

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>07/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Magnolia Place Health Care                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1620 Magnolia St.<br>Liberty, TX 77575 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                 |
| F 0578<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure the right to formulate an advance directive was provided for 2 of 6 residents reviewed for resident rights. (Residents #12 and #18) * The facility did not have a valid Out of Hospital-Do Not Resuscitate (OOH-DNR) for Residents #12 and #18. This failure could place residents at risk of lifesaving procedures being performed against their wishes resulting in bruising, broken ribs, electrical shocking of the heart, having a tube placed in the throat and provided artificial breathing methods, and possibly being brought back to life in an unaware and unresponsive state.</p> <p>Findings included:</p> <p>1. Record review of physician orders for [DATE] indicated Resident #12 was an [AGE] year-old male admitted on [DATE]. His diagnoses included senile degeneration of the brain (progressive disease that destroys memory and other important mental functions). An order dated [DATE] indicated Resident #12 had a DNR order.</p> <p>Record review of a significant change MDS dated [DATE] indicated Resident #12 had minimal difficulty hearing, he had unclear speech, he was sometimes understood, he was able to usually understand others, and she had severely impaired cognition with a BIMS of 7 out of 15.</p> <p>Record review of a Care Plan indicated Resident #12 had a care plan for Code Status: DNR Status initiated on [DATE] and reviewed on [DATE].</p> <p>Record review of the OOH-DNR form dated [DATE] for Resident #12 indicated the top section had the resident's name, date of birth, and gender. Resident #12's gender was not marked. One of the witnesses on the form was the SW.</p> <p>During an observation and interview on [DATE] at 11:32 a.m. Resident #12 was in bed in his room. He was asked questions but it was difficult to understand what he was trying to say.</p> <p>2. Review of Resident #18's face sheet, dated [DATE], indicated she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including Dementia Disease (A loss of brain function that worsens over time and affects memory, thinking, behavior, and language), heart failure (condition in which the heart does not pump blood as well as it should), kidney disease and advance (continued on next page)</p> |                                                                                     |                                                 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0578</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>directive of DO NOT RESUSCITATE.</p> <p>Review of Resident #18's Quarterly MDS Assessment, dated [DATE], indicated:</p> <p>Resident #18's BIMS score was 3 of 15, indicating severe cognitive impairment.</p> <p>Review of Resident #18's Care Plan, initiated [DATE], indicated Resident #18 was a DNR status, interventions for no CPR in the event of death and to obtain a written DNR.</p> <p>Review of Resident #18's Order Summary, dated [DATE], indicated orders that Resident #18 was a DNR dated [DATE].</p> <p>Review of Resident #18's DNR form completed [DATE] indicated:</p> <p>Section B: Resident #18's DNR was signed on [DATE] but there was no check mark identifying the signature as the legal guardian, agent in a medical power of attorney or the proxy in a directive.</p> <p>During an interview on [DATE] at 1:30 p.m., the SW said Resident #12's DNR form missed the residents gender identification and Resident #18's DNR form was missing identification of the signature in section B. The SW said Resident #12 and #18's DNR forms were not complete. The SW said if a DNR form was not completed correctly with accurate dates, signatures and boxes checked the DNR form would be invalid. The SW said it was the SW responsibility to ensure DNR forms were completed accurately to include signatures and dates. The SW said she must not have been looking in detail like she should be when reviewing the DNRs. The SW said she would check all the DNRs for proper completeness of signatures, checked boxes and dates. The SW said a resident's wishes may not have been followed if their advance directive was not completed.</p> <p>During an interview on [DATE] at 1:30 p.m., the DON said DNRs were reviewed by the admitting nurse and social worker to ensure accuracy. The DON said the DNR forms should be completed thoroughly to include checked boxes, dates that the document was witnessed sign and signatures. The DON verified there were no additional advance directives or DNRs for Residents #12 or #18. The DON verified the current DNR forms for Residents #12 and #18 were not completed. The DON said Resident #12's DNR gender was not marked and Resident #18's DNR there was no check mark identifying the signature as the legal guardian, agent in a medical power of attorney or the proxy in a directive. She said that in such a case, staff would be required to initiate CPR, which would go against the resident's expressed wishes. The DON said it was important for the DNR to be completed thoroughly to ensure the documents were legally binding. The DON said if an advance directive was not completed, the resident's wishes may not be honored. The DON said the facility did not have a DNR policy but used the instruction on the back of the DNR form. The DON said she would ensure the DNRs for Residents #12 and #18 were updated as soon as possible and she would check the other residents with DNRs for completeness.</p> <p>Record review of an undated Policy &amp; Procedure titled: Quarterly Do Not Resuscitate (DNR) Audit indicated: Policy: Magnolia Place Health Care LLP shall conduct a comprehensive audit of all resident Do Not Resuscitate (DNR) documentation on a quarterly basis to ensure each resident's code status (continued on next page)</p> |                                                                                     |                                                 |

