STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675857	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
William R Courtney Texas State Veterans Home	1424 Martin Luther King Jr Lane Temple, TX 76504

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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 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. Based on observation, interview, and record review, the facility failed to store, prepare, and distribute food in accordance with professional standards for food service safety for one of one kitchen reviewed for kitchen sanitation. The facility failed to ensure DA H wore a hair net when standing over the food prep table and portioning salads on plates. The facility failed to ensure DA H washed her hands between food preparation tasks.The facility failed to ensure the [NAME] used proper hand sanitation between puree preparation.The facility failed to and LVN A used proper hand sanitation during food plate distribution for the lunch meal.The facility failed to ensure CNA C and LVN B used proper hand sanitation during food plate distribution for breakfast meal.The facility failed to ensure that designated hand-washing station 2 had hand soap, paper towels, or designated trash bin available for staff to use between kitchen tasks. These failures could place residents at risk of foodborne illness and food contamination.Findings included:During an observation on 05/19/2026 at 8:56 am revealed DA H stood over the food prep table, and she was portioning salads onto individual plates, and she did not wear a hair net. During an Interview on 05/20/2026 at 1:37 p.m., DA H said she has worked at this facility for 1 month and she had been trained in food safety and proper hand sanitation. She stated the reason for hand sanitation was to prevent cross contamination. When asked why DA H failed to wear a hair net and why she did not wash her hands between tasks, she said, Yesterday I forgot to wash my hands after I removed of my gloves. And she said, Yesterday I forgot to use a hair net when I was preparing food in the kitchen. During an observation and interview on 05/19/2026 at 12:42 p.m., it was revealed that LVN A had reviewed a meal ticket for accuracy while she was at the tray distribution cart. After distributing a tray to another staff member, she then walked across the dining room to observe a resident's meal ticket. She returned to the distribution cart, and she resumed distributing meal trays. LVN A failed to use hand sanitizer between tray service. LVN A stated she had been trained in resident rights and on proper hand sanitization. She stated residents had a right to live in sanitary conditions. She stated she had not had any in-service on sanitary practices for food distribution. During an observation and interview on 05/20/2026 at 7:10 a.m., it was revealed that CNA C entered the dining room. He shook bare hands with LVN B. He failed to wash his hands or use hand sanitizer prior to serving a tray of food to a resident. CNA C stated that he has worked PRN as a CNA for 2 months at this facility and he has been trained in hand hygiene. He stated, staff were to hand sanitize after each tray served to a resident. CNA C stated, I don't remember not using hand sanitizer when I was serving meals. During an observation on 05/20/2026 at 7:15 a.m., it revealed that LVN B had hand-to-hand contact with CNA C while greeting each other in the dining room. LVN B failed to use proper hand sanitation after contact with CNA C, and she failed to use hand sanitizer prior to verifying meal tickets for accuracy. Per interview on 05/21/2026 at 11:01 a.m., LVN B said she has worked for this facility for 3 years as an LVN and she has been trained in proper hand sanitation. She stated that she expects that staff are to perform hand sanitation every third tray. She stated, the reason for hand sanitization is for infection control purposed. She stated, if hand sanitizer is not used, there is a possibility of cross contamination. During an observation and interview on 05/20/2026 at 7:33 a.m., revealed that designated hand (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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review, the facility failed to electronically submit to CMS complete and accurate direct care staffing information for the first quarter (October 1, 2025, to December 31, 2025). The facility failed to submit complete PBJ staffing information to CMS for October 1, 2025, to December 31, 2025. This failure could place all residents at risk for personal needs not being identified and met, decreased quality of care, decline in health status, and decreased feelings of well-being within their living environment.Findings Included: Record review of the CASPER3 PBJ report reflected the facility failed to submit data for the FY quarter 1 (October 1, 2025- December 31, 2025). No other quarter was triggered. An interview was conducted on 05/21/2026 at 3:35PM with the DON, who reported that she was not aware that quarter 1 PBJ was not submitted. The DON stated that she was responsible for reporting the data and stated the failure was an oversight. An interview was conducted on 05/21/2026 at 4:54PM with the ADM, who reported that the PBJ staffing data was not submitted when it was due, because they forgot to submit the data. The ADM stated the facility missed the submission deadline due to an oversight. RR of policy provided by the facility titled Reporting Direct Care Staffing Information (Payroll-Based Journal) dated August 2022 revealed the following: Direct care staffing information is submitted on the schedule specified by CMS, but no less frequently than quarterly.Staffing information is collected daily and reported for each fiscal quarter no later than 45 days after the end of the reporting quarter.Quarter 1 dates October 1-December 31 must be reported by February 14Quarter 2 dates January 1-March 31 must be reported by May 15Quarter 3 dates April 1 - June 30 must be reported by August 14Quarter 4 dates July 1-September 30 must be reported by November 14

