STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676124	A. Building B. Wing	07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinecrest Retirement Community	1302 Tom Temple Drive Lufkin, TX 75904

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 3 of 5 residents (Residents #26, Resident #4, and Resident #8) and 4 of 7 staff (CNA H, LVN C and CNA F, and CNA G) reviewed for infection control.The facility failed to ensure CNA H followed infection control measures during dining service on 7/06/2026.The facility failed to ensure CNA H properly handled soiled linens and clothing for Resident # 26 on 7/06/2026.The facility failed to ensure CNA H properly cleaned Resident #26's soiled wheelchair cushion on 7/06/2026.The facility failed to ensure LVN C properly cleaned a glucometer (used to check blood sugars) or use a barrier for her supplies when she checked the blood sugar of Resident #4 on 7/7/2026.The facility failed to ensure CNA F and CNA G followed enhanced barrier precautions while providing incontinent care to Resident #8 on 7/7/2026.The facility failed to ensure CNA F changed gloves and performed hand hygiene while providing incontinent care to Resident #8 on 7/7/2026.These failures could place residents at risk of exposure to infectious diseases due to improper infection control practices. Findings included: 1. During an observation on 07/06/2026 at 12:09 PM CNA H was in the dining room and was passing resident trays and pushing residents' wheelchairs to the tables without performing hand hygiene between each task. During an observation on 7/06/2026 at 12:13 pm CNA H left the dining room to pass trays on the hall. She entered room [ROOM NUMBER] and set up his tray and then left the room without hand hygiene. She then passed a meal tray to room [ROOM NUMBER]. She left room [ROOM NUMBER] and returned to the dining room without hand hygiene and proceeded to help residents in the dining room. During an interview on 7/06/2026 at 12:20 pm CNA H said she was a new CNA and had been trained on infection control measures. She said hands should be washed or sanitized between tasks and after handling resident equipment and items. She said she was overwhelmed and just forgot to perform hand hygiene. She said that poor hand hygiene can cause infections to spread. During an interview on 7/06/2026 at 12:31 pm LVN A said that she was responsible for oversight in the dining room and the CNAs know to wash or sanitize their hands between resident trays and after handling resident items or equipment. She said she had not noticed that CNA H was not performing hand hygiene and would talk to her. She said poor hand hygiene could cause the spread of infections. 2. Record review of Resident #26's facility face sheet, dated 7/07/2026, indicated Resident #26 was a [AGE] year-old female, admitted [DATE], with diagnosis of hypertensive heart disease. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #26's quarterly MDS assessment, dated 6/04/2026, revealed a BIMS score of 09 that indicated Resident #26 had moderately impaired cognition. Record review of Resident #26's comprehensive care plan, revision date 9/23/2025, indicated Resident #26 was incontinent and at risk for urinary infections. During an observation on 7/06/2026 at 3:50 pm CNA H transferred Resident #26 from her wheelchair to her bed. Resident #26's clothing and wheelchair cushion were soiled with urine and feces. CNA H provided incontinent care but during care she threw the soiled linen and pants onto the floor. CNA H then stepped on the soiled items when going back and forth from the bathroom. She then wiped the wheelchair cushion with an incontinent wipe and did not use any form of disinfectant on the cushion. During an interview on 7/06/2026 at 4:09 pm CNA H said she had been trained on handling soiled clothing and linens and she did not know she could not put them on the floor but thinking about it she should have put them in a bag. She said she did not recognize that she had been stepping on the soiled items and that could cause the spread of infections. She said regarding the wheelchair cushion she was not trained on cleaning with any special product and just wiped it with a wipe. She said she could see that being unsanitary and could lead to infections. Record review of a competency training report dated 6/05/2026 indicated CNA H had been trained on meal tray setup, infection control measures for universal precautions, hand hygiene and cleaning resident care equipment.3. Record review of an admission Record for Resident #4 dated 7/7/2026 indicated she admitted to the facility on [DATE] and she was [AGE] years old with diagnoses of displaced supracondylar fracture with intracondylar extension of lower end of left femur (a break in the femur just above the knee that extends into the knee joint), type 2 diabetes (a condition where the body resists insulin or does not produce enough of it causing high blood sugar) and