| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675929 | A. Building<br>B. Wing | 12/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Cedar Creek Nursing and Rehabilitation Center | 159 Montague Ave<br>Bandera, TX 78003 |

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 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Keep residents' personal and medical records private and confidential.<br><br>Based on observation, interviews, and record review, the facility failed to ensure the resident's right to secure and confidential personal and medical records for one (unknown resident) of 31 residents. The facility failed on 12/20/25 to ensure the privacy of unknown residents by not locking the laptop screen on medication cart (1 of 2), so the residents' information could not be seen and/or accessed by someone walking by. This failure puts residents at risk for confidential health information exposure, psychosocial harm and decreased quality of life. The findings included: Interview and observation on 12/20/25 at 01:12 PM, RN B left her computer screen on her medication cart unlocked and unsupervised with unknown resident information while entering a resident's room during medication pass. She revealed she was supposed to lock her screen for resident privacy. Interview on 12/21/25 at 03:08 PM, the ADM and DON revealed the laptop on the medication cart needed to be locked due to HIPAA and to protect resident's medical information. Record review of facility's policy RESIDENT RIGHTS, undated, reflected Privacy and confidentiality- The resident has a right to personal privacy and confidentiality of his or her personal and medical records. 3. The resident has a right to secure and confidential personal and medical records. |

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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>(continued on next page) |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide pharmaceutical services, including procedures that assured the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals for three (Resident #1, 3, 4) of eight residents reviewed for pharmaceutical services. 1. The facility failed to ensure that RN D documented that she administered Hydrocodone-Acetaminophen Oral Tablet to Resident #3 on Resident #3's Narcotic Sheet.2. The facility failed to ensure Resident #1's tramadol HCl Oral Tablet was documented as administered on 12/16/25 and 12/17/25 as was reflected on Resident #1's Narcotic Sheet. 3. The facility failed to ensure 1 dose of Resident #4's Lorazepam Oral Tablet was wasted when the blister pack was punctured instead of taping the blister pack. This failure could place the residents at risk for medication errors and drug diversion. The findings included: 1. Record review of Resident #3's admission record, dated 12/21/25, reflected resident was a [AGE] year-old female initially admitted [DATE] and re-admitted [DATE] with diagnoses to include dementia and chronic pain syndrome. Record review of Resident #3's quarterly MDS assessment, dated 10/30/25, reflected Resident #3 had a BIMS score of 11 out of 15, reflecting moderate cognitive impairment. It further reflected that resident experienced pain occasionally in the past 5 days with her pain intensity being 2 out of 10. Record review of Resident #3's Order Summary Report, dated 12/21/25, reflected resident's order summary included Hydrocodone-Acetaminophen Oral Tablet 10-325 MG. Give 1 table by mouth every 6 hours for Pain, with start date 10/15/25. Record review of Resident #3's December MAR, accessed 12/21/25, reflected RN D administered Hydrocodone-Acetaminophen Oral Tablet to Resident #3 on 12/21/25 at 5 AM. Record review of Resident #3's Narcotic Sheet reflected RN D did not document that she administered Hydrocodone-Acetaminophen Oral Tablet at 5 AM. Record review of Resident #3's care plan, undated, reflected Resident has a potential for uncontrolled paid due to chronic pain, initiated 02/20/25, with intervention Give pain medication as ordered by [doctor]., revised 01/31/24. Interview on 12/21/25 at 11:12 AM, RN B revealed she took over the medication cart after RN D's shift. She revealed during shift change they should have caught that Resident #3's narcotic sheet was not updated to reflect that Resident #3 was given her 5AM dose and that the number on the narcotic sheet did not match the number of narcotics in the medication cart. She revealed the narcotic counts on the resident's count sheet needed to be the same as the amount in the medication cart. Interview 12/21/25 at 12:01 PM, RN D revealed she may not have filled out that she administered Hydrocodone to Resident #3 at 5 AM on the narcotic count sheet because sometimes she got too busy to document before she left the facility, but she did reveal that Resident #3 was given her 5AM dose of Hydrocodone. She revealed the number on the narcotic count sheet should match the number of narcotics in the medication cart during shift change, so that narcotics were accounted for. Interview on 12/21/25 at 02:05 PM, Resident #3 revealed she received her pain medication at 5 AM. She revealed she got her medication on time, and her pain was managed appropriately by the facility with no concerns. 2. Record review of Resident #1's admission record, dated 12/21/25, reflected resident was a [AGE] year-old female admitted [DATE] with diagnoses to include pain, chronic obstructive pulmonary disease (lung condition caused by damage to the lungs), malignant neoplasm (a cancerous tumor) of right female breast, secondary malignant neoplasm of right lung, and malignant neoplasm of upper lobe, left bronchus or lung. Record review of Resident #1's quarterly MDS assessment, dated 12/02/25, reflected Resident #1 had a BIMS score of 12 out of 15, reflecting moderate cognitive impairment. It further reflected that resident experienced pain frequently in the past 5 days with her pain intensity being a 4 out of 10. Record review of Resident #1's Order Summary Report, dated 12/20/25, reflected resident's order summary included tramadol HCl Oral Tablet 50 MG. Give 1 tablet by mouth every evening shift related to chronic obstructive pulmonary disease, with start dated 12/05/25, and tramadol HCl Oral Tablet 50 MG. Give 50 MG by mouth every 6 hours as needed for Pain Record review of Resident #1's care plan, undated, reflected Resident requires hospice as evidenced by terminal illness: Malignant Neoplasm of Right breast, Secondary malignant Neoplasm of Right Lung and Malignant Neoplasm of upper lobe, left Bronchus or lung, initiated 12/05/25, with intervention 1. Monitor for [signs and symptoms] of increased pain, discomfort-give meds/tx. monitor for relief, revised 12/11/25. Record review of Resident #1's December MAR (accessed 12/20/25) when compared to Resident #1's narcotic sheet reflected tramadol HCl Oral Tablet 50 MG was administered on 12/16/25 at 8AM and 12/17/25 at 8AM on her narcotic sheet by LVN C, but was not reflected in her |

