STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675822	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beltline Healthcare Center	106 N Beltline Rd Garland, TX 75040

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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, 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 seal open items in plastic bags in the dry storage pantry and refrigerator areas.3. The facility failed to ensure that expired items in the dry storage pantry were removed.4. The facility failed to ensure that dented cans were removed in the dry pantry area were separated from the other canned food.5. The facility failed to ensure that foods brought into the facility by visitors was not stored in the facility's refrigerator. 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 food-borne illnesses. Findings Included: Observation of the kitchen during the brief initial tour of the kitchen on 02/09/2026 at 9:40 AM, revealed the following: Dry Pantry area:* 6 packages of 8.6 oz. presweetened fruit punch flavored soft drink mix with an expiration date of 07/12/25.* 1 package of 106 oz. pasta noodles were unsealed and exposed to air.* 1 package of 106 oz. pasta noodles was labeled 11/25/25 use by 12/24/25.* 1 opened package of powdered dry milk was unsealed and exposed to air. * 1 opened bag 25 lb. bag labeled, Hotel & Restaurant flour was unsealed and exposed to air. * 1 plastic container labeled Pasta dated 01/01/25 use by 01-30-25 was unsealed and exposed to air. * 2 plastic containers labeled Rice dated 01/01/25 use by 01-30-25 was unsealed and exposed to air.* 1 plastic container labeled Yellow Corn Meal dated 01/01/25 use by 01-30-25 was unsealed and exposed to air.* 1 plastic container labeled Orzo was unsealed and exposed to air.* 1 package of 25 lb. traditional chicken breading was unsealed and exposed to air. * 1 dented can of 106 oz. sliced pears.* 1 dented can of 50 oz. tomato soup.* 1 dented can of 106 oz. spaghetti sauce.* 2 dented cans of 106 oz. grape jelly.* 1 dented 106 oz. can was unlabeled. Refrigerator area:* 1 metal container with clear saran wrap was labeled scrambled eggs was unsealed and exposed to air.* 1 metal container with clear saran wrap was labeled sausage was unsealed and exposed to air.* 1 metal container with clear saran wrap was labeled mech meat was unsealed and exposed to air.* 1 metal container with clear saran wrap was labeled puree meat was unsealed and exposed to air.* 1 metal container with clear saran wrap was labeled bacon was unsealed and exposed to air.* 1 clear plastic container labeled Chicken Salad was unsealed and exposed to air.* 1 clear plastic container labeled [Resident #21 - puree] was unsealed and exposed to air.* 5 cups labeled milk were unsealed and exposed to air. Freezer area:* I zip bag labeled Pot Roast was not labeled and was unsealed and exposed to air.* 1 plastic container of 11lbs. of chocolate Fudge Icing was unsealed and exposed to air.* 1 plastic bag labeled ham was dated 11/25/25 and did not have a shelf-life date.* 1 plastic bag labeled carrots was dated 02/06/26 and did not have a shelf-life date.* 1 plastic bag labeled chicken fried steak was dated 02/08/26 and did not have a shelf-life date.* 1 plastic bag labeled apple strudel was dated 01/12/25 did not have a shelf-life date and was unsealed and exposed to air. In an interview with the Interim Dietary Manager on 02/09/26 at 10:26 AM, he stated that he had been employed at the facility (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 - Many	for 7 years. He stated that the Dietary Manager was currently out of the country and was not available. He was informed about the state surveyors findings during the initial brief tour of the kitchen, which included dented cans, labeling, expired and unsealed items in the dry storage, and refrigerator areas. He stated that all items that were unsealed in the kitchens dry pantry, refrigerator and freezer areas would be discarded and thrown in the trash. He reported that all staff were responsible for ensuring there were not any expired and unsealed items in the dry storage, refrigerator, and freezer areas. He stated that if dented cans were found, the dented cans were to be immediately removed from the shelf and placed in the designated area that is marked as Dented Cans. The Interim Dietary Manager stated he had a total of 3 staff members that he supervised, and they work various shifts. He stated all kitchen staff were reeducated and retrained on Food Storage via in-service training relating to the findings of the initial brief tour of the kitchen found by the state surveyor. He stated if staff were to find anything such as expired items, his expectation was they immediately throw away the item (s) and tell him about the item (s) that were thrown away. He stated if any item (s) were not labeled and/or dated, his expectation was for his staff to tell him and he would reeducate and retrain all kitchen staff through in-service training. He stated all kitchen staff were to ensure items in the kitchen's dry pantry, refrigerator, and freezer areas were not expired, unsealed, labeled and dated. He stated that the