STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews the facility failed to ensure a resident who was unable to conduct activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for three of six residents (Residents #8, #9 and #30) reviewed for ADL care. 1. The facility failed to ensure Resident #8 was provided with adequate oral care. 2. The facility failed to ensure Residents #9 and #30 with adequate nail care. These failures could place residents at risk of not receiving care and services to meet their needs. Findings Include: 1. A record review of Resident #9's face sheet reflected a [AGE] year-old male who was re-admitted to the facility on [DATE]. Resident #9 had diagnoses which included: Unspecified Dementia (decline in mental ability to interfere with daily life), Psychotic Disturbance (mental state when one loses touch with reality), Mood Disturbance (disruption of emotional state) and Anxiety (feelings of worry, nervousness, unease). A record review of Resident #9's quarterly MDS. dated 4/22/2025, reflected a BIMS score of 15, which indicated cognition was intact. A record review of Resident #9's care plan, dated 6/3/2025, reflected the following interventions: Personal Hygiene: The resident requires Moderate Assistance by one staff with personal hygiene and oral care. During an interview and observation on 6/10/2025 at 2:27 PM, Resident #9's fingernails revealed a length of more than one half inch past the end of the fingertip. The fingernails were jagged, with sharp edges on more than three fingernails. The fingernails had dark colored debris under the nails. He said, I want them trimmed badly. During an observation on 6/13/25 01:49 PM of Resident #9's fingernails revealed the same condition as previously observed. There was no evidence of nail care and the debris remained under the fingernails. (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
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. A record review of Resident #8's face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #8 had diagnoses which included Dysphasia (difficulty or discomfort in swallowing), Quadriplegia (loss of function in all four limbs), Spastic Diplegic Cerebral Palsy (type of Cerebral Palsy that affects the legs, causes stiffness and difficulty moving), Aphasia (inability to swallow), Contracture, Neuromuscular scoliosis (side to side curvature of the spine, affects nerves and muscles), Colostomy (surgery that allows stool to bypass the large intestine) and Acute respiratory failure with Hypoxia (the lungs cannot oxygenate the body). A record review of Resident #8's quarterly MDS, dated [DATE], reflected a BIMS score of 15, which indicated cognition was intact. A record review of Resident #8's care plan, dated 5/9/2025, reflected the following interventions: Assess mouth frequently for any signs and symptoms of inflammation. Assist with oral care daily. Keep oral cavity clean at all times to prevent infections. Lubricate lips frequently. Use soft bristle brush or swabs for oral hygiene to prevent breakdown. During an observation and interview on 6/10/2025 at 2:51 PM, 6/11/2025 at 10:42 AM, 6/12/2025 at 4:10 PM and 6/13/2025 at 1:45 PM, Resident #8 revealed bad breath and dry lips. There was a visible thick, white film across the teeth of Resident #8. When asked the last time his teeth were brushed, Resident #8 responded with, Last month. He stated he did not refuse oral care and the facility staff had not initiated oral care. During an interview and observation on 6/13/2025 at 2:30 PM, of Resident #8, revealed his teeth were not brushed and he had foul breath. The resident stated he received a shower on 6/12/2025. During an interview on 6/13/2025 at 3:00 PM, CNA J stated the CNAs were responsible for nail care and it was normally done on shower days. CNA J stated she would cut, file, and clean the nails. She said Resident #8 required complete care as he could not do anything himself. She identified potential negative outcomes for residents who did not receive regular oral care as bad breath and decay. During an interview on 6/13/2025 at 3:15 PM, CNA K stated the CNAs working Hall 500 were responsible for Resident #8's oral care. She stated Resident #8 required total care and staff were trained on how to brush his teeth because he could not have anything by mouth. She identified potential negative outcomes for residents who did not receive regular oral care as decay, gum disease, pneumonia, and bad breath. 3. A record review of Resident #30's face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #30 had diagnoses which included: End Stage Renal Disease (kidneys lose ability to function), Atherosclerotic Heart Disease (a buildup of fats, cholesterol in/on the artery wall), Type 2 Diabetes (failing to produce insulin) and Spinal Stenosis (narrowing of spinal column, pressure on spinal cord and nerves). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review of Resident 30's quarterly MDS, dated [DATE], reflected a BIMS score of 15, which indicated cognition was intact. A record review of Resident 30's care plan, dated 5/3/2025, reflected the following interventions: Bathing/Showering: Check nail length and trim and clean on bath day and as necessary. Personal Hygiene: The resident requires assistance times one. An interview and observation on 6/10/2025 at 2:20 PM of Resident #30, revealed her fingernails were longer than one half inch past the fingertips. The resident stated, They look horrible, referring to her nails. An interview and observation on 6/13/2025 at 4:13 PM of Resident #30, revealed her fingernails were in the same condition as previously observed on 6/10/2025. There was no evidence of nail care performed during the time the survey team was in the facility. Resident #30 stated, Still ridiculous, referring to her fingernails. During an interview on 6/13/2025 at 3:00 PM, CNA J stated the CNAs were responsible for nail care and it was normally done on shower days. CNA J stated she would cut, file, and clean the nails. She identified potential negative outcomes for residents who did not receive regular oral care as bad breath and decay. She identified potential negative outcomes for residents who did not receive routine nail care as infections, scratch themselves or their eyes, they may have feces under their fingernails, and it could make them sick. During an interview on 6/13/2025 at 3:15 PM, CNA K identified potential negative outcomes for residents who did not receive routine nail care as they could have scratched and cut themselves or staff, the debris could have been stool and they could have gotten infections. During an interview on 6/13/2025 at 3:30 PM, the LVN I stated the CNAs provided the nail care unless the resident was diabetic and then a physician would provide the nail care. She identified an acceptable length as right at the fingertip. She stated her expectation for oral care was that it should have been completed twice a day and preferably after every meal. She identified potential negative outcomes for residents who did not receive regular oral care as blocked airways, thrush, bad breath, and decreased hygiene. She identified potential negative outcomes for residents who did not receive routine nail care as injury to skin, infections and bad hygiene. During an interview on 6/13/2025 at 3:47 PM the RDCS stated the CNAs were typically responsible to provide nail care, although any nursing staff could have performed the nail care. She identified an acceptable length as just past the fingertips. She stated her expectation was oral care should have been provided at least once a day or every shift. She identified adverse outcomes for lack of oral care as dental caries and buildup of plaque. She identified adverse outcomes for the lack of nail care as the potential for residents to scratch themselves and infections. A record review of the facility's policy titled, Activities of Daily Living (ADLs), Supporting, 2001 MED-PASS, revised March 2018 reflected the following: Policy Statement (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to conduct activities of daily living (ADLs). Residents who are unable to conduct activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Policy Interpretation and Implementation 1. Residents will be provided with care, treatment, and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate that diminishing ADLs are unavoidable. 2. Appropriate care and services will be provided for residents who are unable to conduct ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: 1. Hygiene (bathing, dressing, grooming, and oral care).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on, interview and record review the facility failed to provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the need of each resident. The facility failed to establish a system of record of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation at each shift change. This failure could place residents at risk of drug diversions and could result in diminished health and well-being. Findings Include: Record review of the Change of Shift Narcotic Count Sheets for the 500-700 Halls revealed missing documentation for 06/02/2025 6p-6a on-coming and off -going shifts. Record review of the 100-300 Hall count sheet revealed missing documentation for 06/01/2025 6a-6p off-going shift, 06/02/2025 6a-6p on-coming shift, 06/02/2025 6p-6a off-going shift and on-coming shift, and 06/06/2025 6a-6p off-going shift. During an interview with CMA A, on 06/11/2025 at 10:35AM, she stated it was required for the off going and oncoming staff to count narcotic medications and signed the Narcotic Count Sheet. During an interview with CMA B, on 06/11/2025 at 10:52AM, she stated it was required for the off going and oncoming staff to count narcotic meds and signed the Narcotic Count Sheet. During an interview with ADON A, on 06/13/2025 at 11:05AM, she stated it was the expectation the off-going and on-coming shifts counted narcotics and sign the Narcotic Count sheet at each shift change. She also stated staff were trained on this expectation in new employee orientation. ADON A