

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Calder Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 7080 Calder Beaumont, TX 77706	
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 observations, interviews, and record reviews, the facility failed to properly store, prepare, and distribute food in accordance with professional standards for food service safety for 1 of 1 kitchen.1. The facility failed to ensure that dietary staff wore hair restraints to prevent hair from contacting food, on 1/28/2026. 2. The facility failed to ensure trash cans were properly covered on 1/28/2026.3. The facility failed to properly store, label, and date all food items located in the facility refrigerators, freezers and in the dry food pantry area on 01/28/2026 and 01/29/2026. 4. The facility failed to properly seal food product bags in the dry storage area to prevent exposure to air on 01/28/2026 and 01/29/2026. These failures could place residents who received meals from the kitchen at risk of foodborne illnesses.Observation during the initial tour of the kitchen on 01/28/2026 beginning at 8:50 AM revealed the following:Kitchen area:CK A with an approximate 2.5-inch beard was not wearing a beard restraint while he prepared food.4 large gray trash cans open, not covered with lids.Walk in refrigerator:5 one-gallon containers of different salad dressings, no open or discard dates1 one gallon container of tartar sauce, no open or discard dates1 silver container covered with foil, labeled tuna, no prepared date, no discard date.1 container covered with foil, labeled with letters (resembled slaw), no prepared date, no discard date.1 round silver container covered with foil, marked BBQ, no prepared date, no discard date.1 container of sliced red potatoes in water covered with foil, no prepared date, no discard date.1 package of thawing red meat, not labeled, not dated.1 opened package of cooked corn beef, not labeled, not dated.1 tray of 24 cups of mixed fruit, not covered, not labeled, not dated. Walk in freezer:1 opened to air bag of pork patties, no open, no discard date.1 opened bag of cooked Italian sausage, no open, no discard date.1 freezer storage bag of fish, no label, no open, no discard date. Dry storage:6 five-pound containers of opened seasonings, no open or discard date1 large box of cornmeal, opened to air, no open, no discard date.1 open container of chocolate frosting, open to air, no open, no discard date.1 large open box of chocolate chips open to air, no open, no discard date.Observation during lunch on 1/28/2026 on Cottage M beginning at 12:05 PM, revealed CS B serving lunch without hairnet.Observation during the follow-up tour of the kitchen on 01/29/2026 beginning at 11:20 AM, revealed the following:Walk in refrigerator:5 one-gallon containers of different salad dressings, no open or discard dates1 one gallon container of tartar sauce, no open or discard datesWalk in freezer:1 opened bag of cooked Italian sausage, no open, no discard date.1 freezer storage bag of fish, no label, no open, no discard date.Dry storage:6 five-pound containers of opened seasonings, no open or discard date1 large box of cornmeal, opened to air, no open, no discard date.1 large open box of chocolate chips open to air, no open, no discard date.Interview conducted with CK A on 01/28/2026, at 9:14 AM. CK A stated there was a policy on hair and beard restraints protocol for the kitchen, and he stated he has been trained on it. CK A stated that on this date wearing the beard restraint slipped his mind; however, he acknowledged the importance of wearing a beard restraint. CK A stated not wearing hair restraints could cause hair to get in resident's food, which could cause a negative outcome to residents getting sick.Interview conducted with CS C on 01/30/2026, at 10:05 AM. CS C stated she has worked at the facility for almost 2 years. CS C stated that hair and beard restraints must be put on before entering the kitchen, (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 676109	Facility ID: 676109 If continuation sheet Page 1 of 7

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He stated that management conducts rounds to check whether food items are properly labeled. The Dietary Manager stated that leaving trash cans uncovered could result in cross-contamination and attract flies or bugs. He stated that failure to wear hair and beard restraints could result in hair contaminating food and posing a choking hazard to residents. He stated that failure to properly label foods could lead to items becoming spoiled, expired, or moldy, which could result in residents becoming ill. Interview conducted with EC on 01/30/2026, at 10:30 AM. EC stated that the management staff trains the dietary staff. He stated that all kitchen trash cans are required to be kept clean with lids. He stated that anyone who enters the kitchen area must always wear hairnets and beard nets if you have a beard. EC stated food items should be labeled with receive date, open date, and use-by date. EC stated that the kitchen used a new type of label machine that printed the three required categories: received date, open date, and use-by date. He stated that this machine has been a tremendous help in maintaining proper labeling practices. He stated that all cooks are trained to conduct rounds to ensure items are labeled and dated properly. The chef stated that if items are not labeled properly, it could lead to contamination, spoilage, and