items found in the kitchen by the surveyor were a mistake and he would continue to provide education to his staff to ensure everyone knows his expectations and the facility's policy on Food Storage. He stated his expectation for his staff was they use the FIFO procedures to ensure there were not any expired food items throughout the facility's kitchen. He stated the kitchen staff were reeducated and retrained through in-service trainings regularly. He stated did not recall when the last in-service on Food Storage was taken. He stated if anyone ate food from the kitchen that was expired, dented cans andunsealed containers or bags, there was risk of becoming sick, which could cause them to have issues with their stomach. In an interview with [NAME] D on 02/09/26 at 10:46 AM, she stated that he had been employed as the cook at the facility for 7 years. [NAME] D stated that she was unaware there were expired and unsealed items in the dry storage and refrigerator areas. She stated all the staff were responsible for labeling and storing the items on the shelf and checking for dented cans and ensure the expiration dates on everything in the dry storage, refrigerator, and freezer areas of the kitchen. [NAME] D stated she had been in-serviced on food preparation and storage and she did not know when she received her last in-service training. She stated that her previous in-service trainings stated that all kitchen staff were responsible for everything in the kitchen, including the dry pantry, refrigerator and freezer areas were labeled (included the date it was placed in the refrigerator and a use by date), sealing of plastic containers and bags, and making sure that expired items are not in the kitchens dry storage, refrigerator and freezer areas. She stated that if a staff member sees any item(s) that were expired, the staff member was to immediately throw the item away in the trash can and then inform the Dietary Manager and other kitchen staff members about what they found and thrown away. [NAME] D stated all items in the kitchens dry storage, freezer and refrigerator areas were to be labeled and dated. [NAME] D stated that the clear plastic container in the facility's refrigerator labeled, [Resident #21] was brought to the facility by [Resident #21's] FM. [NAME] D stated sometimes [Resident #21] does not like the food that was served for the residents in the facility, therefore the FM will bring the food, such as mashed potatoes or pureed food in the container for [Resident #21] to eat. [NAME] D stated the staff kept the food in a clear plastic container and kitchen staff would warm the food up for [Resident #21] to eat. [NAME] D stated that she was unaware of the facility's food policy relating to Food Brought from outside of the facility. [NAME] D stated that she was unaware that storing [Resident #21's] food in the refrigerator with the food that was used for meals for the residents was considered cross-contamination. [NAME] D stated if someone ingested food from the facility's kitchen that was cross-contaminated, there was a risk that someone could become very ill. She stated that if anyone ate food that came from the kitchen's dry (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	regular and is at risk for unplanned weight loss or gain.Regular diet, Mechanical Soft texture, Nectar consistencyDate Initiated: 12/29/2023Revision on: 08/15/2024 Goal:[Resident #21] will maintain ideal weight and receive proper nutrition daily x 90 days.Date Initiated: 12/29/2023Revision on: 08/15/2024Target Date: 04/30/2026 Interventions:.Administer protein supplements as ordered per facility protocol.Date Initiated: 09/21/2025 Record review of Resident #21's Hospice Orders dated 02/05/2026 revealed, a terminal diagnosis of Parkinson's disease. Resident #1's diet consists of pureed - pleasure feeding. Record review of the facility's 2012 dated policy, MENU APPROVAL AND HONORING RESIDENT SPECIAL REQUESTS, AND FOOD BROUGHT TO THE FACILITY FROM UNAPPROVED SOURCES revealed, 1.In addition to obtaining food from approved suppliers, the facility can obtain food products and produce from local producers and suppliers, as long as the products are handled and transported with protection against contamination and are then washed and stored appropriately to preserve food safety. This includes food items grown in facility gardens, if applicable. 2. If a family member or other visitor or staff brings prepared, potentially hazardous (time and temperature controlled for safety) food items for a resident, these items cannot be stored in the dietary department. This poses a problem with potential cross-contamination, as the facility is unaware of how the food was handled or whether it was maintained at appropriate temperatures during transport. These items can be stored in the individual resident room, or other approved areas available depending on the food item. 3.The dietary department cannot reheat or prepare foods for a specific resident that have been brought from home or outside of the facility within the dietary department. Again, as listed above, this increases the potential for cross-contamination and infection control issues. The facility microwave located either in the dining room or break room can be used to heat prepared foods brought from outside of the facility, if available. 