reported she made rounds every morning and audited the Narcotic Count Sheets. If a deficiency was found, the responsible staff was educated. During an interview on 06/13/2025 at 1:40PM with the Regional Director of Clinical Services, she stated it was her expectation the off-going nurse and the on-coming nurse counted the narcotics together at the change of shift. She stated the discovery of the change of shift narcotic count process was not being included in new employee orientation. The Regional Director of Clinical Services stated a negative outcome of not consistently following the narcotic count expectations was a possibility of drug diversion. Record review of the Contracted Pharmacy Policy entitled, Drug Discrepancies, Loss, or Diversion was performed. The Policy stated, The facility must have a system that records receipt, usage, and disposition of all controlled substances in sufficient detail that permits an accurate reconciliation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews the facility failed to ensure residents were free of any significant medication errors for 1 (Resident #66) of 1 resident reviewed for significant medication errors. The facility failed to ensure Resident #66 received the prescribed anti-convulsant medication on 6/9/2025 and 6/10/2025. Resident #66 had seizure-like activity, was transferred to the ED, and remained admitted at the hospital for diagnosis of seizure. An Immediate Jeopardy (IJ) situation was identified on 6/12/2025. While the IJ was removed on 6/13/2025, the facility remained out of compliance at a scope of isolated with a potential for more than minimal harm, due to the facility's need to evaluate the effectiveness of the corrective systems. This deficient practice could place residents at risk of serious harm, up to and including death. Findings Include: A record review of Resident #66's face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE] and re-admitted on [DATE]. Resident #66 had diagnoses which included cerebral infarction (a condition where brain tissue dies due to lack of blood supply), seizures (temporary disruptions of brain activity, convulsions, loss of consciousness), and nontraumatic intracerebral hemorrhage in brain stem (a serious type of stroke caused by bleeding in the brain stem). A record review of Resident's #66's MDS, dated [DATE], reflected no BIMS score for Resident #66. A record review of Resident #66's Medication Administration Records dated 6/9/2025 and 6/10/2025 reflected Resident #66 missed the scheduled doses of Lacosamide 150 mg tablet on 6/9/2025 at 5:00 PM and 6/10/2024 at 8:00 AM. A record review of Resident #66's facility progress note, dated 6/11/2025 at 5:55 PM, reflected Resident #66 was observed with twitching in her face and jaws and had turned her head to the left. The NP was notified and ordered the transfer to the ED. On 06/13/2025 at 2:40PM a Record Review of the hospital History and Physical signed on 06/13/2025 at 3:24AM was conducted. Diagnoses were listed as Acute on Chronic hypercapnic (too much carbon dioxide in the bloodstream) and hypoxemic (a condition where there is low oxygen in the blood) respiratory failure, Acute metabolic encephalopathy (a brain disorder caused by chemical imbalances in the blood, often stemming from underlying medical conditions or organ dysfunction), Seizure Disorder. Record Review of an additional History and Physical dated 06/12/2025 revealed a reason for admission as Acute Hypercapnic Respiratory Failure. Record review of the anticonvulsant therapy read as follows: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Patient has been so far treated for seizure with Keppra and Vimpat (loaded with 1.5g Keppra initially the started on 500mg twice daily (then further loaded with an additional 3.5g Keppra). Keppra was increased to 1. 5g twice daily and Vimpat to 200mg twice daily and was placed on EEG (a test that measures and records the electrical activity of the brain. Upon MICU evaluation patient was very somnolent, only grimaced to sternal rub so she was brought to the ICU for acute hypercapnic respiratory failure and encephalopathy due to multiple reasons. Plan from Neurology read as follows: #Metabolic encephalopathy worsening Multifactorial Ongoing seizures, post-ictal state, and seizure medications Hypercapnia No seizure of EEG per Neuro tonight Likely worsened by hypercapnia Continue EEG and AEDs Continue AVAPS for now During an interview on 6/12/2025 at 11:30 AM, the Regional Director of Clinical Services stated Resident #66 was transferred to the ED on 6/11/2025 at 6:30 PM for suspected seizure activity. Upon further investigation, she discovered Resident #66 missed two consecutive doses of Lacosamide 150 mg tablet, an anti-convulsant medication. The first missed dose was 6/9/2025 at 5:00 PM and the second missed dose was on 6/10/2025 at 8:00 AM. During a phone interview on 6/12/2025 at 2:16 PM, RN D stated LVN I processed the original readmission orders for Lacosamide tablets which the facility did not have on hand. The agency nurse entered the wrong