potential harm to residents. He stated that failure to properly wear beard or hair restraints could result in hair falling into food, which could lead to contamination and cause residents to become sick. He stated that if trash cans are left uncovered, they can produce unpleasant odors in the kitchen and contribute to cross-contamination. Interview conducted with CS B on 01/30/2026, at 10:41 AM. CS B stated she has worked at the facility for 2 years. She stated she was trained by management staff on kitchen policies. She stated that kitchen staff are required to always wear a hairnet. She stated that she recently began wearing a hat and on 1/28/2026 she had placed a hairnet on the back of the hat over her ponytail but did not realize it had fallen off. CS B stated that she now placed the hairnet over both her hat and hair to ensure proper coverage. She stated that if hair were to fall into food, it could result in cross-contamination and could cause a resident to become sick or choke. Interview conducted with ADM on 01/30/2026, at 11:39 AM. ADM stated that he did not know the facility's exact protocol for trash cans in food preparation areas. He stated that kitchen staff are required to wear hairnets and beard nets in the kitchen, food preparation, and service areas always. He stated his expectation is that dietary staff follow facility policies in accordance with standard operating procedures and the health code. He stated that failure to follow these protocols could result in cross-contamination, food spoilage, and bacterial growth, which could lead to gastrointestinal illness in residents. Record review of the facility's policy and procedure manual dated 2023, named Food Safety and Sanitation revealed: Policy: All local, state, and federal standards and regulations will be followed to assure a safe and sanitary food and nutrition services department. Procedure: 1. Employees. All staff will be in good health, will practice good personal hygiene, and will use safe food handling practices. c. Employees are required to have their hair styled so that it does not touch the collar, and to wear clean aprons, clothes, and closed toe shoes. Hair restraints are required and should cover all hair on the head. [NAME] nets are required when facial hair is visible. Record review of the facility's policy and procedure manual dated 2023, named Food Storage revealed: Policy: Sufficient storage facilities will be provided to keep foods safe, wholesome, and appetizing. Food will be stored in an area that is clean, dry, and free from contaminants. Food will be stored at appropriate temperatures and by methods designed to prevent contamination or cross (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	contamination.7.~All stock must be rotated with each new order received. Rotating stock is essential to assure the freshness and highest quality of all foods.a.~Old stock is always used first (first in - first out method). The person designated to manage stock should be trained to rotate it properly.b.~Food should be dated as it is placed on the shelves if required by state regulation.c.~Date marking should be visible on all high risk food to indicate the date by which a ready to-eat TCS food should be consumed, sold or discarded.d.~Food will be stored and handled to maintain the integrity of the packaging until ready for use. Food stored in bins may be removed from its original packaging.8.~Plastic containers with tight fitting covers or sealable plastic bags must be used for storing grain products, sugar, dried vegetables and broken lots of bulk foods or opened packages. All containers or storage bags must be legible and accurately labeled and dated.Record review of the facility's policy revised January 23, 2025, named Sanitation revealed: Procedure:1. Food is prepared, distributed, and served to residents under sanitary conditions.2. Food is obtained for resident consumption from sources approved or considered satisfactory by Federal, State, or Local Authorities; and3. Follow proper sanitation and food handling practices to prevent the outbreak of foodborne illness.4. Safe food handling the prevention of foodborne illnesses begins when food is received from the vendor and continues throughout the facility's food handling processes.Record review of the FDA Food Code and Texas Administrative Code (26 TAC S554.1111), reflected the following must be met: Hands-Free Operation: Trash cans located near handwashing sinks or in food prep areas should ideally be hands-free (foot-pedal operated) to prevent cross-contamination. Material: Receptacles must be durable, cleanable, non-absorbent, and leak-proof. Plastic liners (trash bags) are required for wet waste. Covering: Trash cans must be covered when not in continuous use. If they contain food residue, they must have a tight-fitting lid to prevent pests and odors.