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| <p>F 0578</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>is accurately documented, supported by appropriate physician orders, completed in accordance with applicable Texas laws and regulations, and readily available to staff during an emergency. The purpose of this audit is to ensure resident wishes are honored, maintain regulatory compliance, and identify documentation deficiencies requiring corrective action. 4. Audit Criteria, Verify resident identification is accurate. Verify a valid physician/practitioner DNR order is present with required signatures and dates. Verify resident or legally authorized representative documentation is complete when applicable. Verify the DNR form is complete, legible, and contains no missing required fields.</p> <p>Record review of the INSTRUCTIONS FOR ISSUING AN OOH-DNR ORDER revised [DATE] indicated</p> <p>Purpose: The Out-of-Hospital Do-Not-Resuscitate (OOH-DNR) Order was for use by qualified persons or their representatives to direct health professionals to forgo resuscitation attempts and to permit the person to have a natural death with peace and dignity.</p> <p>.Section B &amp;ndash; If and adult person is incompetent or otherwise mentally or physically incapable of communication and has a legal guardian, agent in a medical power of attorney, or proxy in a directive to physician, the guardian, agent, or proxy may execute the OOH-DNR Order by signing and dating it in section B.</p> <p>.In addition, the OOH-DNR Order must be signed and dated by two competent adult witnesses, who have witnessed either the competent adult person making his/her signature in section A, or authorized declarant making his/her signature in either sections B, C, or E, and if applicable, have witnessed a competent adult person making an OOH-DNR Order by nonwritten communication to the attending physician, who must sign in Section D and also the physician's statement section. Optionally, a competent adult person or authorized declarant may sign the OOH-DNR Order in the presence of a notary public. However, a notary cannot acknowledge witnessing the issuance of an OOH-DNR in a nonwritten manner, which must be observed and only can be acknowledged by two qualified witnesses. Witness or notary signatures are not required when two physicians execute the OOH-DNR Order in section F. The original or a copy of a fully and properly completed OOH-DNR Order or the presence of an OOH-DNR device on a person is sufficient evidence of the existence of the original OOH-DNR Order and either one shall be honored by responding health care professionals.</p> |                                                                                     |                                                 |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to review and revise resident's comprehensive care plans by the interdisciplinary team after each assessment to reflect the current condition for 3 of 6 residents reviewed for comprehensive care plans. (Residents #12, #23, and #30)</p> <p>1. The facility failed to ensure the care plan was updated to indicate Resident #12's discontinued g-tube, tube feedings, medications by g-tube, and EBP. 2. The facility failed to ensure Residents #23 and #30's care plans included noncompliance with HOB elevation due to g-tube. These failures could place residents at risk of not receiving appropriate interventions to meet their current needs. Findings included: 1. Record review of physician orders for July 2026 indicated Resident #12 was an [AGE] year-old male admitted on [DATE]. His diagnoses included gastrostomy (an opening into the stomach from the abdominal wall, made surgically for the introduction of food) tube. An order dated 07/08/26 indicated to discontinue g-tube. Record review of a significant change MDS dated [DATE] indicated Resident #12 had minimal difficulty hearing, he had unclear speech, he was sometimes understood, he was able to usually understand others, he had severely impaired cognition with a BIMS of 7 out of 15, he had a feeding tube while a resident, and he received 51% or more of total calories through the feeding tube. Record review of a Care Plan dated 04/01/26 indicated Resident #12 had tube feedings and EBP. During an observation and interview on 07/27/26 at 11:32 a.m. Resident #12 had no EBP on the door. He was in bed in his room. He was asked questions but was hard to understand what he was trying to say. There was no feeding pump in the room. During an interview on 07/29/26 at 11:30 a.m. LVN E said Resident #12's gastrostomy tube was discontinued on 07/08/26 by the hospice nurse. She said the tube feeding and medications via g-tube were also discontinued as well as his EBP. During an interview on 07/29/26 at 12:40 p.m. MDS Nurse F and MDS Nurse G said they were responsible for the care plans. They said care plans were to be updated when a resident had a change so it would reflect them correctly. MDS Nurse F said she was responsible for Resident #12's care plan. She said she should have had his care plan updated to remove the feeding tube and EBP. During an interview on 07/29/26 at 01:35 p.m. the DON said the care plan should reflect the resident's current condition. She said Resident #12's care plan should have been updated to reflect his feeding tube and EBP was discontinued. 