STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675418	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Manor at Seagoville	2416 Elizabeth LN Seagoville, TX 75159

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 for 1 of 1 kitchen reviewed for kitchen safety.1. The facility failed to ensure food in the facility's dry storage, refrigerator, and freezer areas were labeled and dated according to guidelines.2. The facility failed to ensure that expired items in the dry storage pantry, refrigerator and freezer areas were removed.These deficient practices could affect residents who received meals and/or snacks from the main kitchen and place them at risk for cross contamination and other air-borne illnesses.Findings included:Observation of the facility's kitchen dry pantry, refrigerator, and freezer areas on 01/12/2026 at 8:50am, revealed the following food items were in unlabeled containers and dented cans with other canned food.Dry pantry area:* 2 dented 6lb. cans of [NAME] Pinto Beans.Refrigerator area:* 4 medium sized clear containers with green lids with unknown contents had no label and no use by date.* 1 plastic zip loc bag containing bacon was not labeled, had a use-by date, 12/12/2025.Freezer area:* 1 plastic bag tied in a knot contained what appeared to be 4 pork chops had no label and no use-by date.* 1 package of opened green beans wrapped in plastic with no label and no use by date.In an Interview with the Nutrition Supervisor on 01/12/2026 at 9:15AM, he stated everyone was responsible for ensuring items are labeled, dated, and stored properly. He stated all kitchen staff was responsible for discarding expired food items. The Nutrition Supervisor stated any food that was not sealed, labeled and dated correctly could cause the potential for food-borne illness to the residents and not knowing what foods are fresh.In an Interview with [NAME] A on 01/13/2026 at 11:45 AM, she stated everyone was responsible for ensuring items are labeled and stored properly, but primarily the Nutrition Supervisor and herself were responsible. [NAME] A stated the pantry, refrigerator, and freezer were checked (last week) for labeling and expired food, but stated items were missed. [NAME] A stated that the harm to the residents eating foods not stored correctly could be sickness. [NAME] A stated in-services were completed (01/12/2026).In an interview with Dietary Aide B on 01/13/2026 at 12:05 PM, she stated everyone was responsible for ensuring items are labeled and stored properly. She stated the kitchen staff were in-serviced weekly, and the last in-service was done (01/12/2026) on labeling and dating items. Dietary Aide B stated the harm to residents eating foods not stored correctly could make them sick.Record review of the facility's policy for Food Storage stated, Sufficient storage facilities are provided to keep foods safe, wholesome, and appetizing . Food is stored, prepared, and transported at an appropriate temperature and by methods designed to prevent contamination.PROCEDURE: .4. 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.13. Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated. Leftover food is used within 2-3 days or discarded.15. Refrigeration:All foods should be covered, labeled and dated.All foods should be stored to allow air circulation.Refrigerated foods should be stored upon delivery and careful rotation procedures should be followed.16.Frozen Foods:Foods should be covered, labeled and (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	dated.All food items should be stored upon delivery and careful rotation procedures should be followed.Record review of the U.S. Food and Drug Administration (FDA) Code (2022) revealed, PACKAGED FOOD shall be labeled as specified in LAW, including 21 CFR 101 FOOD Labeling, 9 CFR 317 Labeling, Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S 3-202. 18

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to 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 6 residents (Resident #43) reviewed for infection control. The facility failed to ensure CNA A wore the appropriate PPE while providing incontinent care to Resident #43. This failure could place residents at risk of being infected by staff in contact with other residents with infections.Findings included: Review of Resident #43's face sheet dated 01/14/25 revealed she was an [AGE] year-old female, and she was admitted on [DATE]. Her admitting diagnoses included, repeated fall, muscle weakness, hypertension, general anxiety, and wedge compression fracture of first lumbar vertebra. Review of Resident #43's care plan initiated on 01/13/26 reflected, Resident #43 was on enhanced barrier precaution implements due to having a foley catheter. The goal was the spread of an MDRO would be reduced, and the interventions were enhanced barrier precautions and monitoring signs and symptoms of infections. Review of Resident #43's admission Minimum Data Set assessment dated [DATE] reflected the resident had a BIMS score of 8, indicative of moderate cognitive impairment. The resident had an indwelling catheter. Observation on 01/12/2026 at 12:36 PM revealed CNA A was providing incontinent care to Resident #43. While CNA A was providing incontinent care, she did not have the appropriate PPE, she was only wearing gloves. Resident #43 was on enhanced barrier precaution as evidenced by the posting on the door and there was a cart with gowns and gloves in the resident's room. In an interview on 01/14/2026 at 1:12 PM with RN B revealed she was the Infection Preventionist. RN B stated she had in-serviced the staff last month on infection control. RN B stated she expected the staff to wear appropriate PPE while providing care to residents on enhanced barrier precautions. RN B stated the staff were to wear appropriate PPE to prevent the spread of infection. In an interview on 01/14/2026 at 2:23 PM with the DON, she stated the facility had in-serviced the staff on the appropriate use of PPE. The DON stated CNA A had been educated on the use of PPE in enhanced barrier precaution rooms. She stated there were carts in the room with gowns and gloves. The DON stated she expected CNA A to wear a gown and gloves, which were appropriate PPE, while providing care to residents on EBP. The DON stated CNA A called her on Monday (01/13/26), and informed her that she forgot to wear the gown while providing care to Resident #43, who was on EBP. The DON stated the staff was supposed to wear appropriate PPE to prevent the spread of infection. In an interview on 01/14/2026 at 3:19 PM with CNA A, she confirmed not wearing the appropriate PPE during care, and she stated she forgot to use appropriate PPE while providing care to Resident #43 who was on EBP. CNA A stated she had been in-serviced on the use of gowns and gloves while providing care to residents who were on EBP. CNA A stated she was supposed to wear the appropriate PPE to prevent the spread of infection. Review of the facility's policy revised March 2024 and titled Enhanced Barrier Precautions reflected, . Enhanced Barrier Precautions is an infection control intervention to reduce the transmission of multi-drug resistance organisms (MDROs) that employs targeted gown and glove use during high contact resident care activities. EBP is indicated for residents with any of the following. indwelling medical devices (devices fully embedded in the body i.e central lines, . urinary catheter .) even if the resident is not known to be infected or colonized with a CDC targeted MDRO