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for medication and supply storage room [ROOM NUMBER] of 1 reviewed for pharmacy services. The facility failed to ensure expired medical supplies were removed from the singular medication and supply storage room. This failure could place residents at risk of contamination causing illness and decreased effectiveness or failure of medical supplies. Findings included: Observation on [DATE] at 11:30 AM of the singular medication room revealed the following: Three enteral feeding bags with attached gravity set 1200mL capacity with an expiration date of [DATE]. One enteral feeding bag with attached gravity set 1200mL capacity with an expiration date of [DATE]. Two Aspira drainage kits with use by date [DATE]. In an interview on [DATE] at 11:30 AM MA D, stated she is in serviced on Infection control and medication/supply storage and labeling. She stated that the MAs are responsible for checking expiration dates of the medications in the medication and storage room. She stated the nurses are responsible for ensuring that all medical supplies stored in the medication and storage room and free of expired supplies. She stated that if expired supplies are used for resident care, they could be ineffective or cause infection. In an interview on [DATE] at 10:12 AM LVN I stated she was in serviced on Infection control and medication/supply storage and labeling. She stated that MAs are responsible for ensuring medication stored in the medication room and medication carts are within date. She stated that the nurses are responsible for ensuring the supplies are within date and removed once expired from supply. She stated if medical supplies are expired it could have potentially lost its sterility and if used it could cause infections. In an interview on [DATE] at 10:17 AM MA F stated she is frequently in serviced on Infection control and medication/supply storage and labeling. She stated that nurses are responsible for ensuring supplies remain in date. She stated that if expired supplies are used, they could potentially cause an infection. In an interview on [DATE] at 10:30 AM LVN J stated she was in-serviced on Infection control and medication/supply storage and labeling. She stated that it is the responsibility of each nurse on each shift to ensure all medications and supplies are stored within date and removed if expired. She stated that if medical supplies are used after the expiration date it could cause bacteria growth and infections. In an interview on [DATE] at 11:00 AM with DON she stated the staff are frequently in serviced on infection control, medication/supply storage and labeling. She stated that it is her expectation that expired medication, or supplies are removed to ensure they are not used for resident care. She stated that they have a pharmacy consultant that comes and ensures that the disposal of any expired medication. She stated it is ultimately her responsibility to ensure that there are no expired supplies in the supply room or in the treatment carts. She stated that if medical supplies are expired and utilized on the residents they could cause damage, not work properly, and could have bacteria from sitting so long. In an interview with ADM on [DATE] at 11:04 AM. He stated that the staff are frequently in serviced on infection control, medication/biological storage and labeling. He stated that he expected expired medication or supplies to be disposed of and not used on the residents. He stated that it is ultimately everyone who has access to supplies responsibility to ensure expired items are removed. He stated he was not sure what could happen if expired supplies were used but that he would expect that they could degrade over time and fluids would not flow well through tubing. Review of facility policy and procedure titled Storage of Medications, dated [DATE], revised on [DATE], reflected Service standard, [the facility] stores all drugs and biologicals in a safe, secure, and orderly manner. 2. The nursing staff is responsible for maintaining medication storage preparation areas in a clean, safe, and sanitary manner. 4. The facility may not use medication that has been discontinued, outdated, or has deteriorated.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and help to prevent the development and transmission of communicable diseases and infections for 3 out of 4 residents (R #18, R #32, R #21) reviewed for infection control. MA D failed to disinfect the blood pressure cuff between residents (R#5, R #18, R #32, R #21) while performing medication pass. The failure placed residents at risk for cross contamination and the development of infections. Findings include: In observation of medication administration on 1/29/2026 at 8:12 AM MA D utilized the blood pressure cuff on Resident #5, Resident #18, Resident #32, and Resident #21 and failed to disinfect the blood pressure cuff between the residents. In an interview on 1/29/2026 at 8:50AM with MA D, she stated that it is proper practice to cleanse the blood pressure cuff between residents with a Sani-wipe and wait 2 minutes for it to dry before using the equipment again. She stated that if the cuff is not cleaned between residents, it could take germs one patient has to another resident. She stated that the blood pressure cuff should be cleansed between residents to help prevent the spread of germs and infection. She stated she is frequently in serviced on infection control, hand hygiene, abuse, neglect, and cleaning reusable medical equipment. She stated she was nervous and forgot to clean the blood pressure cuff. In an interview on 1/29/2026 at 10:30 AM with LVN H, she stated they are frequently in serviced on infection control, hand hygiene, and how to clean reusable medical equipment. She stated that all equipment should be cleansed between each resident. She stated if the equipment is not cleaned between residents germs can be spread causing infections or illness. In an interview on 1/29/2026 at 10:50 AM with MA E, she stated they are frequently in serviced on infection control, hand