hypertension (high blood pressure). Record review of active physician orders for Resident #4 dated 7/7/2026 indicated an order for blood sugar checks before meals and at bedtime related to type 2 diabetes with a start date of 5/31/2026. Record review of an admission MDS Assessment for Resident #4 dated 6/6/2026 indicated she did not have any impairment in thinking with a BIMS score of 15. During the 7 day look back period she received insulin injections 4 of the 7 days. Record review of a care plan dated 6/9/2026 for Resident #4 indicated she had diabetes mellitus. Interventions included to check fasting blood sugar as ordered by the doctor. During an observation on 07/07/2026 at 11:12 am, LVN C removed a tray from the medication cart that consisted of alcohol prep pads, lancets, and a glucometer. The glucometer had a small spot of dried blood on the front. She entered Resident #4's and placed the tray of supplies on the resident's overbed table without placing a barrier between the tray and the table. She sanitized her hands and placed gloves on her hands; she cleaned Resident #4's 2nd digit on her left hand with an alcohol prep pad and then pricked it with a lancet and checked her blood sugar. LVN C removed her gloves and placed them in the trash and sanitized her hands. LVN C exited the room and placed the tray with the glucometer back inside the medication cart without cleaning it. During an interview on 7/7/2026 at 11:23 am, LVN C said she had been employed at the facility for a month. She said during the observation of her checking Resident #4's blood sugar she should have (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cleaned the tray and glucometer before she placed it back in the medication chart. She said the glucometer should be cleaned between resident use and should have some type of barrier between the tray and the overbed table. She said there could be a risk of cross contamination and infections. She said she had a skills check off with the use of a glucometer a few weeks ago. She removed the tray of supplies from the medication cart and cleaned the glucometer and tray with a sanidex wipe. She said she was not sure why she did not clean the equipment before or after she checked Resident #4's blood sugar and placed it back in the cart. Record review of a competency skill checklist dated 6/10/2026 for LVN C indicated she was competent on cleaning and storing equipment. 4. Record review of a face sheet dated 7/08/2026 for Resident #8 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of hemiplegia and hemiparesis following cerebral infarction (total or nearly complete paralysis on one side of the body), Type 2 Diabetes Mellitus (a problem in the way the body regulates and uses sugar as a fuel), and seizures (a sudden change in behavior, movement, or consciousness caused by abnormal electrical activity in the brain). Record review of a Quarterly MDS assessment dated [DATE] for Resident #8 indicated she had severe impairment in thinking with a BIMS score of 04. She was always incontinent of bladder and always incontinent of bowel. Record review of a care plan revised 01/14/2025 for Resident #8 indicated an ADL self-care performance deficit. She required the total assist of direct care staff members for ADL completion for toilet use. A care plan revised on 5/26/2025 indicated Resident #8 required enhanced barrier precautions related to Pseudomonas Aeruginosa MDRO (an opportunistic pathogen that causes healthcare-associated infections such as pneumonia, bloodstream infections, urinary tract infections, and surgical site infections, MDRO strains are resistant to multiple antibiotic classes). During an observation on 7/7/2026 at 11:30 AM, CNA F and CNA G entered the room of Resident #8 to provide incontinent care. A sign indicating that Resident #8 was on enhanced barrier precautions was visible at room entrance and personal protection equipment was located next to entrance door. CNA F and CNA G washed their hands in Resident #8's bathroom and put on clean gloves. Supplies were in a plastic bag on the over bed table. CNA G assisted with positioning and supporting Resident #8 during care. CNA F opened the brief and pulled it down between Resident #8's thighs. CNA F removed a wipe from wipe container and wiped the resident's right inner thigh and folded it over and wiped the left inner thigh and placed the wipe in the trash. CNA F removed a wipe from the wipe container and wiped up the middle of the vagina from front to back. CNA G rolled Resident #8 onto her right side. CNA F removed wipes from the wipe container and wiped Resident #8's perineal area from front (vagina) to back (buttocks) and placed wipe in the trash. CNA F rolled the soiled brief under Resident 8's buttocks and removed soiled brief as Resident 8 rolled more to right side with assist from CNA G. CNA F removed soiled brief and placed it in the trash. CNA F placed clean brief under