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| | 675929 | A. Building<br>B. Wing | 12/21/2025 |

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| Cedar Creek Nursing and Rehabilitation Center | 159 Montague Ave<br>Bandera, TX 78003 |

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|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure the drugs and biologicals used in the facility must be labeled and stored in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions and the expiration date when applicable for 1 of 8 residents (Resident #2). The facility failed to ensure RN B did not leave Resident #2's medications inside the resident's room for the resident to take unsupervised on 12/20/25. This deficient practice could affect residents who received medications for treatments and could result in less potent or an adverse effects and drug diversion. The findings included: Record review of Resident #2's admission Record, dated 12/21/25, reflected resident was a [AGE] year-old male initially admitted [DATE] and re-admitted [DATE] with diagnoses to include dementia (group of symptoms affecting memory, thinking, and social abilities, which interfere with daily life) and cortical age-related cataract (an area of the lens of the eye loses transparency). Record review of Resident #2's quarterly MDS assessment, dated 10/10/25, reflected Resident #2 had a BIMS score of 11 out of 15, reflecting moderate cognitive impairment. Record review of Resident #2's Order Summary Report, dated 12/21/25, reflected resident's order summary included Prolensa Opthalmic Solution 0.07% . Instill 1 drop in left eye one time a day for CATARACT SURGERY. With start date 12/08/25. Record review of Resident #2's care plan, undated, reflected Resident has impaired visual function, has DX of cataracts, resident wears glasses, initiated 05/29/24, with intervention to include Review medications for side effects which affect vision. PRN, revised 07/19/24. Interview and observation on 12/20/25 at 01:12 PM, RN B revealed Resident #2 had his prescribed eye drop medication at bedside. RN B revealed Resident #2 was not supposed to have his eye drops at bedside even though he may be able to administer them himself. RN B further revealed it could be possible that a resident could overdo their eye drops medication but this resident was aware so this would not happen. Interview on 12/21/25 at 03:08 PM, the DON and ADM revealed they were not aware if Resident #2 could self-administer his medications. (It was asked if they could find this care planned or if there was an assessment that he could self-administer his medications, but no records were identified.) The DON revealed if Resident #2 could not self-administer his medication, they needed to keep these medications on the medication carts and doctor's orders needed to be followed. Record review of facility's policy, Medication Administration and General Guidelines, dated 2025, reflected . 9. Except for single unit dose packet distribution systems, only the licensed or legally authorized personnel who prepare a medication may administer it. This person then records the administration on the residents MAR at the time the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ascertain that all necessary doses were administered and documented. In no case should the individual who administered the medications report off-duty without first recording the administration of any medications. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food for 1 of 1 kitchen in accordance with professional standards for food service safety. 1. The facility failed to document temperatures that were taken from: 12/12/25 to 12/18/25 for Breakfast, Lunch, and Dinner and 12/10/25 to 12/11/25 for Lunch and Dinner.2. The facility failed to label discard dates on containers of jalapeno peppers, ketchup, and tartar sauce.3. The facility failed to clean the air conditioner vent in the kitchen. 4. The facility failed to store raw protein food items below fully cooked foods in the freezer. These failures could place residents at risk for food borne illness. The findings included: 1. Record review of HACCP Production Sheet-All Dining Locations, dated 12/12/25 to 12/18/25 for Breakfast, Lunch, and Dinner and 12/10/25 to 12/11/25 for Lunch and Dinner, reflected no temperatures of foods were documented for the foods served to residents. Interview on 12/20/25 at 05:25PM, the CDM revealed there were a few days where the temperatures were missing from the temperature logs for foods prior to meal service. He revealed this was the cook's responsibility, but he oversaw this task and was not aware the temperatures were not being taken prior to meal service. 2., 3., 4. Interview and observation on 12/20/25 at 10:42 AM reflected there was a container of jalapenos in the refrigerator dated 12/9 with no discard date and ketchup and tartar sauce dated 12/12/25 with no discard date. The CDM revealed the cook (unnamed) oversaw labeling, but he was supposed to make sure this task was done. The CDM revealed he was looking to hire another cook, but he was taking over the cook position in the meantime. It was observed that the air conditioner vent above closed cereal containers had black substances on it. The CDM revealed this needed to be cleaned but he was not sure who oversaw this. He revealed he would find out and get this cleaned. The CDM further revealed he had not been able to catch up with the cook's duties. Interview on 12/20/25 at 05:25PM, the CDM revealed there was uncooked chicken stored above pizza dough and cookie dough and uncooked proteins should not be above fully cooked products. Interview on 12/21/25 at 10:37 AM, [NAME] A revealed she was trained to take temperatures before meal service to prevent food poisoning, but it helped to get re-educated to refresh her knowledge. She revealed she needed to ensure raw proteins were not stored on top of fully cooked food products, because the juices could leak onto fully cooked food products and cause food poisoning. She revealed foods needed to be labeled with discard dates because food could smell good, but it could be bad to serve to residents and cause food poisoning. She revealed kitchen areas needed to be clean to prevent cross contamination. She revealed cold food products needed to be less than 41 degrees Fahrenheit to prevent food poisoning. She further revealed she had been in-serviced on all of this but sometimes they get in-serviced as needed. Interview on 12/21/25 at 10:42 AM, the CDM revealed since the air conditioning vent was in the kitchen he could ensure this was clean to prevent cross contamination. He revealed to prevent food poisoning he would need to ensure all temperatures were within recommended temperature range per policy. He further revealed raw proteins needed to not be stored above fully cooked foods to prevent food poisoning and cross contamination. He revealed he would make sure discard dates were on his food products, but that staff knew to throw out food after 3 days or depending on what the food is. The CDM revealed he needed to in-service his staff on all these concerns as a refresher, but all his staff were already educated on this. Interview on 12/21/25 at 03:08 PM, the DON revealed there was no pattern for any gastrointestinal issues for residents in the facility's infection control surveillance in the last 6 months. Record review of facility's policy Cleaning Schedules, dated 2012, reflected The dietary department and all equipment in the dietary department will be cleaned on a regular scheduled basis. Record Review of facility's policy Daily Food Temperature Control, dated 2012, reflected Temperatures of all hot and cold food shall be taken prior to every meal service and recorded on the Temperature Log. This is done to help ensure that food is safe and is served within acceptable ranges. Record Review of facility's policy Food Storage and Supplies, dated 2012, did not reflect dating food products with an expiration date as was reflected in the FDA Food Code 2022. Record Review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed, 3-305.11, Food Storage, (A) Food shall be protected from contamination by storing the food: (1) in a clean, dry location; (2) Where it is not exposited to splash, dust, or other contamination. Record review of the FDA Food Code 2022 reflected, 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57 C (135 |

