

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Windsor Nursing and Rehabilitation Center of Bastr		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Old Austin Hwy Bastrop, TX 78602	

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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>(continued on next page)</p>

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: 675356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Windsor Nursing and Rehabilitation Center of Bastr		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Old Austin Hwy Bastrop, TX 78602	
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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to serve foods that were palatable and attractive and prepare food by methods that conserve nutritive value, flavor, and appearance for 1 of 1 kitchen observed. 1.The Regular diet kitchen test tray of the lunch meal foods were unappealing and lacked flavor. The regular diet lunch test tray revealed a tray with a Resident's adaptive aide (spoon and fork) provided, and the food item of Arroz Con [NAME] which tasted mushy in texture, and salty in taste . The main ingredients in the dish could not be identified visually as it was formed in in round / ball shape on the plate. The plate provided was a divided plate with Arroz Con [NAME], broccoli and corn; however, the corn and broccoli was mixed together . The test tray did not have a dessert or a beverage. These failures could place residents at risk of decreased food intake, hunger, unwanted weight loss, and diminished quality of life. Findings included: Observation on 7/16/25 at 12:20 PM revealed a lunch menu of Arroz Con [NAME], corn, seasoned broccoli, wheat roll, margarine, chilled pears , tea and coffee. The alternative meal was choice sandwich with chips and salad. The regular diet lunch test tray revealed a tray with a Resident's adaptive aide (spoon and fork) provided, and the food item of Arroz Con [NAME] which tasted mushy in texture, and salty in taste . The main ingredients in the dish could not be identified visually as it was formed in in round / ball shape on the plate. The plate provided was a divided plate with Arroz Con [NAME], broccoli and corn; however, the corn and broccoli was mixed together . The test tray did not have a dessert or a beverage. During an observation and interview on 07/16/2025 at 12:30PM with Resident # 40 , her lunch tray was sitting by on her bedside table and the Arroz Con [NAME] had not been ate. She stated the food was not good and too salty and she did not know what it was. She stated she could have gotten an alternative meal (a sandwich), but it was always the same alternative meal. She stated she only ate her vegetables and desert. Resident #40 had not made a complaint and stated her family brought her snacks, it she was hungry. During an Interview on 07/17/25 at 11:00 AM with the Dietitian Consultant she stated she was new to the facility .She stated the cook is to follow the recipe, which tells them how to make each food item. She reviewed the food item (Arroz Con [NAME]) and stated the presentation did not look like it should. She stated if residents did not want the item on the menu, they are able to have an alternative meal (soup and salad . She stated she was new to the facility. The Dietitian Consultant stated a negative outcome of meals not being palatable and attractive was a Resident can have nutrition inadequacy. During an Interview on 07/17/2025 at 11:05 AM with the Dietary Manager she reflected awareness of lunch on 07/16/2025 not being attractive. She stated she would help the cook by giving her opinion and provide training; however, they should follow the recipe. She stated a negative impact to food not being attractive would-be Residents not eating and weight loss. During an interview on 07/17/2025 at 11:08 AM with the [NAME] she stated she was told to use shredded chicken instead of chicken cubes by her Dietary Manager. She stated she did follow the recipe, and she figured I did not turn out right because of the shredded chicken. She stated she understood if food was not appealing how, it could affect a Resident, and they would not eat and possible loss weight. During an interview on 07/17/2025 at 11:11AM with the Administrator, he stated his expectations was for meals to be appealing. He stated he was not pleased with the food (Arroz Con [NAME]) presentation. He stated all food served is to be palatable to ensure Residents are getting a nutritionist meal. Record review of facility test tray policy dated October 1, 20218 reflected, The facility recognizes the importance of routine quality assurance monitoring to ensure that its residents are provided food that is appealing, palatable and served at the correct temperatures. Routine test trays will be evaluated by the Nutrition & Foodservice Manager or designated employee.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Windsor Nursing and Rehabilitation Center of Bastr		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Old Austin Hwy Bastrop, TX 78602	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews 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 reviewed for storage, preparation and sanitation. The facility failed to ensure the kitchen dry pantry shelves were clean. The facility failed to ensure frozen foods were properly labeled and dated. These failures could place residents who received prepared meals from the kitchen at risk for food borne illness and cross-contamination. Findings included: Kitchen Observation on 07/15/2025 beginning at 10:12 AM revealed the following items in freezer were not dated, labeled or sealed : *4 bags of French toast stick, not labeled and dated;*2 bags of waffles, not labeled and dated;*1 opened bag of waffles, not labeled, dated and sealed Observation on 07/15/2025 at 10:10:17 AM in the facility kitchen revealed there was food debris on the dry storage shelf .Observation on 07/15/2025 at 10:12AM revealed cooked biscuits in a plastic bag, sitting on top of the can goods. During an interview on 07/18/2025 at 11:00 AM, [NAME] A, said she was in-serviced to label and date desserts and drinks before they were placed in the refrigerator or dry storage. He said all food items and drinks in the kitchen should be labeled and dated on the date the items were opened. She stated she began an in-service with her staff on labeling and dating. The risk of not labeling and dating items could have led to staff giving expired food to residents, and the residents could have gotten sick. During an interview on 07/18/2025 at 11:05AM, the Dietary Manager said the expectation was for all foods to be labeled, dated and all food items that had been opened should be labeled and dated. She stated it was every dietary staff responsibility to ensure food items was labeled. She stated on 07/16/2025 she had completed an in-service regarding all labeling and dating food items in the kitchen. She said the risk of