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure residents received and were provided food and drink that was palatable, attractive, and at a safe and appetizing temperature for 3 of 3 residents (Residents # 51 # 65 and #135) reviewed for dietary services. The facility failed to provide palatable food served at an appetizing temperature and taste to Residents #51, #65 and #135. The facility failed to provide palatable food served at an appetizing temperature and taste for 3 test trays provided to the survey team. This failure could place residents at risk of weight loss, altered nutritional, status, and diminished quality of life. Findings include: Record review of Resident #51's admission Record dated 05/21/2026 revealed an [AGE] year-old-male who was admitted to the facility on [DATE]. Resident #51 had a diagnosis which included Alzheimer's Disease with late onset, (A type of brain disorder that causes problems with memory, thinking, and behavior. This is gradually progressive condition.), Dementia, (A group of symptoms that affects memory, thinking and interferes with daily life. and Major depressive disorder, (A mental condition characterized by a persistently depressed mood and long-term loss of pleasure or interest in life, often with other symptoms such as disturbed sleep, feelings of guilt or inadequacy, and suicidal thoughts.) Record review of Resident #51's Care Plan, dated 04/14/2026, revealed; Resident was on a regular diet with thin liquids, and he was at risk for nutritional deficits and/or dehydration risks related to cognitive deficit and self-care deficit. Resident sometimes take food from other residents during meals, mistaking it for his own food. Interventions are to Provide diet and fluids including supplements and snacks as ordered. Record review of MDS assessment, dated 03/13/2026, revealed; Resident #51 had a BIMS score of 1, which indicates he has a severe problem with thinking and memory. MDS Section Functional Status indicates Resident # 51 required Supervision or touching assistance and Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Record review of Resident #65's, admission report dated 05/21/2026, revealed a [AGE] year-old-male who was admitted to the facility on [DATE]. Resident #65 had a primary diagnosis which included Type 2 Diabetes, (a chronic condition characterized by insulin resistance and high blood sugar levels), Anemia in chronic kidney disease,(Anemia is a common complication of chronic kidney disease, primarily caused by reduced erythropoietin production, iron deficiency, and other metabolic disturbances) and Chronic diastolic (congestive Heart failure), (cardiac failure including breathing difficulty, fluid retention, and circulatory changes). Record review of Resident #65's Care Plan, dated 02/21/2026, revealed Resident #65 was on a regular texture with liquids, diet. Interventions were for RD to evaluate and make diet change recommendations PRN and Provide diet and fluids including supplements and snacks as ordered. Record review of resident # 65's MDS report revealed he had a BIMS score of 12 indicating he had Moderate problems with thinking and memory. Resident # 65's functional abilities indicated he needs assistance with eating for set up and clean up, resident can complete this activity. Resident #65 residents were dependent on assistance for transfer from chair to chair. Record review of Resident # 135's admission record report dated 05/21/2026 revealed a [AGE] year-old male who was admitted to the facility on [DATE]. Resident # 135 had a primary diagnosis which included Dementia, (A group of symptoms that affects memory, thinking and interferes with daily life.) Depression (feeling uneasiness or worry) and prediabetes, (a higher-than-normal blood sugar level. It's not high enough to be considered type 2 diabetes yet). Record review of Resident # 135's Care Plan, dated 02/21/2026 revealed Resident # 135 was on a Regular diet, regular texture with thin liquids. Interventions were to provide diet and fluids including supplements and snacks as ordered. Record review of Resident # 135's MDS revealed he had a BIMS score of 12 indicating he had Moderate problems with thinking and memory. Resident # 135's MDS report revealed that he requires assistance with eating for set up and clean up, resident can complete this activity. Resident # 135 is dependent on assistance for transfer from chair to chair. During an (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	observation and food temperature readings on 05/20/2026 at 7:48 a.m., in the facility's secure units dining room, it was revealed that Resident 51's breakfast meal was served to him at 97.5 F. Resident # 65's meal was served at 108.6F. and Resident # 135's meal was served at 112F. Per interview on 05/20/2026 at 10:09 a.m., it was revealed that Resident # 50's only complaint was that his food was cold by the time it reaches him. Per observation and interview on 05/20/2026 at 1:29 p.m., it was revealed that test tray #1 included Mechanical soft texture diet and it was served at 108.6F. Test tray # 2 included regular texture diet and it was served at 112.6F. Test tray #3 included puree texture diet and it was served at 104F. The DM stated that cooked food temperatures should be no lower than 120F at the time it is served to a resident. The DM stated the reason the test trays were so cold was because they were sitting in the kitchen for a long time before they were served to the Survey staff. The DM stated food temperatures had been an issue with some residents, he was not able to identify a specific complainant. The DM stated that he has been working with ADM to address the issue of food temperatures. He said, we are getting the food out quicker and he said that will resolve the issue of cold food. Interview on 05/21/2026 at 11:01 a.m., with LVN B revealed she was in the dining room during breakfast on 05/20/2026 and she observed the food did not appear hot when she was checking the meals for the meal ticket for accuracy. She stated she believes residents have a right to be served warm food. Interview on 05/21/2026 at 3:05 p.m., The ADM revealed the facility wanted the residents to enjoy their meals; hot foods should be served hot and cold foods should be served cold. He stated the facility kitchen was responsible for getting the temperatures correct and the nursing staff were responsible for getting the food to the residents in a timely manner, so the food was still hot. Record Review of Food Preparation dated 05/2014, revised 02/2026.Policy Statement All foods are prepared in accordance with the Federal Dietary Food Code.Procedures 12. When hot pureed, ground, or diced food drop in the danger zone (below 135 F), the mechanically altered food must be reheated to 165F for 15 seconds if held for hot service. 