medication administration times in the system, and the resident missed the evening dose on Monday. RN D stated on the morning of 6/10/2025 he discovered the tablet form was ordered as opposed to the liquid form of the medication, called the NP to report the discrepancy and asked if the order should be changed to the liquid form. RN D stated the NP returned his call around lunchtime which was too late to administer the morning dose of medication. During an interview on 6/12/2025 at 2:30 PM with RN E, she stated she readmitted the resident on 6/09/2025, upon Resident #66's return from the hospital. RN E stated she entered the first two pages of medication orders and LVN I entered the last two pages of the medications order. Resident #66 should have received the evening dose of Lacosamide on 6/9/2025. The hospital discharge document stated the resident received the last dose of Lacosamide on the morning of 6/9/2025. During an interview on 6/12/2025 at 3:15 PM, the Medical Director stated the missed doses of Lacosamide for Resident #66 could have contributed to Resident #66's seizure like activity. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A record review of Resident #66's physicians' order entry for 6/09/2025 reflected an order for Lacosamide Oral Tablet 150 mg one tablet twice daily for seizures entered by LVN A. A record review of Resident #66's hospital Discharge summary, dated [DATE], reflected an order for Lacosamide 150 mg tab by g-tube route two times a day, morning, and bedtime. A record review of the facility's, undated, policy named, 9.3 Medication Administration reflected: Facility staff should take all measures required by Facility Policy, Applicable Law, and the State Operations Manual when administering medications. Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling, and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions. This was determined to be an Immediate Jeopardy (IJ) on 6/12/2025 at 5:25 PM. The ADM and RDCL were notified. The ADM was provided with the IJ template on 6/12/2025 at 5:51 PM. The following Plan of Removal submitted by the facility was accepted on 6/13/2025 at 12:15 PM. Summary of Details which lead to outcomes: On 6/10/25 an annual re-certification survey was initiated at [NAME] Inn Nursing and Rehabilitation. On 6/12/25 at 6:41 PM the surveyor provided an immediate Jeopardy template notification that Regulatory Service has determined that the condition at the facility constitutes an immediate threat to the residents' health and safety. F760 - The facility failed to keep the residents free from significant medication errors. The facility failed to ensure Resident #1 received the prescribed anti-convulsant medication on 6/9/25 and 6/10/25. Identify residents who could be affected: A total of eleven residents who receive anticonvulsant medications for seizure disorders have the potential to be affected. Identify responsible staff/ what action taken: Start date: 06/12/2025 Completion date: 06/12/2025 Responsible: Regional Director of Clinical Services (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Action: The Regional Director of Clinical Services provided education to the Assistant Director of Nursing and the Administrator regarding the completion of the admission checklist during the morning meeting process. Beginning on 6/11/25, medication orders will be entered into the EMAR system for all new admissions and readmissions by a member of the nursing leadership team within 4 hours of the resident's arrival from this date forward. During an interview with the ADON on 06/13/2025 at 2:32PM the ADON stated she was trained on the task of needing to enter the admission orders within 4 hours of the resident's arrival for admission to the facility. Start date: 06/11/2025 Completion date: Initial in servicing completed on 6/12/25 and ongoing. Responsible: Assistant Director of Nursing/Designee Action: In-service training provided to all licensed nurses and certified medication aides regarding the process for unavailable seizure medications. If an anticonvulsant medication is unavailable and not in the Stat safe, the nurse is to notify the pharmacy and nursing administration. If a certified medication aide finds an anticonvulsant medication to be unavailable, they are to notify the charge nurse. If a dose is missed, the nurse is to notify the provider. All PRN staff, and those on PTO, LOA, or FMLA, will receive in-service training prior to their next scheduled shift. This training will be provided as part of the new employee orientation for all licensed nurses and certified medication aides. Start date: 6/11/25 Completion Date: 6/12/25 Responsible: Regional Director of Clinical Services Action: An audit was completed for all residents prescribed anticonvulsants for seizure disorders to ensure that medications were available for administration and orders were accurate. No further unavailable medications or transcription errors were found. During record review and interview with the RDCS on 06/13/2025 at 2:07PM, each resident on anticonvulsants was included