storing unlabeled items could have led to food-borne illnesses in residents. During an interview on 07/18/2025 11:11AM, the administrator said his expectation was for all food items to be dated and labeled . He said the risks associated with unlabeled and undated food items in the refrigerator or the dry storage area could have led to infection and illness in residents. Record review of a facility policy and procedure dated 2018 and titled General Kitchen Sanitation reflected The facility recognizes that food borne illness has the potential to harm elderly and frail residents. All Nutrition and Food service employees will maintain clean, sanitary kitchen facilities in accordance with the state and US Food Codes in order to minimize the risk of infection and food borne illness. Procedure 1. Clean and sanitize all food preparation areas, food contact surfaces, dining facilities and equipment. After each use, clean and sanitize all tableware, kitchenware and food contact surfaces of equipment, except cooking surfaces of equipment and pot and pans that are not used to hold or store food and are used solely for cooking purposes. 6. Clean nonfood contact surfaces of equipment at intervals as necessary to keep them free of dust, dirt, food particles and otherwise in a clean and sanitary condition. Record review of a facility policy and procedure dated 2018 and titled Food Storage reflected Policy: To ensure all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal and US Food Codes and HACCP guidelines. Procedure: 1. Dry storage rooms. i. Do not use or store cleaning materials where they might contaminate foods. Store in locked area away from any food products. 2. Refrigerators a. Keep fresh meat, in the refrigerator at an internal temperature of 41 degrees F or less. d. Date, label and tightly seal all refrigerated foods. 3. Freezers i. Once frozen food has been thawed, it must be maintained at 41 degrees F or less prior to cooking. Record review of FDA Code dated 2022 revealed the following: Pathogens can contaminate and/or grow in food that is not stored properly.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Windsor Nursing and Rehabilitation Center of Bastr		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Old Austin Hwy Bastrop, TX 78602	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Windsor Nursing and Rehabilitation Center of Bastr		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Old Austin Hwy Bastrop, TX 78602	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**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 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 and follow accepted national standards for one of five residents (Resident #48). reviewed for infection control practices. The facility failed to ensure that staff wore a gown during medication administration via g-tube (a tube inserted into the stomach) for Resident #48. This failure could place the resident at risk for cross contamination. Findings Included: Review of Resident #48's Face sheet reflected a [AGE] year-old female, admitted on [DATE]. Diagnoses included Huntington's Disease (a genetic condition affecting the brain's nerve cells, causing gradual loss of function and cell death), dysphagia (difficulty swallowing), aphasia (difficulty using or comprehending language), and Alzheimer's disease (dementia that damages the brain). Review of Resident #48's Annual MDS dated [DATE] reflected the resident is rarely or never understood. The Functional Abilities section reflected she is dependent for all care. For section K0520 Nutritional Approaches, it indicated she used a feeding tube only for nutrition at the time of the assessment. Review of Resident #48's Orders reflected at order dated 04/16/2025 for Place on Enhanced Barrier Protection. Review of Resident #48's Care Plan reflected a Problem initiated on 05/28/2024 stating, [Resident #48] has the need for Enhanced Barrier Precautions due to: g-tube. Is at risk for infection, depression, feelings of isolation, and decline in physical activity. The Interventions dated 05/28/2024 included, Place on Enhanced Barrier Precautions, ensure a sign is placed on the door to notify staff and visitors of the precautionary measures: Gown and gloves only for high-contact resident care activities (dressing, bathing/showering, personal hygiene, changing linens, assisting with toileting, perineal/incontinent care, medical device care or use, wound care). Observation of medication administration with LVN A on 07/16/2025 at 08:40AM, revealed LVN A did not wear a gown while administering medications via G-tube for Resident #48. In an interview with LVN A on 07/16/2025 at 08:54AM, she stated that she should have worn a gown to administer medications via g-tube for Resident #48. She stated that potential impact to the resident of not wearing a gown while administering medications via g-tube could be the potential spread of infection to the resident. In an interview with IP on 07/17/2025 at 11:32AM, she stated that she was the Infection Preventionist for the facility. She stated it was her responsibility to monitor and educate staff regarding EBP (Enhanced Barrier Precautions). She stated that it was her expectation that staff wear gowns and gloves when providing care to residents with PEG (type of g-tube) tubes, during wound care, and during medication administration. She stated that not wearing a gown and gloves during g-tube medication administration would put the resident at potential risk for infection. In an interview on 07/17/2025 at 12:56PM with the DON, she stated that staff are supposed to wear and gown and gloves during medication administration with a g-tube. She stated that the risk to the resident of not wearing a gown and gloves during medication administration with a g-tube is the potential to cause infection for the resident. In an interview on 07/17/2025 at 12:58PM with ADMIN, he stated it was his expectation that staff follow precautions per the signage on the door. He stated he would defer to nursing regarding the specific cares that require the precautions. He stated that not following EBP when indicated would increase the risk of infection for the resident receiving care. Review of facility Infection Control Program policy dated 05/13/2023 reflected, Policy: This facility has established and maintains 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 as per accepted national standards and guidelines.5. Isolation Protocol (Transmission-Based Precautions):a. A resident with an infection or communicable disease shall be placed on transmission-based precautions as recommended by current CDC guidelines. Review of the CDC guidelines for Enhanced Barrier Precautions in Nursing Homes dated 05/20/2024 reflected, EBP are indicated for residents with any of the following: Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP. EBP should be used for any residents who meet the above criteria, wherever they reside in the facility.</p>		