse was within the stated physician's parameters. LVN A stated she should have held the midodrine for Resident #54 on May 30th and both administrations on June 2nd based on the parameters listed in the order. LVN A stated administering midodrine outside of parameters may lead to hypertension (elevated blood pressure) in the resident. LVN A stated hypertension could cause a resident to have a headache, sweating, or redness. During an interview with the DON at 11:08 AM on 06/09/26, the DON stated nurses and med aides should check a resident's vitals as necessary before administering a blood pressure or pulse altering medication. The DON stated based on Resident #54's midodrine order it should not have been administered when her systolic blood pressure was less than 90. The DON stated administering midodrine outside of parameters could lead to hypertension in the resident causing headache, flush, or sweating. During an interview with LVN B at 12:07 PM on 06/09/26, LVN B stated she always checked a resident's vitals before administering any blood pressure altering medication to ensure the resident's blood pressure or pulse was within the stated physician's parameters. LVN B stated she did not believe she administered midodrine to Resident #54 on June 6th, 2026. LVN B stated she must have clicked the wrong button and documented it incorrectly. LVN B stated it looked like she administered midodrine to Resident #54 outside of physician's parameters to Resident #54 on 06/06/26 according to the MAR. LVN B stated administering midodrine outside of physician's parameters could lead to the resident having hypertension. Record review of the facility's policy Medication Administration last revised 12/01/25 revealed the following policy: .8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters.

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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 ensure all drugs and biologicals were labeled and stored appropriately for 1 of 4 medication carts (100 Hall Medication Cart) reviewed for labeling and storage. The facility failed to ensure the 100 Hall Nurse Med-Cart was locked and secured on 06/07/2026. This failure could have placed residents at risk of gaining access to unlocked medications and medical supplies which were not prescribed to them and could have caused them harm.The findings included:An observation on 06/07/2026 at 11:29 AM of the 100 Hall Medication Cart, parked in the 100 Hall, revealed an unlocked medication cart which was able to be accessed. The lock was popped out, and the unlocked drawers were able to be accessed. In an interview on 06/08/2026 at 4:28 PM, LVN-E stated she worked on the 100-hall, and she was the one who left the 100-hall medication cart unlocked while she stepped away from it. LVN-E stated she was supposed to lock her medication cart anytime she walked away from it because residents could have accessed medications which had not belonged to them, which could have caused them harm. She stated she had been in-serviced over medication carts and medication storage previously, but she could not remember when the last in-service was. In an interview on 06/09/2026 at 11:03 AM, the ADON stated the nurses had recently been in-serviced about locking their medication carts. She stated this was done for the residents' safety. Record review of the facility's Medication Storage policy, implemented 12/01/2025, revealed Policy Explanation and Compliance Guidelines: 1. General Guidelines: A. All drugs and 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.

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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 observation, interview, and record review, the facility failed to establish and 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 of 1 dining rooms reviewed, and 1 of 5 residents (Resident #25) reviewed for infection control practices. The facility failed to ensure MR performed proper or adequate hand hygiene while assisting with passing meal trays in the dining room on 06/07/2026.The facility failed to ensure the DON performed proper or adequate hand hygiene during wound care on 06/09/2026.The findings included: In a dining room observation on 06/07/2026 between 12:10 PM and 1:00 PM during lunch, MR was observed to perform hand hygiene with ABHS approximately 4 times throughout the dining room lunch observation in which she only rubbed her hands approximately 2-4 seconds each time after applying the ABHS. MR would pass a couple of trays, then sanitize her hands for 2-4 seconds before passing a couple more trays. In an interview on 06/08/2026 at 4:23 PM MR stated she typically sanitized her hands after passing 2-3 trays, and she would put one pump of hand sanitizer on her hands and rubbed her hands for 10-15 seconds until dry. She stated she had not realized she was not rubbing for 10-15 seconds, and 2-3 seconds was not long enough for hand hygiene. MR stated not performing hand hygiene properly could have caused cross-contamination and could have caused the residents to become sick. Record review of Resident #25's face sheet, dated 06/09/2026, revealed an [AGE] year-old female with an original admission date of 07/09/2023, and a current admission date of 05/08/2026. Pertinent diagnoses included Type 2 Diabetes Mellitus (a chronic disorder characterized by high blood sugar levels due to insufficient insulin [a crucial hormone which regulates blood sugar levels and plays a vital role in energy metabolism] production or ineffective use of insulin by the body). Record review of Resident #25's care plan, initiated 07/21/2025 and revised 07/31/2025, revealed Resident #25 had a Stage 3 Pressure Ulcer to the coccyx (the tailbone is the small triangular bone at the base of the spine). Interventions included: follow facility policies and protocols for the prevention/treatment of skin breakdown, and treatment to pressure ulcer per the physician's orders. Record review of Resident #25's Quarterly MDS assessment, dated 06/04/2026, revealed a BIMS score of 01, which indicated severely impaired cognition. The MDS assessment also indicated Resident #25 had a stage 3 pressure ulcer (injuries to the skin and/or underlying tissue caused by prolonged pressure and can range from mild redness to deep wounds involving muscle and bone) which was present upon admission. In an observation of wound care on 06/09/2026 at 9:36 AM, the DON was observed to have performed hand hygiene multiple times throughout wound care with ABHS in which she only rubbed her hands together for 3-8 seconds each time (only one 8 second hand hygiene noted, multiple 3 seconds hand hygiene, and a 4 second hand hygiene), and she would then hold her hands up to observe them prior to attempting to apply gloves. The DON had difficulty with getting the gloves on her hands every time she attempted throughout wound care. She had to throw multiple gloves away and start over because they kept sticking to her hands. An observation on 06/09/2026 at 4:00 PM revealed the hand sanitizer bag refill was observed to read hand sanitizer gel, 70% alcohol. Directions: apply a small amount to palm. Briskly rub, covering hands with product until dry. An observation on 06/09/2026 at 4:00 PM revealed the hand sanitizer bottle used during wound care was observed to read 70% alcohol hand sanitizer, high efficacy, works within 15 seconds, CDC recommended. Directions: apply a small amount to palm. Briskly rub, covering hands with product until dry. In an interview on 06/09/2026 at 1:35 PM, the DON stated she put enough ABHS to cover her hands and rubbed her hands until dry, which she thought was approximately 10 - 15 seconds. She stated it was what their policy stated to do. The DON stated the only reason her gloves were sticking, and she could not get them on was because the medium gloves were too small for her hands. She stated not performing adequate hand hygiene or proper wound care could have caused cross-contamination or (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675312	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palma Real	1220 Loop 459 Mathis, TX 78368

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	infection. Record review of the facility's Hand Hygiene Policy, dated 12/01/2025, revealed Policy Statement: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Policy Explanation and Compliance Guidelines: 4. Hand hygiene technique when using an alcohol-based hand rub: A. Apply to palm of one hand the amount of product recommended by the manufacturer. B. Rub hands together, covering all surfaces of hands and fingers until hands feel dry. C. This should take about 20 seconds. Record review of CDC Clean Hands: About Hand Hygiene for Patients in Healthcare Settings, dated 02/27/2022, revealed How to clean hands with an alcohol-based hand sanitizer:1. Put product on hands and rub hands together.2. Cover all surfaces until hands feel dry.3. This should take around 20 seconds. https://www.cdc.gov/clean-hands/about/hand-hygiene-for-healthcare.html