4.Record review of the facility's undated policy, Food and Storage Sanitation .Dented or otherwise damaged cans will not be used. Once identified, dented cans should be stored in a separate area of the storeroom to be returned to vendor or discarded. Record review of the facility's undated policy, Food Storage and Dry Storage Supplies, revealed, 5. Open packages of food are stored in closed containers with covers or in sealed bags, and dated as to when opened . 6. When items are received from the vendor, they should be first examined for expiration date, and if an expiration date is present, it is beneficial to mark it by circling it so it is readily visible and noticeable. It is important to distinguish between an expiration date and a production date, or a best by or use by date. Production dates indicate when the product was manufactured, not when it expires, and should not be interpreted as a best by or use by date. Best by or use by dates indicate when a product will have best flavor or quality and are not an indicator of the product's safety. As the quality may deteriorate after the date passes, the dietary manager should closely inspect any products that are past the best by date to determine if they are still good quality. If in doubt, discard the product. If any stamped date is unclear, contact the food vendor for clarification. If an item does not have a date designated by the manufacturer as an expiration date, then the item should be dated as to when it is received, and shelf-stable items will be stored in a first in, first out manner, to be used within one year. After one year, any product that is shelf stable will be inspected by the dietary manager to ensure that it is good quality before it is used. Any product with a stamped expiration date will be discarded once that date passes. 7. According to the USDA fact sheet on Food Product dating, product dating on manufactured goods is not required by federal regulations except baby formula. For this reason, products without a dated shipping label should be dated when they are received by the facility so there is a method to keep track of the age of the product. These dates do not indicate that the product is no longer safe after one year, but give a method to track the age of a product so that it can be evaluated for quality before service. 8. On perishable foods, microorganisms such as molds, yeasts, and bacteria can multiply and cause food to spoil. Spoiled foods will develop an off odor, flavor, or texture due to naturally occurring spoilage bacteria. If a food has developed such spoilage characteristics, it should not be eaten. There are two types of bacteria that can be found on food: pathogenic bacteria, which cause foodborne illness, and spoilage bacteria, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	which causes foods to deteriorate and develop unpleasant characteristics such as an undesirable taste or odor making the food not wholesome, but do not cause illness. Perishable foods have been processed/treated and sealed to eliminate pathogenic bacteria, but spoilage bacteria can multiply and this is what causes the food to deteriorate in quality and taste. If perishable food items are not stored at the proper temperature, spoilage bacteria can grow faster than anticipated and food becomes spoiled and should not be served. Food items such as loaves of bread or dairy products with a stamped best-by or use by date do not need to be labeled when opened as this will not affect the date by which they should be used. However, if possible food spoilage is observed prior to the best by date, the product will be discarded. 9. Perishable and non-perishable foods are classified based on their pH and water content. Food manufacturers must determine whether their products meet the perishable criteria when determining whether they are required to declare expiration dates according to the Food and Drug Administration which regulates their manufacturing processes. If a manufacturer is not required to declare an expiration date, then that means that time is not a criteria in determining whether the product is safe to consume. Non-perishable foods meet the criteria in the Texas Food Establishment rules for classifying foods as non-time and temperature controlled for safety foods (NTCS). NTCS foods do not use time or temperature as a criteria for determining food safety. These non-perishable foods are still dated when received if they do not have an expiration date and once opened, but do not need to be discarded within 7 days after opening. Perishable items that are refrigerated are dated once opened and used within 7 days (if they do not have an expiration date or best by/use by date), but non-perishable items that are refrigerated once opened should be dated when opened but do not need to be discarded until their expiration date or until the quality has deteriorated . 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. FOOD shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301 - 3-306.