hygiene, and how to clean reusable medical equipment. She stated that all equipment such as a blood pressure cuff should be cleansed between each resident. In an interview on 1/29/2026 at 11:11 AM with CNA G stated she has is frequently in serviced on infection control, hand hygiene, and the cleaning of reusable medical equipment. She stated that a blood pressure cuff should always be cleansed with a Sani-cloth and allowed to dry before using it on another resident. She stated that if reusable medical equipment is not cleaned between each resident germs can be spread from one resident to another, and they could get sick. In an interview on 1/30/2026 at 10:12 AM LVN I, stated she is In serviced on infection control and cleaning reusable medical equipment. She stated that all reusable equipment should be disinfected between residents. She stated that if reusable medical equipment is not cleaned between residents, it can spread infectious diseases from one resident to another one. In an interview on 1/30/2026 at 11:00 AM with DON, she stated the staff are frequently in serviced on infection control, disinfection of reusable medical equipment. She stated that she expected all staff to clean and disinfect all reusable medical equipment and allow them to dry before using on another resident. She stated that if the staff do not disinfect reusable equipment between residents they could be spreading germs and illness between patients. In an interview with ADM on 1/30/2026 at 11:04 AM. He stated that the staff are frequently in serviced on infection control, disinfection of reusable medical equipment. He stated he expects the staff to disinfect reusable equipment between residents following the manufacturer's instructions and that if the items are not disinfected they could spread skin infections from resident to resident. Review of facility policy and procedure titled Environmental Cleaning, dated April 6, 2020 and revised October 21, 2025, reflected: Service standard, Care and cleaning of the Community will perform in a way that is consistent with CMS requirements to provide a safe, sanitary, and comfortable environment and help to prevent the development and transmission of communicable diseases and infections. 7. Properly clean, disinfect and limit sharing of medical equipment between residents and areas of community.		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 1 of 10 (Resident #28) residents in 1 of 3 (DR #1) dining rooms. The facility failed to promote Resident #28's dignity during lunch on 01/28/2026 when staff did not serve Resident #28's lunch tray until twenty-two minutes after her tablemates were served. This failure could affect all residents who eat in the dining room, by contributing to poor self-esteem, and unmet needs. Findings included: Record review of Resident #28 Face Sheet dated 01/28/2026 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #28's diagnoses included vitamin B deficiency, pain in left knee, hyperthyroidism (excessive production of thyroid hormones), heart disease with heart failure, muscle weakness, limitation of activities due to disability, cognitive communication deficit (problems with communication), muscle weakness, anxiety (feeling of uneasiness or worry), and hypertension (high blood pressure). Record review of Resident #28's MDS dated [DATE] revealed Resident #28 had a BIMS score of 0 which indicated severe cognitive impairment. Record review of Resident #28's care plan dated 03/23/2025 revealed [Resident #28] has had an unplanned weight loss recently, started on Lasix (ordered for weight loss) on 12/2, possible fluid loss. Goal in place was Resident will receive adequate nutrition/fluid intake and weight will stabilize over the next 30 days. Interventions in place for Resident #28 were Serve diet as ordered and offer substitutions if <75% is eaten. Monitor and document intake on all meals. Dietary manager to discuss and monitor for food preferences. Offer snacks within dietary limits. Weigh once a week for 4 weeks. Report to MD and RP if 5% loss or gain. Registered Dietician to review residents medical record and make recommendations. Nursing to follow up on dietician recommendations. Administer supplements per MD orders. An Observation of lunch dining services on 01/28/2026 at 12:00 p.m., revealed seven residents were sitting at the dining room table in DR #1. The first resident at the table got her meal tray at 12:05 p.m. Five other residents got their meal tray within six minutes from the time the first tray was handed out. Resident #28 was the only resident who did not get her meal tray. An Observation of lunch dining services on 01/28/2026 at 12:13 p.m., revealed Resident #28 asked a staff member about her meal tray. The staff member was observed telling Resident #28 her food was coming and that the culinary staff had to go to the main building and get more bread. An Observation of lunch dining services on 01/28/2026 at 12:19 p.m., revealed Resident #28 asked a staff member about her meal tray. The staff member was observed telling Resident #28 her food was coming. An Observation of lunch dining services on 01/28/2026 at 12:27 p.m., revealed Resident #28 got her food. Resident #28 was observed telling the staff she was the last one and she did not want any of the food now. She said she had drunk all her drink and did not want the food. Observation revealed staff did offer Resident #28 something else to eat but Resident #28 did not want anything