STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676003	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Azle Manor Health Care and Rehabilitation	721 Dunaway LN Azle, TX 76020

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. Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in the facility's only kitchen in that: 1. The facility failed to ensure food items placed in the refrigerator were sealed, dated, and labeled appropriately. 2. [NAME] B failed to wear gloves during food temperature check for potatoes and did not use sanitized cloth or alcohol wipes to wipe off the thermometer, instead she used her ungloved fingers to slide the potatoes pieces off the thermometer back into the potato pan to be served on 02/18/26. 3. The facility failed to ensure the large container of bulk sugar was closed and not left open. 4. The facility failed to ensure two large garbage containers in the kitchen had lids on them, when trash was in the containers and they were not being used on 02/18/26. These failures could place all residents who consume food prepared by facility staff at increased risk of food-borne illness and not receiving adequate nutritionFindings included:An observation and interview with [NAME] B on 02/18/26 at 8:43 AM, revealed half a loaf of bread on top of the microwave that was unsealed and undated. In an upright reach in refrigerator revealed 3 sealed bags of lettuce with the use by date of 02/10/26 on it. In the same upright refrigerator on the bottom were two 3-pound tubes of ground beef, soft when touched and thawed and it was dated 2/10/26 at 09:20 a.m. and used by date 4/10/26 at 9:00 a.m. She said that the sealed bags of lettuce had just been delivered yesterday and it appears the delivery company gave them 3 expired sealed bags of lettuce. She said once the lettuce bag was opened, it was used within 3 days. [NAME] B said that she would return the lettuce bags to the food delivery company. Further observation revealed a large black trash can next to the stove with the lid off and trash was seen inside. No staff were actively using the trash can. A second large black trash can was observed against the wall by the prep area with the lid off and trash inside it. No staff were actively attending it or using it.2. An observation on 02/18/26 from 11:55 AM to 11:58 AM of the kitchen, revealed [NAME] B had a black mitten in her left hand as she transferred potatoes from the baking sheet into a metal steam pan. She placed a thermometer in the potatoes that were in the metal pan. She placed the empty baking sheet down and removed the thermometer from the potatoes. [NAME] B was not wearing gloves as she removed the thermometer from the potatoes. [NAME] B picked up the thermometer from the potatoes with her left hand and with her right ungloved thumb and pointer fingers, she slid the potato pieces that had stuck to the thermometer back into the pan with the rest of the potatoes.3. Observation on 02/18/26 at 1:20 PM revealed a large container for bulk item sugar with the lid open. No staff were using the sugar at the time of observation.In an interview on 02/18/26 at 1:27 PM, [NAME] B said she had worked at the facility for one year. [NAME] B said it was the responsibility of everyone working in the kitchen to ensure food was dated, labeled, sealed, and bulk containers closed. [NAME] B said she removed both the turkey and the ground beef yesterday [02/17/26] to thaw but someone mislabeled it by putting the received date which was 02/10/26 instead of putting 02/17/26 when she removed the items from the freezer to thaw inside the refrigerator. She said the risk to residents, if proper food storage standards were not met, was that they would get bad food. [NAME] B said she did not wear gloves because she was holding a hot baking sheet transferring hot potatoes from the oven into the metal pan. She said that it (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	was lunch rush hour time, and she did not even realize that she swiped the potatoes from the thermometer with her bare hands without wearing gloves. She said the expectation was to wear gloves when checking temperatures and to use a sanitized cloth to wipe off the thermometer. She said that the risk to the residents was cross contamination.In an interview with Dietary Aide C on 02/20/26 at 09:27 AM, she said she had mislabeled the ground beef that was thawing in the fridge. She said it was all her fault as she was not paying attention and wrote the date that the ground beef was delivered which was on 02/10/26 and the expiration on the box was 4/10/26. She said she should have written a new date when it was placed in the fridge to thaw. She said meat that was kept frozen could be used until the expiration date, however if it was thawing it was safe to use within 7 days. She said that she took full responsibility for the incorrect label on the ground beef. She said the risk of incorrect labeling of items was it could make residents sick. Dietary Aide C said she did not know who left the sugar open. She said they are supposed to close all bulk items in buckets to prevent things from falling inside. Dietary Aide C said they had been using the trash cans to clean up after breakfast and just