2. Record review of physician orders for July 2026 indicated Resident #23 was a [AGE] year-old male admitted on [DATE]. His diagnoses included gastrostomy tube. Record review of a quarterly MDS dated [DATE] indicated Resident #23 had adequate hearing, he had clear speech, he was understood, he was able to understand others, he had moderately impaired cognition with a BIMS of 9 out of 15, he had no impairment to both upper extremities, he had a feeding tube while a resident, and he received 51% or more of total calories through the feeding tube. Record review of a Care Plan indicated Resident #23 had a g-tube feeding placing him at risk for aspiration, altered nutrition, dehydration with intervention to keep the HOB elevated at least 30 degrees at all times date initiated 11/18/24 and reviewed on 06/10/26. The care plan did not address Resident #23 putting the HOB down flat. During an observation and interview on 07/27/26 at 01:32 p.m. Resident #23 had EBP on the door. He was in bed in his room with the head of his bed elevated and his g-tube feeding infusing through the g-tube. Record review of physician orders for July 2026 indicated Resident #30 was a [AGE] year-old male admitted on [DATE]. His diagnoses included gastrostomy tube. Record review of a quarterly MDS dated [DATE] indicated Resident #30 had adequate hearing, he had clear speech, he was understood, he was able to understand others, he had (continued on next page)</p> |                                                                                     |                                                 |

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| F 0657<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>moderately impaired cognition with a BIMS of 9 out of 15, he had no impairment to both upper extremities, he had a feeding tube while a resident, and he received 51% or more of total calories through the feeding tube. Record review of a Care Plan indicated Resident #30 had a tube feeding placing him at risk for aspiration, altered nutrition, dehydration with intervention to keep the HOB elevated at least 30 degrees at all times date initiated 01/21/25 and reviewed on 06/08/26. The care plan did not address Resident #30 putting the HOB down flat. During an observation and interview on 07/27/2026 at 11:30 a.m., Resident #30 had EBP on the door. The resident had a feeding pump at the bedside turned on and administering g-tube feeding. The resident was in his bed with the HOB lying flat. He said he was doing okay. When asked why the HOB was not raised he said he had put it down because he was sleeping and to leave him alone. During an interview on 07/29/26 at 11:30 a.m., LVN E said Residents #23 and #30 were both known to put the head of the bed down when they wanted it down. She said she would educate them both about the importance of not putting the HOB down due to the g-tube feeding and they would acknowledge they understood but they would still do it. During an interview on 07/29/26 at 12:40 p.m. MDS Nurse F said Residents #23 and #30 should have interventions to include they would put the HOB up and down since it was to be elevated all the time to prevent aspiration. She said she was responsible for updating the care plans. During an interview on 07/29/26 at 01:35 p.m. the DON said the care plan should reflect the resident's current condition. She said she did not know about Residents #23 and #30 raising the head of the bed up and down. She said it was the MDS Nurses' responsibility to update the care plans when needed Record review of an undated Policy &amp; Procedure: Resident Care Plans indicated PolicyThe facility shall develop, implement, review, and revise an individualized care plan for each resident in accordance with applicable federal and state regulations. Care plans will reflect each resident's assessed needs, preferences, goals, and services required to attain or maintain the highest practicable level of physical, mental, and psychosocial well-being. Procedure. 2. The interdisciplinary team will participate in development and review of the care plan as appropriate. 4. Care plans will include identified problems, measurable goals, and interventions specific to the resident's needs. 8. The interdisciplinary team will review care plans routinely and revise them as necessary to ensure they remain current and effective.</p> |                                                                                     |                                                 |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>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 for 1 of 1 kitchen reviewed for sanitation. The facility failed to ensure dietary staff used the correct sanitizer test strip for the dishwasher sanitation compliance check on 07/27/2026. This failure could place residents at risk for food contamination and foodborne illness. Findings included: During an observation and interview on 07/27/2026 at 09:38 a.m., Dishwasher Aide C said she had not tested the dishwasher's sanitizer concentration. She proceeded to demonstrate how the sanitizer concentration was tested, however, Dishwasher Aide C requested assistance from another staff member. Dishwasher Aide C placed a chemical test strip in the rinse water during the dishwasher's rinse cycle; the color of the test strip corresponded to 100 parts per million (ppm) on