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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 label drugs and biologicals used in the facility in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable for the 4 medications reviewed on 2 of 2 medication carts.The facility failed to ensure proper storage and disposal of Resident# 25's tramadol 50 hcl mg (controlled medication) by taping a narcotic medicationThe facility failed to ensure proper storage and disposal Resident# 38's tramadol 50 hcl mg (controlled medication) by taping a narcotic medication The facility failed to ensure that Resident#51's opened Lantus insulin was dated after opening.The facility failed to ensure that unopened vial of insulin aspart 100unit/1ml was properly stored in the refrigerator.These failures could affect residents by diminishing the effectiveness, and therapeutic benefits of the medications and/or result contamination of the medication.Findings Included:During an observation on 02/08/2026 at 11:45 a.m., of the 100 hall nurses Cart revealed Resident #25's Tramadol hcl oral tablet 50 mg (controlled medication used for pain) had 1 blister seal broken, and Resident #38's Tramadol hcl oral tablet 50 mg (controlled medication used for pain) had 2 blister seals broken. The damaged blisters had the pills still inside and secured with tape at the time the surveyor inspected the medication cart; the count counted was correct. During an interview on 02/08/2026 at 11:50 AM, LVN A stated she was unaware Resident #25's and Resident #38's tramadol 50mg blister pack seals were broken and secured with tape. She stated the nurses were responsible for checking the medication blister packs for broken seals during the count of narcotics at change of shift. She stated she did not see the broken blister during the count. She stated that medication with broken seals should be wasted and witnessed by two nurses. She stated the risk of a damaged blister would be potential for drug diversion and contamination of the medication. She stated she had been in serviced on medication storage. During an observation on 02/09/2026 at 11:45 AM of 100 hall nurses Cart, Resident #51's Lantus Solostar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) observed opened and not dated. An unopened vial of insulin aspart 100unit/1ml was stored in the medication cart and not refrigerated per manufacturers recommendation. In an interview on 02/09/2026 at 11:43 AM, RN B stated she was unaware the insulin vial was unopened and Resident #38's Lantus was not dated. She stated she did not administer Resident #38's Lantus, it was administered on the evening shift. She stated the nurses were responsible for ensuring medication in the carts were dated and properly stored. She stated that all unopened insulin should be refrigerated, and all opened insulin should be dated. She stated the risk of not following manufacturers' recommendation of storing insulin would diminish the potency of the insulin. She stated that medication(narcotic) with broken seal should be wasted and witnessed by two nurses. She stated the risk of taping narcotics medication, was contamination of the medications. She stated she had been in serviced on medication storage. In an interview on 02/11/26 at 1:04 PM, the DON stated if a blister pack seal was broken the medication should not be tapped over with tape, it should be discarded witnessed by two nurses. The DON stated it was not acceptable to keep a pill in a blister pack that was opened. The DON stated the risk would be losing the medication because the seal was broken and contaminated. She stated that all unopened insulins should be refrigerated, and all opened insulins should be dated as soon as they are opened. She stated the risk of not storing unopened insulin in the refrigerator was that it would lose its chemical stability and potency which could make it ineffective when administered to residents. She stated nurses were responsible for checking the medication blister packs for broken seals during the count on the change of shifts. The DON stated the ADON and DON audit the medication carts weekly, and the pharmacy consultant audits the medication room, and the medication cart every month. She stated the pharmacist audited the medication carts in January 2026. She stated the nurses had been (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in serviced on medication storage. In an interview on 02/11/26 at 3:29PM ADON revealed she audited medication carts weekly. She stated the last time she audited the medication carts was the week prior to the recertification survey. She stated she was not aware Resident #25's and Resident #38's Tramadol 50 mg was secured with taped. She stated that medication with broken bubble seal should be wasted and witnessed by two nurses. She stated the risk was loss of the pill and contamination of the medication. She stated that all unopened insulin should be refrigerated, and all opened insulin should be dated. She stated the nurses had been in serviced on medication storage and that narcotics were not to be taped if the blister seal was broken. She stated the risk of not refrigerating unopened insulin was the insulin would lose its potency and reduce the therapeutic effectiveness. In an interview on 02/08/2026 at 11:50 AM, RN C revealed nurses were responsible for checking the medication in the carts were dated and properly stored. She stated that all unopened insulin should be refrigerated, and all opened insulin should be dated. She stated that medication with broken bubble seal should be wasted and witnessed by two nurses. She sated the risk to the patient was receiving the wrong medication because there was no guarantee what was tapped back was the original medication, and the loss of therapeutic effect from insulin if it was not stored per manufacturers recommendation. She stated she had been in serviced on medication storage. Review of the facility's policy Medication Storage in the Facility edited P&P v3-2025 reflected the following: Medications and biologicals are stored safely, securely, and properly following manufacturers' recommendations or those of the supplier. The medication supply is accessible only to license nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.Procedure:1. Pharmcare USA dispenses medications in containers that meet legal requirements, including requirements of good manufacturing practices where applicable. Medications are kept and stored in these containers. Transfer of medications from one container to another is done only by a pharmacist.11. Medications requiring refrigeration or temperatures between 36 degrees F (2 C) and 46 degrees F (8 C) are kept in a refrigerator with a thermometer to allow daily temperature monitoring. Medications requiring storage in a cool place are refrigerated unless otherwise directed on the label. All refrigerated medications will be kept in a locked area of the refrigerator and/or in a locked medication storage area.13. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to the procedures for medication destruction, and reordered from the pharmacy, if a current order exists.