else. Interview with Resident #28 on 01/29/2026 at 12:11 p.m., revealed that she did not want to talk to surveyor about it. All she would say was yeah. Interview with CS A on 01/30/2026 at 10:56 a.m., revealed she had been trained on resident rights. She said that the kitchen staff were responsible for ensuring that enough food was sent to DR #1. She said the policy was to serve all residents at the same table at the same time before moving to the next table. She said since there was only one long table in DR #1 that a reasonable amount of time to serve the residents from start to finish was five minutes. She said the person serving the food was responsible for making sure all residents got their food at about the same time in DR #1. She said if a resident did not get their food with the other residents at the table the resident may feel like they are not a priority. She said the DM monitored to ensure that the cooks were sending enough food to the other dining rooms. She said he monitored the meal tickets from the residents as to what they wanted to eat that day. She also said once the meals (continued on next page)		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	were selected the portions were put on a board for the cook to know how much was needed. She said she felt like she was not given enough food for the residents in DR #1. She also said she thought someone else got Resident #28's food. Interview with the DM on 01/30/2026 at 11:05 a.m., revealed that he had been trained on resident rights. He said the policy was to get all residents at the same table their meal tray together. He also said that from the first tray to the last tray should only be five minutes in DR #1. He said the servers; the cook and the DM were responsible for ensuring enough food is sent to the other dining rooms. He said if all the residents at the same table did not get their meal together the resident may feel left out. He said the DM and the CK monitored to ensure that enough food was sent to the other dining rooms. He said the DM and the CK monitored by doing rounds. He said he did not know why DR #1 ran out of food and Resident #28 had to wait so long for her meal tray. He said sometimes the residents change their mind after the food is served and then they had to wait. He also said the DM and CK have adjusted and sent more of the popular food to the other dining rooms so they would not run out if residents changed their mind. Interview with CK A on 01/30/2026 at 11:05 a.m., revealed he had been trained on resident rights. He said the policy was the residents would pick what they wanted to eat for each meal. He said once the resident picks their meal they were up on a board and the CK would go by the menu and the exact amount next to the item on the menu. He said the CK was responsible for ensuring that enough food was sent to the other dining rooms. He said if a resident did not get their meal with the other residents in the dining room the resident may feel left out. He added the only time he had seen a resident not get their food with everyone else was when the resident changed their mind and wanted something different. He said a reasonable amount of time from the first tray to the last tray to be handed out in DR #1 was two to three minutes. He said the DM monitored to ensure enough food is sent to the other dining rooms. He said the DM would come to help portion the food out. He said he did not know why DR#1 ran out of food and Resident #28 had to wait twenty-two minutes for her meal tray. Interview with the ADM on 01/30/2026 at 11:30 a.m., revealed he had been trained on resident rights. He said his expectation was when staff took food to the other dining rooms, the staff were to take the temperature of the food and log the temperatures. He said staff were to serve everyone at the same table at the same time. He said the facility dietary staff would get the resident's meal choice and give the information to the kitchen. He said then the CK would send the choices plus two extra meals in case a resident changed their mind. He said a reasonable amount of time was five to seven minutes depending on if all the residents were at the table. He said the culinary department was responsible for ensuring there was enough food sent to the other dining rooms. He said a resident may get angry and feel left out of the dining experience. He said the ADM, nursing administration and DM monitored to ensure that enough food was sent to the other dining rooms. He also said that there was a group text for the nursing staff and culinary and if there was an issue the staff could let the DM know so it could be fixed. He said the ADM, nursing administration and DM monitor through observation and ensure staff were using the proper portion size. He said that the reason Resident #28 did not get her meal tray was because almost all the residents at the table changed their mind and wanted the teriyaki chicken on the hoagie roll. Record review of the facility's Food and Nutrition Services Policy dated 08/29/2023 revealed Optimal nutrition extends beyond providing adequate dietary intake and includes meeting an individual's social, cultural, and psychological needs where possible. Family involvement during meal service has a very positive impact on a resident's nutritional well-being. Record review of the Facility's Resident Rights Policy dated 01/23/2025 revealed Residents have the right to be treated with respect and dignity.		