on the audit list. The RDCS verbally affirmed this audit was completed. Start date: 6/12/25 Completion Date: 6/12/25 Responsible: Regional Director of Clinical Services Action: An audit was completed for residents receiving prescribed anticonvulsants for seizure disorders to ensure there were no additional doses missed. The clinical documentation for the two residents identified in the audit was reviewed, with no documentation of seizure activity noted. During record review and interview with the RDCS on 06/13/2025 at 2:07PM, each resident on anticonvulsants was included on the audit list. The RDCS verbally affirmed this audit was completed. Start Date: 6/12/25 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Completion Date: Initiated on 6/12/25 and ongoing. Responsible: Regional Director of Clinical Services/Designee Action: The RDCS/Designee will review the medication administration history for those receiving anticonvulsant medications for seizure disorders three times weekly to ensure no additional missed doses and efficacy of education provided. Start Date: 6/13/25 Completion Date: 6/13/25 Responsible: Pharmacy Consultant Action: A full MAR to Cart audit has been scheduled for 6/13/25 to ensure medication orders have been transcribed and are correct. Pharmacist observed auditing carts on the afternoon of 06/13/2025. During an interview, the Pharmacist confirmed he had conducted the audts. Start Date: 6/13/25 Completion Date: Initiated on 6/13/25 and ongoing. Responsible: Regional Director of Clinical Services/Designee Action: All new orders will be reviewed during the morning clinical process to ensure accurate transcription and medication availability. Start date: 06/11/25 Completion date: 06/12/25 Responsible: Regional Director of Clinical Services Action: The Medical Director was notified of the medication errors on 6/11/25. The Medical Director was notified that an IJ had been issued on 6/12/25. The Medical Director did not wish to take additional action. Start Date: 06/12/25 Completion Date: 06/12/25 Responsible: Administrator Action: An Ad Hoc QAPI was held to review the plan for the medication error that occurred on 6/11/25. Record Review of the agenda and sign in sheet from the QAPI meeting that was held on 06/11/2025 was conducted. The topic of the missed medications was listed on the agenda. The sign in sheet for the meeting included the signatures of the required attendees. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Monitoring of the POR included the following: A record review on 6/13/2025 at 2:46 PM of the in-service sign in sheets reflected 100% of the nurse and CMA employees signatures. In-service training was provided to all licensed nurses and certified medication aides regarding the process for unavailable seizure medications. If an anticonvulsant medication is unavailable and not in the Stat safe, the nurse is to notify the pharmacy and nursing administration. If a certified medication aide finds an anticonvulsant medication to be unavailable, they are to notify the charge nurse. If a dose is missed, the nurse is to notify the provider. All PRN staff, and those on PTO, LOA, or FMLA, will receive inservice training prior to their next scheduled shift. This training will be provided as part of the new employee orientation for all licensed nurses and certified medication aides. During an interview on 6/13/2025 at 2:30 PM, the ADM stated the RDCS completed staff training for the review of the Admissions Checklist during morning meetings. The admission Checklist included a prompt to audit for new orders for anticonvulsant medication orders. During an interview on 6/13/2025 at 2:32 PM, the ADON stated she was trained by the RDCS regarding the review of the Admissions Checklist during daily morning meetings. The Admissions Checklist includes a prompt to audit for new orders for anticonvulsant medication orders. During an interview on 6/13/2025 at 2:36, RN D stated she received training on steps to take when a resident missed a dose of anticonvulsant medication. She stated to whom she would have contacted and what action would have been taken. She stated she would contact the provider to notify of the missed dose and request orders to hold the dose or go ahead and give the medications. During an interview on 6/13/2025 at 3:11 PM, LVN F stated she received training from the RDCS on the steps staff should have taken when the anticonvulsant medications were not available. She stated she would contact the provider to notify of the missed dose and request orders to hold the dose or go ahead and give the medications. An interview attempt was made on 6/13/2025 at 3:19 PM with LVN G. There was no answer and no ability to leave voicemail. During an interview on 6/13/2025 at 4:05 PM, RN E stated he received training from the RDCS on the steps staff should have taken when the anticonvulsant medications were not available. She stated she would contact the provider to notify of the missed dose and request orders to hold the dose or go ahead and give the medications. An interview attempt