the test-strip container. Observation revealed the facility was not using the appropriate chlorine test strips to verify the dishwasher's final-rinse sanitizer concentration. The available test strips did not measure chlorine concentrations as low as the manufacturer-required specification of 50 ppm and staff were unable to accurately determine whether the final-rinse chlorine concentration was maintained at the required 50 ppm. Record review of the dishwasher sanitizer and temperature logs revealed staff had documented sanitizer concentrations using the incorrect test strips. The documented sanitizer concentrations did not provide evidence that the dishwasher's final-rinse chlorine concentration had been maintained at the manufacturer-required 50 ppm for an American Dish dishwasher model AF-3D. During an interview on 07/28/2026 at 10:24 a.m., DM A said the test strips used on 07/27/2026 had been ordered the previous week and staff began using them during the current week. She confirmed the strips used to test the dishwasher were intended for testing the sanitizer concentration in the three-compartment sink. (After surveyor intervention), DM A said staff had been re-educated on 07/27/2026 around 5:00 p.m. by sanitation company regarding the correct test strips and the proper procedure for testing the dish machine concentration. She said the dishes and utensils were washed in three-compartment sink until around 5:00 p.m. on 07/27/2026 when the sanitation dish machine test strips were delivered and dish machine was tested and had 50 ppm of sanitizer. During an interview on 07/28/2026 at 3:03 p.m., Dishwasher Aide C said she had been responsible for washing dishes for the previous three days and normally served as the backup Dishwasher Aide. She said she had received training regarding the proper operation of the dishwasher. She said the potential risk for residents if dishes were not properly sanitized, was that residents could develop stomach illnesses. During an interview on 07/29/2026 at 10:23 a.m., DM B said she had served as the facility's Dietary Manager for approximately three months during 2026 and said the sanitation company was responsible for ordering the dishwasher sanitizer test strips. She said the facility received the correct test strips yesterday and the dish machine tested correctly. She stated she had not previously experienced a problem with the facility receiving incorrect test strips. She said the potential risk for residents if dishes and utensils were not properly sanitized was residents could develop foodborne illnesses. Interview on 07/28/2026 5:20 p.m., the Administrator said his expectation was for the dietary staff to use the right test strip to obtain the correct results for the sanitizer. He said he expected the DM to let him know if they need items such as test strips. He said the resident risk was foodborne illness. Record review of the facility's undated Commercial Dishwasher Sanitization policy, revealed It is the policy of the facility to ensure that the commercial dishwasher consistently achieves the required sanitizing temperature or chemical sanitizer concentration to effectively sanitize dishes, utensils, and (continued on next page)</p> |                                                                                     |                                                 |

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>food-contact equipment. Sanitization levels shall be checked and documented at the beginning of each dietary shift and whenever a new rack is tested after maintenance or concerns regarding dishwasher performance. The Food Drug Administration Code dated 2017 indicated . Warewashing Machines, Manufacturers' Operating Instructions. (A) A WAREWASHING machine and its auxiliary components shall be operated in accordance with the machine's data plate and other manufacturer's instructions. warewashing Equipment, Cleaning Agents. When used for WAREWASHING, the wash compartment of a sink, mechanical warewasher, or wash receptacle of alternative manual WAREWASHING EQUIPMENT, shall contain a wash solution of soap, detergent, acid cleaner, alkaline cleaner, degreaser, abrasive cleaner, or other cleaning agent according to the cleaning agent manufacturer's label instructions. Warewashing Equipment, Determining Chemical Sanitizer Concentration. Concentration of the SANITIZING solution shall be accurately determined by using a test kit or other device.</p> |                                                                                     |                                                 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure residents had the right to a safe, clean, comfortable, and homelike environment including housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for 1 of 10 rooms (room [ROOM NUMBER]) observed for homelike environment. The facility failed to ensure room [ROOM NUMBER] was in good repair and did not have a hole and missing wood exposing the wood frame of the toilet seat on 07/27/26 and 07/28/26. This failure could place residents at risk of living in an unclean and unsanitary environment which could lead to a decreased quality of life. Findings included: During an observation on 07/27/2026 at 9:45 a.m. on hall 300: room [ROOM NUMBER], bathroom toilet seat had a complete split, torn peeling paint and a hole that exposed the brown wood. The hole was approximately 4 inches wide and 0.5 inches in length. And the inside of the hole had a build-up of a brown substance. The hole was approximately 2 inches wide and 0.5 inches in length. During an observation on 07/28/2026 at 9:45 