forgot to close them. She said the expectation was that they were closed when not in use to prevent contaminating the kitchen.In an interview with the Dietary Manager on 02/20/26 at 09:40 AM, she said all kitchen staff were responsible for following the correct process and procedure when handling food. She said all foods are rotated out so that what came in earlier was used before the new items. The Dietary Manager said all food items should be labeled with a received by date, an opening date and an expiration date. She said thawing meat was good to use up to 7 days because it had been frozen and left in the fridge to thaw. She said cooked food needed to be used within 3 days. She said the beef should have been used before the expiration date so that it would not be spoiled. She said all kitchen staff were responsible for following the correct process and procedure when handling food. She said she was standing beside [NAME] B during lunch plating when the surveyor was watching. She said that she did not see [NAME] B use her bare hands to slide the potatoes off the thermometer into the pan. She said she was not paying attention to what [NAME] B was doing at that time. She said the expectation was that she should have worn gloves when handling food items. She said touching food with bare hands risks residents for contamination. She said bulk items were supposed to be closed after use to prevent particles from falling inside. She said she was going to do an Inservice today. The Dietary Manager said all kitchen staff were responsible for making sure trash can lids were closed when not in use. She said she was going to do an Inservice on trash cans. She said the Dietary Manager was responsible for monitoring the trash cans in the kitchen and making sure that they had lids on them unless they were being used. The Dietary Manager said the concern for the residents, if trash can lid were not kept on the trash cans, would be that the bacteria from trash cans could cause a food borne illness.In an interview on 02/20/26 at 1:50 PM, the Administrator said he does quarterly visits to the kitchen to inspect the cleanliness of the kitchen and that foods were labelled and unexpired. He said the Dietary Manager was responsible for monitoring kitchen staff and that they were doing what they were supposed to do. He said it was a risk for food contamination for both the residents and staff. The Administrator revealed his expectation was for the kitchen to remain clean, food items dated/labeled and safe. He said the cook should have worn gloves while handling food. He said the risk was food contamination for both the residents and staff that eat from the kitchen. The Administrator said ultimately, he was responsible for monitoring that staff followed facility policies and proceduresRecord review of facility policy titled Date Marking for Food Safety revised 12/20/24 reflected Policy: The facility adheres to a date marking system to ensure the safety of ready-to-eat, time/temperature control for safety food.Policy Explanation and Compliance Guidelines for Staffing:2.The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded.3.The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared6.The Head Cook, or designee, shall be responsible for checking the refrigerator daily for food items that are expiring, and shall discard accordingly.7.The Dietary Manager, or designee, shall spot check refrigerators weekly (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	for compliance, and document accordingly. Corrective action shall be taken as needed. Record review of facility policy titled Food Safety Requirements revised 12/20/24 reflected 1. Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the food to the resident. Elements of the process include the following:Procurement (obtaining) of food from sources approved or considered satisfactory by federal, state, and local authorities.Storage of food in a manner that helps prevent deterioration or contamination of the food, including from growth of microorganisms.Preparation of food, including thawing, cooking, cooling, holding, and reheating.Distribution and service of food to the resident, including transportation, set up, and assistance.Equipment used in the handling of food, including dishes, utensils, mixers, grinders, and other equipment that comes in contact with food.Employee hygienic practices. A record review of the facility's policy titled Soiled linen and Trash Containers, revised 06/17/24, reflected: Policy: Did not address trash cans would be kept closed with lids in place when not actively in use. Record review of the U.S. Public Health Service Food Code, dated 2022, reflected:5-501.113 Covering Receptacles. Receptacles and waste handling units for REFUSE, recyclables, and returnable shall be kept covered: (A) Inside the Food Establishment if the receptacles and units: (1) Contain FOOD residue and are not in continuous use; or (2) After they are filled; and (B) With tight-fitting lids or doors if kept outside the Food Establishment. Record review facility in-service titled Labels, making Sure Lid on Trash Can, Checking Dates on Items dated 02/20/26 led by the Dietary Manager was signed by 5 kitchen staff as completed.