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| F 0813<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Have a policy regarding use and storage of foods brought to residents by family and other visitors.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to enact a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption, for 1 (Resident #1) of 1 resident reviewed, in that: The facility failed to maintain the temperature of Resident #1's personal refrigerator was at or below 41 degrees F 12/1/25 to 12/4/25 and was documented 12/5/25 to 12/19/25. This failure could place residents at risk of foodborne illness due to consuming foods which might be spoiled. The findings included:Record review of Resident #1's admission record, dated 12/21/25, reflected resident was a [AGE] year-old female admitted [DATE] with diagnoses to include constipation, protein-calorie malnutrition, and nausea. Record review of Resident #1's quarterly MDS assessment, dated 12/02/25, reflected Resident #1 had a BIMS score of 12 out of 15, reflecting moderate cognitive impairment. Interview and record review on 12/20/25 at 03:55 PM revealed Resident #1's Refrigerator Temperature log, dated December 2025, reflected temperatures on days 1 to 4 were 43 degrees Fahrenheit and temperatures for days 5 to 19 were not documented. Resident #1 revealed she had never gotten sick from her foods in her refrigerator. Interview on 12/20/25 at 05:20PM, the ADM and the CDM revealed the ADM instructed the ambassadors (persons in management that visited residents every morning and checked the temperatures of their refrigerators, about ensuring the residents' refrigerator temperatures should be 41 degrees Fahrenheit or less. They revealed the ambassadors will be doing a sweep on Monday of all the refrigerators to ensure all the refrigerators are within the appropriate temperature range. Record Review of facility's policy Personal Refrigerators Policy, dated 2012, reflected The refrigerator compartment should be maintained at a temperature of 35-41 degrees (Fahrenheit). |