a.m. on hall 300 in room [ROOM NUMBER], the bathroom toilet seat had a complete split, torn and peeling paint and a hole that exposed the brown wood. During an observation and interview on 07/28/26 at 9:30 a.m., the Housekeeper said she had been employed at the facility for 8 years. The Housekeeper said she had already cleaned room [ROOM NUMBER] and was not aware of the condition of the toilet seat. When observing and reviewing the toilet seat with the surveyor the housekeeper said this must have just happened because it was not like that when she cleaned the room. The housekeeper said if she noticed anything needing repair she would put in a maintenance request in the maintenance book that was at the nurse's stations or would tell him verbally. The housekeeper said she was confused and had already notified the maintenance worker face to face about room [ROOM NUMBER]'s toilet. The housekeeper said it could potentially negatively affect a resident if building repairs were not completed. During an observation and interview on 07/28/26 at 10:30 a.m., the Maintenance Supervisor said he had been employed at the facility for 22 years, and it was his expectation to try to complete repair issues the day they were submitted unless parts were required that needed to be ordered. The Maintenance Supervisor said he was not aware of the repairs needing to be made to the toilet in room [ROOM NUMBER], he said it had not been logged into the maintenance log binder. He said it would take about 5 minutes to repair, and he would change out the toilet seat. The Maintenance Supervisor said if parts needed to be ordered then repairs were completed once the needed parts came in. The Maintenance Supervisor said he oversaw repairs and scheduling repairs with outside vendors for facility maintenance and repairs. The Maintenance Supervisor said the facility staff put any maintenance requests or needs in the maintenance logbook that was at the nurse's stations or could tell him verbally. The Maintenance Supervisor said he or his maintenance worker would check the logs daily if possible but at a minimum of several times a week. The Maintenance Supervisor said he was responsible for making sure the completion of maintenance requests and building repairs were done. The Maintenance Supervisor said it could potentially negatively affect a resident if building repairs were not completed. During an interview on 07/28/26 at 10:30 a.m., the maintenance worker said he was not aware of room [ROOM NUMBER] toilet seat condition and it had not been logged into the maintenance log binder or been told he would have changed it out. The maintenance worker said a resident could hurt themselves if building repairs were not completed. During an interview on 07/29/26 at 2:25 p.m., the Administrator said he had been employed with the facility for about 20 years or so. The Administrator said it was his (continued on next page)</p> |                                                                                     |                                                 |

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| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>expectation that any facility repair request be communicated via the maintenance log repair binder unless it was an emergency then to call the Maintenance Supervisor or the Administrator. The Administrator said repairs are completed the next day unless parts are needed to complete the repair then as soon as parts come in the repair is completed. The Administrator said Maintenance Supervisor is responsible for checking the maintenance log binder daily and completing facility repairs. The Administrator said he expected the facility to be homelike for the residents. The Administrator said he was responsible for ensuring the facility and resident rooms were homelike. The Administrator said it could negatively impact the residents' quality of life and demeanor. Record review of Maintenance logs for the facility from 02/01/2026 through 07/29/2026 did not indicate room [ROOM NUMBER]'s toilet seat had been reported needing repair. Review of the facility's undated policy titled Maintenance Repairs, read in relevant part Magnolia Place Health Care LLP shall maintain the facility in a safe and functional condition. Maintenance concerns shall be reported, documented, and repaired in a timely manner. Procedure: A Maintenance Log shall be maintained at the nurses' station. Any employee identifying a maintenance issue shall record it in the Maintenance Log. The Maintenance Supervisor or designee shall review the Maintenance Log each workday. Repairs shall be completed within a reasonable timeframe based on the priority and nature of the repair. Repairs affecting resident safety shall receive immediate attention Record review of a facility posting titled Resident Rights, read, .Dignity and Respect: you have the right to: *Live in safe, decent and clean conditions.</p> |                                                                                     |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Magnolia Place Health Care                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1620 Magnolia St.<br>Liberty, TX 77575 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                 |