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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 provide safe and secured storage of drugs and biologicals by not keeping medication in locked compartments, for 1 of 3 carts reviewed for medication storage in that:MA A failed to lock medication cart while not in use.This failure could result in physical injuries to residents; drug diversions, ingestion of medications causing adverse effects and violation of HIPAA (Health Insurance Portability and Accountability Act). Findings included:Observation on 02/19/26 at 1:31 PM revealed a medication cart that was left unattended and unlocked. The cart was facing the wall between the 200 hallway and the 300 hallways. Staff and residents were observed walking by the medication cart. In an interview on 2/19/2026 at 1:34 PM, MA A asked if surveyor wanted to look at the cart, she took her key out when she noticed it was unlocked. MA A stated she was unsure why she left the cart unlocked. She stated that all carts should be locked while not in use. The risks of leaving carts unlocked included residents getting ahold of medications, overdose, HIPAA violation because anyone could access the unlocked cart. She stated the facility provided in-service monthly on the topic of keeping medication carts locked. In an interview with the ADON on 2/20/2026 at 8:49AM, she stated her expectation of her staff was to lock all carts when they were not in use. She stated the risks of leaving carts unlocked included residents getting ahold of medications which could lead to adverse reactions. She also stated that some carts had scissors on them which could lead to injuries. She also stated that unlocked carts gave anybody access to residents' information which was a HIPAA violation. She stated the facility provided in-service on cart safety and medication storage monthly.Review of facility's in-service training report on 2/20/2026 at 9:06 AM, the last in-service topic on medication/treatment cart safety was conducted on 1/14/2026. MA A attended the in-service training. In-service training topic stated medication carts must remain locked when not in direct line of sight. Leaving a cart unlocked puts residents at risk for medication errors, overdoses, and diversion. Review of facility's Medication storage policy, dated 12/6/2017, revealed the policy stated, All medications are stored in designated areas which are sufficient to ensure safety.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of nine residents (Residents #16) reviewed for infection control. CNA D failed to change her gloves or perform hand hygiene before and after incontinent care for Resident #16 on 02/19/26. This failure could place residents at risk of contamination and infections.Record review of Resident #16's admission record, dated 02/19/26 reflected an [AGE] year-old female who admitted to the facility on [DATE]. Her primary diagnosis was metabolic encephalopathy (this is a brain disorder caused by a chemical imbalance in the blood that affects brain function.) Record review of Resident #16's comprehensive MDS, dated [DATE], reflected a BIMS score of 11, indicating moderate cognitive impairment. MDS bladder and bowel reflected that resident was always incontinent. Record review of Resident #16's Care plan with a review date of 01/07/26 reflected a focus of Resident #16 had ADL self-care performance difficulty. The goal for #16 was to maintain dignity and needs to be met through the review period 03/24/26. The interventions for Resident#16 for personal hygiene/oral care: Required limited assistance by one staff with personal hygiene. Care plain did not include the date it was initiated. An observation on 02/19/26 at 08:27 AM revealed, Resident #16 was in her room in bed. Resident #16 said that she was soiled and needed incontinent care. She pressed the call light and CNA D came into the room. Resident#16 informed CNA D that she needed to be cleaned. CNA D provided privacy and gathered supplies. CNA D did not perform hand hygiene or sanitize her hands upon entry to the room. CNA D put on her gloves and cleaned Resident #16. After CNA D was done, she did not remove her soiled gloves as she proceeded to put on the new brief on Resident #16 and she assisted Resident #16 to pull up her pants mid-thigh [per resident request to keep pants mid-thigh], she then covered Resident #16 with her blanket while wearing the same dirty gloves. With her dirty gloves on CNA D took Resident#16's bed remote that Resident#16 was holding in her hands and adjusted Resident #16's bed. CNA D then returned the bed remote to Resident #16. CNA D did not remove her dirty gloves before touching Resident #16's bed remote or her clothing or bedding. In an interview with CNA D on 02/19/26 at 08:32 AM, she said that she had been a CNA at the facility for 6 months. She said she had been checked off for peri care and hand hygiene in her CNA training and when she started working in the facility. She said that the expectation was to perform hand hygiene and to change soiled gloves before touching clean items. She said that she had contaminated Resident #16 by touching her things with the soiled gloves and not performing hand hygiene. She said the risk was spread of infection. Interview with LVN E on 02/20/26 at 09:52 AM, she said that she was the infection control preventionist. She said she was responsible for monitoring infections and preventionists. She said the expectation was that hand hygiene was completed before and after incontinent care and PPE was used accordingly. She said gloves needed to be changed after removing a dirty brief and after finishing incontinent care for infection control prevention. She said all CNAs were checked off on peri care, and they completed an infection control in-service in January. She said CNA D should have changed her dirty gloves before touching any of the resident's things. She said the risk was contamination and potential spread of infection. In an interview with the DON on 02/20/26 at 12:49 PM, he said all staff were responsible for preventing infections. He said all staff are expected to follow the facility policies and procedures to prevent infection. He said he led an infection control Inservice on January 8th, 2026, and he expected CNA D to have followed the infection control process to change her gloves and to perform hand hygiene before touching the resident's things. DON brought out a binder with the in-services for infection control and for peri care completed January 8, 2026. He said the risk to the residents was infection and contamination. Review of facility policy titled Hand Hygiene dated 05/03/21 reflected. I. The purpose: To prevent the transmission of microorganisms (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	from Resident to Resident or inanimate objects by the hands of healthcare workers to Resident.II. Policy: Hand hygiene shall be practiced before and after each resident contact even if gloves are worn. All employees are required to wash, rinse, and dry their hands or apply an alcohol hand rub before beginning work, after using the rest room, in between resident contacts and prior to leaving work. Review of facility policy titled Infection Prevention and Control Program, revised 08/01/25 reflected. 4. Hand Hygiene Protocol:All staff shall wash their hands when coming on duty, between resident contacts, after handling contaminated objects, after PPE removal, before/after eating, before/after toileting, and before going off duty.Staff shall wash their hands before and after performing resident care procedures.Hands shall be washed in accordance with our facility's established hand-washing procedure 8.Equipment Protocol: All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment.