STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675925	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Mildred & Shirley L. Garrison Geriatric Educat	3710 4th St Lubbock, TX 79415

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interviews and record reviews, the facility failed to treat residents with respect, dignity, and care in a manner and in an environment that promotes the maintenance or enhancement of their quality of life, recognizing each resident's individuality. The facility failed to protect and promote the rights of 12 confidential residents in that: The facility failed to ensure staff were not utilizing their personal cell phones while providing care, which included assisting residents with their showers and performing peri-care. This could place residents at risk for diminished quality of life and loss of dignity and self-worth. Findings include: At an undisclosed date and time twelve confidential residents stated the use of cell phones by CNAs while performing care made them feel ignored, not a priority, embarrassed, concerned the CNA could make a mistake due to distraction by the cell phone conversation, and, most of all, their privacy was violated. The fifteen confidential residents stated the use of cell phones by CNAs occurred on every shift. Confidential residents stated staff utilize their cell phones while performing showers, when performing care in resident rooms, and while performing peri-care. The confidential residents stated the staff text and talk on their phones while walking down hallways, at the nurses' stations, and while in the dining area during meals. The fifteen residents stated they did not know the names of the CNAs who utilized their cell phones while performing care. The confidential residents stated cell phone usage of the CNAs while performing care happened in the facility often, they said every CNA in the facility utilized their cell phone while performing care. During an interview on 06/04/26 at 2:25pm, the DON stated residents should be provided with privacy during resident care; the staff should provide residents with their full attention. He stated all staff were trained in privacy, resident rights, dignity, and cell phone usage during orientation and through continuous education by department heads and the DON. He stated staff were monitored by sporadic rounds completed by the DON and the ADON. He stated cell phones should never be used in patient care areas, cell phones should not be utilized anywhere Residents are visible. He stated the potential negative outcome would be a HIPPA violation. During an interview on 6/04/2026 at 3:20pm, the ADM stated staff should provide residents with their undivided attention while performing care. The ADM stated all staff are trained in resident rights, dignity, and cell phone usage during the on boarding process, continuous online training, and in-services. He stated cell phones should only be used during breaks; personal calls are not allowed while staff are performing care or in patient care areas. He stated cell phones should be kept in breakroom lockers. Staff are monitored for cell phone use by rounding completed by the ADON and the DON. The ADM stated the potential negative outcome for residents, if staff are using their cell phones, was residents could feel disrespected and a loss of dignity. Record review of the facility policy dated April 2025 titled Resident Rights and Responsibilities revealed the following: Policy: It is policy of this facility to inform the residents both orally and in writing of their rights as a resident, as well as the rules and regulations governing the resident's conduct and responsibilities during their stay in the facility. Policy Interpretation and ImplementationAt admission residents will be provided with a copy of their rights and a copy of all rules and regulations. The residents will be required to sign a statement acknowledging they were informed of their rights. To assure our residents, staff, and visitors are continually informed 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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	aware of resident rights, grievance procedures, and responsibilities, large print copies may be posted in a prominent area in the facility.

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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 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. Based on observation, interview and record review, the facility failed to provide food and drink that was palatable, attractive and at a safe and appetizing temperature for 4 of 19 residents (Residents #10, #30, #80, #93, and 15 confidential residents) reviewed for food palatability. A. Resident #10, #30, #80, #93 voiced concerned of cold food.B. Six of the 8 foods sampled on the meal tray were cold. These failures could result in a decline in residents' consumption of food and residents to have unwanted weight loss. The findings included: In interviews at an undisclosed date and time, 15 of 15 confidential residents stated the food was cold, the food was cold for all three meal forms, approximately 85% of the time the food was served cold. The food served in the dining area as well as in resident rooms was served cold. During an interview on 06/02/2026 at 8:34 a.m., Resident # 93 voiced that the food is mostly cold, like this morning my eggs were cold. She stated that she ate at the dining and in her room. During an interview on 06/02/2026 at 9:25 a.m., Resident #10 voiced that the food is hit or miss, most of the time the food was okay. Resident #10 voiced the food could be warmer. During an interview on 06/02/2026 at 9:38 a.m., Resident #30 voiced that the food was okay, but could be hotter. During an interview on 06/02/2026 at 12:20 p.m., Resident #80 voiced that the food is cold sometimes. Resident #80 voiced he ate in his room and not at the dining. During an interview on 06/02/2026 at 6:31 a.m., the DM was informed of a request for a test tray. During an observation on 06/02/2026 at 12:31 p.m., the sample trays were delivered to the survey room. Sample tray findings found by the survey team and DM were the following: FOOD ITEMS TemperatureMechanical Corn/Peas ColdMechanical Meat/Spaghetti ColdMechanical Mixed Vegetables ColdPuree Italian Vegetables ColdPuree Meat/Spaghetti ColdPuree Bread Cold During an interview on 06/04/2026 at 12:54 p.m., DA stated, monitoring of food temperatures depends on who is serving or making it, basically anyone handling the meals, including myself. He added, we do not have external heat for the cart, the plate warmer would have kept the plates warm and if you were not serving quickly enough, the food cooled down. DA stated he had seen the food palatability policy and received training. He stated that no resident had complained about the cold food personally but could not speak for other colleagues. He further stated that residents would get food borne illness and might not be willing to eat the food resulting in loss of weight. During an interview on 06/04/2026 at 1:23 p.m., the DM stated, myself, as well as the cooks' responsibilities for monitoring that all meals were palatable, and I feel that our plate warmer is not functioning correctly, currently in the process of looking for a new one to order. She stated, yes, I had come across the food palatability policy and been trained but I had to refresh my mind on it. I had received complaints from two residents and had spoken with them, and I did remake the food or ask them if they wanted something different. She stated serving such cold meals, that would result to residents getting sick. During a telephone interview on 06/04/2026 at 2:04 p.m., the RD stated that all the kitchen staff would be responsible for monitoring and ensuring that all meals were palatable. She added that, since she was not in the building that day, she does not know why the meals were cold. That would be a question for the DM, when asked about kitchen staff training. The RD added again that it would be something the DM would address, as regards residents' complaints about cold meals. The RD stated, I am a consultant and not in the kitchen every day when asked the potential negative outcome on the residents. During an interview on 06/04/2026 at 2:47 p.m., the ADM stated, that will be all the kitchen staff responsibilities, for monitoring and ensuring that all meals were palatable, and the meals were cold If the tray transportation took too long or using cold plates instead of the warmer. He further stated that the kitchen staff had been trained in food palatability and had come across such a policy. The ADM added that there were no widespread complaints from the residents, only one or two, and those were addressed regarding cold meals. He further stated, residents may not eat, leading to weight loss. Record review of the facility's policy and procedure titled, Food Palatability, undated, reflected the following: POLICY: Food PalatabilityPurposeTo ensure all residents receive food that: Is appealing in (continued on next page)

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	taste, temperature, and presentation. Policy GuidelinesFood Quality & Palatability Food shall be served at proper temperatures: Hot foods: hot and freshCold foods: appropriately chilled.

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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 - 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 in facility 1 of 1 kitchen reviewed for food safety. 1) The facility failed to ensure food items in the refrigerator (x1), and freezer (x1), were labeled and stored in accordance with the professional standards for food service. 2) The facility failed to ensure the leaking drainage pipe from the ice machine was fixed. 3) The facility failed to ensure the kitchen ceiling vents were clean. These failures could place residents at risk for food-borne illness and cross contamination.The findings included: During kitchen tour observations on 06/02/2026 that began at 5:58 a.m. and concluded at 6:41 a.m., revealed the following: - Leaking drainage pipe from the Ice machine, next to the prepping table. -Dirty & dusty ceiling vents. Walk-in Freezer -What resembled garlic bread (no label), corn filters, and noodles in different clear plastic bags, all with no use by date. Walk-in Refrigerator -What resembled pork, [NAME] lettuce, grapes, American blend lettuce, and strawberry in different clear plastic bags, all with expired date. -What resembled cheese (no label), pork, and chicken thighs in different clear plastic bags, all with no use by date. During an interview on 06/04/2026 at 12:54 p.m., DA stated, Any of the kitchen staff including myself or whoever places items in the freezer or refrigerator is responsible for putting the labels and dating (use by date) of all food items, as well as removing of any expired food items. He stated that he had brought up the issue of the leaking ice machine drainage pipe to the DM, but was not sure what happened afterwards, and added he was not certain who was responsible for cleaning the dirty vents because the kitchen staff had no tall ladder. The DA stated, I don't know why those food items were not labeled/dated, and for the expired food items, that would be the kitchen staff members not following policy and I have been trained on labelling and dating of food items, equally seen both the food storage and kitchen sanitation policies. He further stated that all the kitchen staff members, including himself, were responsible for monitoring the dating, labelling and discarding of all expired food items. The DA stated, the above deficiencies could lead to possible food borne illness. During an interview on 06/04/2026 at 1:23 p.m., the DM stated, Every kitchen staff is responsible for putting the date (use by date) and labeling of all food items alongside discarding all expired food items. She added, MM was responsible for the leaking ice machine drainage pipe, the dirty dusty vents, and honestly it skipped my mind to put in an order, and I am not sure if I needed to put in one. The DM added, we have been going through a lot of changes in the kitchen, when asked why food items were not labeled or dated. She stated, I have been trained on that and have come across food storage and kitchen policies, it would be my responsibility for monitoring the dating and labelling of all the food items and discarding all expired food items in the kitchen, the residents are capable of getting food sickness. During a telephone interview on 06/04/2026 at 2:01 p.m., the RD stated that the people who work in the kitchen were responsible for those tasks, labeling/dating and discarding all expired food items. She stated, I have not seen any leakage from the ice machine and again, people working in the kitchen were responsible, and same was applicable for the dusty dirty ceiling vents. When asked why the food items were not labeled, dated and expired food items not discarded, she stated that is something the DM would address, again I was not there in the kitchen the day you people were there, so I can't answer this question. She further added that the DM should be the one to answer the question on who is responsible for monitoring those tasks, for the potential negative outcome on the resident, she stated that it was something surveyor should ask the DM. During an interview on 06/04/2026 at 2:47 p.m., the ADM stated, all the kitchen staff were responsible for the mentioned task - dating, labelling and discarding all expired food items in the kitchen, and monitoring these tasks and added residents could get sick from expired and unlabeled food items. He stated that anyone in the kitchen should report that ice machine drainage concern and such was not brought to his attention, and there should be regular (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cleaning of the dusty/dirty vents, that was not made known to him. He further added, I am not sure why the food items were not labelled/dated, expired food items not discarded and all kitchen staff were responsible for monitoring all such tasks. The ADM stated that all the kitchen staff have been trained on the identified tasks and have come across both kitchen and sanitation policy(s). Record review of the facility's policy and procedure titled, Food Storage, undated, reflected the following: Policy: Sufficient storage facilities will be provided to keep foods safe, wholesome, and appetizing. Food will be stored in an area that is clean, dry and free from contaminants. Food will be stored, at appropriate temperatures and by methods designed to prevent contamination or cross contamination. Procedure: 12. Refrigerated food storage:All foods should be covered, labeled and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded.13. Frozen Foods:All foods should be covered, labeled and dated. All foods will be checked to assure that foods will be consumed by their safe use by dates or discarded. Record review of the facility policy and procedure titled, Cleaning and Sanitation of Dining and Food Service Areas, undated, reflected the following: Policy: The food and nutrition services staff will maintain the cleanliness and sanitation of the dining and food service areas through compliance with a written, comprehensive cleaning schedule. Procedure: The director of food and nutrition services will determine all cleaning and sanitation tasks. Staff will be trained on the frequency of cleaning as necessary.The methods and guidelines to be used and agents used for cleaning shall be developed for each task or piece of equipment to be cleaned. (See sample forms on the following pages.)A cleaning schedule will be posted for all cleaning tasks, and staff will initial the tasks as completed. (See Sample Cleaning Schedule on the following pages.)Staff will be held accountable for cleaning assignments.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility failed to dispose of garbage and refuse properly for 2 of 2 dumpsters (dumpsters #1 and #2), in that: -The doors for dumpsters #1 and #2 were left open.-Garbage was left outside of the dumpster. These failures could place residents at risk of exposure to germs and diseases carried by vermin and rodents.Observation on 06/02/2026 at 7:10 a.m., revealed the facility's dumpster area, which was in the lot next to the loading dock had commercial-size dumpsters (#1 and #2), with open doors. Further observations revealed improperly trashed recliner chair on the ground behind both dumpsters (#1 and #2). During an interview on 06/04/2026 at 2:22 p.m., the HKS stated that MM was responsible for keeping the dumpster area clean and closing the door and she helped sometimes. HKS further added that the MM was responsible for monitoring such tasks. She further stated, he forgot to close the doors and maybe the dumpsters were full, that was why the recliner was left out. She stated, no I have not had any training on such task but could do one and have not come across waste disposal policy. Such failure would make the area look bad and could cause falls for anyone including the residents assessing the place, equally led to bad smell due to those open doors. During an interview on 06/04/2026 at 2:35 p.m., the MM stated, I am responsible for trashing the recliner chair properly and closing the doors of both dumpsters, equally responsible for monitoring of such task. Because I am the only MM right now and there is a lot of work for me.He further stated, yes, I have been trained and have come across the waste disposal policy. He stated, it could be bad for the residents such as trash getting out of the dumpsters which could lead to environmental pollution. During an interview on 06/04/2026 at 2:47 p.m., the ADM stated, anyone who throws away trash is responsible for keeping the dumpster area clean and closing the door, while the MM will be monitoring that task. He stated that he was not sure why the recliner on the ground was not properly trashed and equally why the dumpster doors were kept open. The ADM added that all the staff have been trained on such task and had come across the waste disposal policy. He further stated, trash could spill out causing environmental pollution. Record review of the facility policy and procedure titled, Waste Management, undated, reflected the following: Policy: External Dumpster Use and Door Control. Procedures: 2. Dumpster Use The dumpster shall only be opened for the time necessary to deposit waste. Waste must be placed fully inside the dumpster; no bags or debris may be left outside.3. Door/Lid Requirements Dumpster doors/lids must remain closed at all times when not in active use. After each use, staff must verify:o Lids are fully shuto Side doors (if applicable) are secured Failure to close doors is considered a safety and infection control risk.6. Maintenance & Monitoring The Maintenance or Environmental Services Department will:o Inspect dumpster areas routinely for cleanliness and complianceo Ensure dumpster doors/lids function properlyo Coordinate vendor pickups to prevent overflow.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure residents had the right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive for 2 of 6 residents (Residents #9 and #35) reviewed for advanced directives. The facility failed to ensure Residents #9 and #35 who were listed as DNR (Do Not Resuscitate), had Do Not Resuscitate forms that did not have missed required information. This failure could place residents at risk of not having their end-of-life wishes honored and incomplete records. Findings include: Resident #9 Record review of Resident #9's, undated, face sheet revealed a [AGE] year-old-male who was admitted to the facility on [DATE]. Resident #9 had diagnoses which included Chronic Respiratory Failure (lungs cannot get enough oxygen into the blood), Heart Failure (the heart does not pump blood as effectively as it should), and Type 2 Diabetes (high blood sugar). The face sheet indicated under the advance directive section - DNR-Do Not Resuscitate. Record review of Resident #9's physician order summary, dated 06/04/26, reflected the following order: DNR-Do Not Resuscitate dated 04/20/2026. Record review of Resident #9's care plan, dated 03/06/26, reflected a care plan for DNR. Record review of Resident #9's DNR form dated 11/20/25 reflected the resident's signature was signed on the wrong signature line. The resident's signature was signed on the signature line for a Guardian/Agent/Proxy/Relative Signature. The signature line for Person's Signature was blank. In addition, the physician's signature was not dated. Resident #35 Record review of Resident #35's, undated, face sheet revealed a [AGE] year-old-male who was admitted to the facility on [DATE]. Resident #35 had diagnoses which included Renal Disease (damage to the kidneys that result in the inability to filter waste and excess fluid) and Type 2 Diabetes (high blood sugar). The face sheet indicated under the advance directive section - DNR-Do Not Resuscitate. Record review of Resident #35's physician order summary, dated 06/04/26, reflected the following order: DNR-Do Not Resuscitate dated 06/23/25. Record review of Resident #35's care plan, dated 05/27/26, reflected a care plan for DNR. Record review of Resident #35's DNR form dated 06/19/25 reflected the DNR reflected the resident's signature was signed on the wrong signature line. The resident's signature was signed on the signature line for a Guardian/Agent/Proxy/Relative Signature. The signature line for Person's Signature was blank. During an interview on 06/04/26 at 2:45PM with the DON, he stated the DNR was not valid if not filled out correctly. He stated the SW was responsible for making sure the DNR was completed accurately. He stated quarterly audits of DNRs are completed for accuracy. He verified the missing information on the DNR for Residents #9 and #35. He stated he did not know why the information was missing. He stated the potential negative outcome was the residents' end of life wishes may not be followed. He stated he was trained in how to complete DNRs and his expectations were for them to be filled out completely and be correct. During an interview on 06/04/26 at 3:35pm with the SW, she stated the DNR was not valid if it's not filled out correctly. She stated she and the resource nurses were responsible for ensuring DNRs were completed correctly. She verified the missing information on DNR for Residents #9, and #35. She stated she completed quarterly audits of DNRs for accuracy. She stated the reason the DNR's were not complete was human error. She stated she was trained on DNRs. The SW stated the potential negative outcome for residents if a DNR was not completed correctly was the resident's end of life wishes may not be honored. Record review of the Social Services Policies and Procedures Advanced Directives (Revised April 2025) reflected the following: Advance Directives will be recognized and respected. The facility recognizes the resident's rights to choose their treatment and make decisions about care to be received at the end of their life. It is the policy of this facility to implement the residents' decisions and directives that are in compliant with state and federal law and the policies of this facility.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure all drugs and biologicals used in the facility were stored and maintained in accordance with currently accepted professional standards for 2 of 4 medication carts (Sage and Oak medication carts) reviewed for medication storage. The facility failed to ensure there was not a loose pill in the Oak medication cart. The facility failed to ensure there was not two loose pills in the Sage medication cart. These failures could place residents at risk for medication errors and adverse drug reactions. The findings include: 1. During an observation with LVN A on [DATE] at 8:59am of the Oak Medication Cart, one loose white pill, scored (a shallow groove or debossed line across the surface) with a number 3 and letter L was found in the second drawer unlabeled. During an interview with LVN A he stated medication carts were checked upon arriving to shift. He stated they are trained monthly and yearly on checking medication carts. He stated the medication arts were checked for cleanliness, organization, loose pills and expired medication. He stated he had not seen that pill when he arrived on shift. He stated the potential negative outcome of a loose pill being in the medication cart could be medication error, or residents not getting their medication. He stated if a pill was dropped into the medication drawer, they were trained to identify the pill and discard it in the appropriate receptacle. During an interview with the DON on [DATE] at 9:20am, the DON identified the white loose pill as Trazadone (a medication used for sleep insomnia, and in higher doses to treat major depressive disorders). 2. During an observation and interview of the Sage Medication cart on [DATE] at 10:15am with CMA B, one white round pill with a number 113, and a tan pill with a number 34 on one side and an E on the other side, were found loose in the second drawer. CMA B stated medication carts are checked throughout the shift and if any loose pills are found, they are disposed of. During an interview on [DATE] at 10:25am with the DON, he stated medication carts should be checked at the start of each shift. He stated the last time the medication carts had been checked were that morning. The DON identified the white pill as Losartan (medication used to treat high blood pressure) and the tan pill as Clopidogrel (medication use to prevent blood clots). He stated the facility policy was to keep the medication carts clean and free of clutter. During an interview on [DATE] at 1:54pm with the ADM, he stated medication cart checks should be done at the beginning of every shift. He stated medication carts were checked for cleanliness, expired medication, loose pills and medication stock. He stated a potential negative outcome of loose pills in the medication cart could be medication error or missing medication. He stated training was conducted annually and as needed for medication cart checks. He stated if there were loose pills identified in any cart, they should be brought to the DON for identification and disposal. Record review of undated facility policy titled Medication Access and Storage revealed: Procedure: 1. The provider pharmacy dispenses medication in containers that meet legal requirements, including requirements of good manufacturing practices where applicable. Medication are kept and stored in these containers.