| <p>F 0693</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure residents fed by enteral means received the appropriate treatment and services to prevent complications for 1 of 3 residents (Resident #23) reviewed for enteral devices. The facility failed to ensure LVN D administered Resident #23's water flush by gravity instead of pushing it through his gastrostomy tube (placement of a tube into the stomach used for nutrition and medication administration) with a syringe on 07/27/2026. This failure could affect residents receiving enteral nutrition, medications, and hydration by placing them at risk of health complications. Findings included: Record review of Resident #23's face sheet dated 07/27/2026 indicated he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included transient ischemic attack (temporary block of blood flow to the brain causing sudden stroke like symptoms short term), cerebral infarction (stroke), encounter for attention to gastrostomy (billing code that covers routine care, maintenance and management of a gastrostomy tube) and dysphagia (difficulty swallowing). Record review of Resident #23's Quarterly MDS assessment dated [DATE] indicated he had a BIMS score of 9, indicated moderately impaired cognition with diagnoses of cerebral infarct, encounter for attention to gastrostomy and dysphagia. Resident #23's MDS assessment indicated the resident had a feeding tube. Record review of Resident #23's Order Summary Report dated 07/27/2026 indicated enteral feeding order flush gastrostomy tube with 60 ml water before and after medication and feeding and 10 ml between medication with a start dated 08/05/2025. Record review of Resident #23's care plan with a target date of 11/26/2026 indicated he had a gastrostomy tube due to an altered nutrition risk with interventions including needed assistance with tube feeding ad water flushes and follow physician orders. During an observation and interview on 07/27/2026 at 1:50 p.m., Resident #23 was lying in bed with the head of bed elevated to 45 degrees, he said he received his medication and gastrostomy tube feeding into his stomach. He said he had no problems with his gastrostomy tube. During an observation of medication administration on 07/27/2026 starting at 2:00 p.m., LVN D brought the medication into the room wearing a gown and gloves checked the gastrostomy tube for placement and pushed 60 ml of water through Resident #23's gastrostomy tube slowly with a syringe and plunger. She said she should have inserted the water by gravity instead of pushing it with the syringe and plunger. She said she was educated to give medication and water by gravity. She said she was not sure what happened, she got nervous. She inserted the medication into the gastrostomy tube and allowed it to flow by gravity and followed with 60 ml of water given by gravity. LVN D said the potential resident risk of pushing water by syringe and plunger and not giving by gravity flow was it could potentially cause cramping or abdominal pain to the resident. During an interview on 07/28/2026 at 11:45 a.m., the DON said the nurse giving medication for the gastrostomy tube resident was responsible for giving the medication properly and all the nurses were educated on proper administration of gastrostomy tube medication. The DON said the pharmacy consultant made rounds monthly and observed medication administration by the nurses. She said the potential resident risk of pushing water in a syringe prior to medication administration instead of by gravity flow was not following facility policy. The DON said her expectation was all medication and gastrostomy tube flushes be given according to facility policy. During an interview on 07/28/2026 at 3:22 p.m., the Administrator said the nurse giving medication was responsible for giving gastrostomy tube medication properly. He said all the nurses were educated on gastrostomy medication procedures. The Administrator said the potential resident risk of (continued on next page)</p> |                                                                                     |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>07/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Magnolia Place Health Care                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1620 Magnolia St.<br>Liberty, TX 77575 |                                                 |
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| F 0693<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>pushing fluid into the gastrostomy tube instead of being given by gravity was not following facility policy. The Administrator said his expectation was all nurses give medication according to facility policy and procedure. Record review of LVN D's Nurse Competency/Skills Checklist for Initial orientation and Annually, indicated she was checked off on orientation, 05/14/2024 and annually, 05/07/2025 and 05/18/2026 that included enteral feeding and medication administration. Record review of an undated facility policy titled, ' Administration of Medication via Gastrostomy Tube (G-Tube) indicated, . Medication Administration To ensure medications administered through a gastrostomy tube (G-tube), PEG tube, or other gastric feeding tube are delivered safely, effectively, and in accordance with physician orders, manufacturer recommendations, professional nursing standards, and applicable federal and state regulations.Flush with 30 mL of water before administering medications unless otherwise ordered. Medication Administration: Stop enteral feeding if required. Administer medications one at a time. Do not mix medications together or with tube feeding formula. Allow medication to flow by gravity or gently administer with an enteral syringe. Never force medication through the tube. Flush with10-15 mL of water between each medication.</p> |                                                                                     |                                                 |