14. All foods will be held at appropriate temperatures, greater than 135F (or as state regulations) for hot hold, and less than 41F for cold food holding. 15. Temperatures for foods will be recorded at time of service and monitored periodically during meal service periods.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Pre-admission Screening and Resident Review (PASARR) Level I assessment accurately reflected the resident's status for 1 of 3 residents (Resident # 68) reviewed for PASARR Level I screenings. The facility failed to ensure the accuracy of the PASARR Level 1 screening for Resident #68. The PASARR Level 1 screening did not indicate a diagnosis of mental illness, although the diagnosis major depressive disorder and bipolar disorder was present upon admission. The facility did not complete a 1012 form to update Resident #68 PASARR Level 1 with the diagnosis. These failures could place residents who had a mental illness at risk of not receiving a needed assessment (PASARR Evaluation), individualized care, or specialized services to meet their needs.Findings included: Record review of Resident #68's undated face sheet reflected an [AGE] year-old male who admitted to the facility on [DATE]. Resident #68 had diagnoses of Neurocognitive disorder with Lewy bodies (a progressive brain disorder caused by abnormal protein deposits called Lewy bodies), dementia in other diseases classified elsewhere, moderate mood disturbance (cognitive decline and significant affective symptoms (like depression or apathy) caused by an underlying medical condition), major depressive disorder (serious, common mental health condition characterized by persistent, severe low mood, loss of interest in activities, and low energy lasting at least two weeks), and post-traumatic stress disorder, unspecified (a diagnosis given when a patient exhibits trauma-related symptoms causing significant distress, but the clinical presentation or timeline (like exact onset or duration) lacks the specific details needed to meet the full diagnostic criteria for standard). Record review of Resident #68's MDS record dated 02/14/2026 reflected a BIMS score of 00, indicating severe impairment. Resident # 68 had a diagnosis of depression and post traumatic stress disorder (PTSD) which was labeled under psychiatric/mood disorders. Record review of Resident #68's care plan reflected a diagnosis of being at risk for psychosocial or emotional distress r/t PTSD. The care plan stated resident will not experience any distress or discomfort that will affect his functional well-being throughout his next review date. Record review of Resident #68's level 1 PASARR dated 02/06/2024 reflected that Resident #68 did not have evidence of a mental illness. An interview on 5/21/2026 at 1:20 PM was conducted with DON stated the facility's process for identifying residents with a possible MD, ID, or a related condition prior to admission to the facility was they process a PASSAR and they get the information from the health records, the information was entered into SIMPLE and the PASSAR people will come to the facility or wherever the resident was located, and based on the information provided will determine if they can have admission into the facility. The DON stated if the resident was identified as having a mental, intellectual disability or related conditions, once they entered the facility, they would have been referred to Psychic Services. She stated the social service coordinator was responsible for making the referral to the appropriate state designated authority. The DON stated if the resident had a change in condition after admission to the facility, they would get an order from the physician to consult Psych services. She stated the reason the referral was not made to the appropriate state authority was because they person was not familiar with the resident having the diagnosis or they did not think that was mental illness. The DON stated the negative affect that could have was that the resident would not get the services they need. An interview on 5/21/2026 at 1:47 PM was conducted with the MDS Coordinator she stated the facility's process for identifying residents with a possible MD, ID, or a related condition prior to admission to the facility was once they received the form from another facility, they will input the information into SIMPLE, and they will come and evaluate the resident. The MDS Coordinator stated if the resident was identified as having a mental, intellectual disability or related conditions after admission, they will resubmit the PASSAR and then LIDDA will come in and do the evaluation. She stated she was responsible for making the PASSAR referral by inputting the information into SIMPLE. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The MDS Coordinator stated if a resident had a change in condition, a PL1 was the first assessment and if the diagnosis was incorrect, she will put correct numbers in and submit it to LIDDA. Record review of the facility's admission Criteria Policy revised March 2019 reflected: Policy Statement: Our facility admits only residents whose medical and nursing care needs can be met. 9. All new admissions and readmissions are screened for mental disorders (MD). Intellectual disabilities (ID), or related disorders (RD) per the Medicaid Pre-admission Screening and Resident Review (PASARR) process. a. The facility conducts a Level I PASARR screen for all potential admissions, regardless of payor source, to determine if the individual meets the criteria for an MD, ID, RD. b. If the level I screen indicates that the individual may meet the criteria for a MD, ID, or RD, he or she is referred to the state PASARR representative for the Level II (evaluation and determination) screening process.