was made on 6/13/2025 at 4:32 PM with LVN L. A message was left, and a call back was requested. An interview on 6/13/2025 on 4:54, LVN I stated she received training from the RDCS on the process for missed doses of medication. She stated she would contact the provider to notify of the missed dose and request orders to hold the dose or go ahead and give the medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The ADM and RDCS were informed the Immediate Jeopardy was removed on 6/13/2025 at 6:15 PM. The facility remained out of compliance at a severity level of no actual harm with the potential for more than minimal harm that is not immediate and a scope of isolated due to the facility's need to evaluate the effectiveness of the corrective systems that were put into place.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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 storage, food safety, and nutrition services for 1 of 1 kitchen. The facility failed to ensure food items were labeled and/or dated. This failure could place residents at risk foodborne illness by being served expired food. Findings included: Observation on 6/10/2025 at 8:45 AM of the cooler revealed the following: - Hamburger patties in a liquid container was dated 6-03-2025. - Mayonnaise in its original container was dated 6-03-2024. - The juice in a container was not labeled. - Tortillas in a box was dated 10-30-2024, there was no date on the tortillas in the bag. - Tomato soup was dated 5-8-2025. An interview on 6/13/2025 at 9:35 PM, DA B stated everything in the kitchen should be dated and discarded after 3-4 days. DA B stated soup could be kept in the cooler for seven days. DA B said there was a list on the cooler with how many days an item could be in the cooler. DA B stated if residents were served out-of-date food, they could get sick or salmonella poisoning. DA B said if she saw something out of date, she told the DM, and the item were thrown away. Out-of-date items should be discarded. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675797	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Weston Inn Nursing and Rehabilitation	2505 S 37th St Temple, TX 76504

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	An interview on 6/13/2025 at 9:43 PM, . DA A stated when a leftover food item was placed in the cooler, it should be labeled with what the item was and the date. DA A stated if she saw an item that was out of date, she would notify the DM and throw the item away. DA A stated if residents were served out-of-date food, they could get sick. DA A stated all items in the cooler should be labeled. DA stated everyone on the kitchen is responsible to check for out of date items. DA A stated that all items should be labeled correctly so they know what to use first. DA A stated if food is not labeled or dated residents were served the wrong food or out-of-date food, and residents could get sick. An interview on 6/13/2025 at 9:58 PM, The CK stated prepared food in the refrigerator had a shelf life of 3 to 7 days. The shelf life of food varied depending on the specific item. The CK said there was a list in the cooler that indicated how long each food item could stay. The CK stated it was everyone's responsibility to check for expired products. The CK mentioned when an item was placed in the cooler, it should have a label which indicated what the item was and the date it was placed there. An interview on 6/13/2025 at 10:05 PM with DM revealed if he found out-of-date food in the kitchen, it was discarded. The DM mentioned they were on a tight budget and typically did not have leftovers. He stated prepared food items in the cooler were kept for three to seven days, depending on the item. There was a list on the cooler which indicated how many days an item could remain there. The DM emphasized the importance of communicating with the staff about avoiding out-of-date products in the kitchen. He also noted all food in the cooler should be labeled and dated. He said that if food is not labeled then residents could get the wrong food or out-of-date food. This could lead to foodborne illnesses and residents getting sick. DM stated that his expectations is for everyone in that works in the kitchen to check for out of date items. An interview on 6/13/2025 at 1:05 PM with ADM revealed he expected everything in the kitchen to be labeled and dated. He mentioned if residents consumed food that was past its expiration date, they could get sick. The ADM also stated all kitchen staff were responsible for checking food items for expiration dates. Record review of the facility's food storage policy, reflected the following: Cover, label with name, date stored, and the date it must be used or discarded. We recommend a use-by date, of 3 days after the food was prepared or purchased. Refrigerate leftovers immediately after use. Plastic containers with tight-fitting lids are recommended. Add into evidence a record review of the FDA Food Code applicable to the failures in evidence. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.