Resident #8 and rolled Resident #8 to her left side. CNA F positioned clean brief under Resident #8. Resident #8 was rolled onto her back, and the brief was secured by CNA F and CNA G and the resident was repositioned in the bed. CNA F and CNA G removed their gloves and exited the room. CNA F and CNA G failed to wear a gown while providing incontinent care to Resident #8. CNA F failed to change gloves or sanitize hands during incontinent care. During an interview with CNA F on 7/7/2026 at 11:45 AM, she stated she has been employed with the facility for a few months. She stated that she and CNA G should have put on a gown prior to providing (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	incontinent care due to resident being on enhanced barrier precautions. She stated she also should have changed gloves during incontinent care but was nervous due to being observed. She said that not changing gloves and performing hand hygiene could increase risk of contaminating the residents clean brief and cause risk of urinary tract infections. She stated that not wearing PPE during care could put herself, other staff and other residents at risk of infection. During an interview with CNA G on 7/7/2026 at 11:55 AM, she stated she has been employed with the facility for a few months. She stated that she and CNA F should have put on a gown prior to providing incontinent care due to resident being on enhanced barrier precautions. She stated the other CNA should have changed her gloves and used hand sanitizer after cleaning resident and before placing clean brief on resident. She said not changing gloves and performing hand hygiene could increase risk of contaminating the resident's clean brief. She stated that not wearing a gown during care could put herself, other staff and other residents at risk of infection. Record review of a CNA Proficiency Skills Check dated 04/2026 for CNA F indicated she was satisfactory in perineal care for a female along with infection control on hand washing and PPE use. Record review of a CNA Proficiency Skills Check dated 04/2026 for CNA G indicated she was satisfactory in perineal care for a female along with infection control on hand washing and PPE use. During an interview on 7/8/2026 at 11:06 am, the ADON said she was the IP for the facility. She said communication to staff for EBP included special instructions that were verbal and the information was also in the residents' charts. She said staff were instructed to look at the residents' doors for signage that indicated what type of precautions were needed and to stay in contact with staff, so they were aware. She said there was also a physician order to mark off on the TAR, and it was visible for them to see. She said when staff provided care to a resident on EBP they should wear gowns and gloves and the signage on the doors also instructed the staff on the proper techniques to use. She said she was responsible for training staff on infection control practices. She said hand hygiene should be done between passing meals trays from resident to resident. She said staff were taught to bag linens and take the linens to the soiled linen room and never placed them on the floor and they should not be stepped on. She said staff should disinfect equipment before entering the room and the med carts had trays that included all the supplies needed to check a blood sugar for a resident. She said staff should perform proper hand hygiene before and after checking a blood sugar and wipe down the equipment before placing back in the medication cart. She said there was a risk for cross contamination and spreading of germs if staff did not follow the appropriate infection control practices. She said the staff had been in-serviced on proper procedures for infection control. During an interview on 7/8/2026 at 11:30 am, the DON said when staff provided care to a resident on EBP they should wash their hands before and after care. She said residents who were on EBP had carts of supplies that included gowns and gloves and if direct care was provided to a resident on EBP, then staff had to wear gowns and gloves. She said when gloves were removed staff should wash or sanitize their hands. She said there was a risk of transmission of infections and increased risk to the elders if staff did not follow the appropriate infection control practices. She said when staff changed tasks from dirty to clean, gloves should be removed and hand hygiene performed and staff should never touch clean items with dirty gloves. She said blood sugar testing equipment should be cleaned before and wait for the appropriate time to dry. She said after the equipment was used the staff should clean the equipment again before being placed back in the medication carts. She said staff could use wax paper as a barrier to place items on or if they used the trays that were in the medication carts they could wipe down and clean the tray before placing it back in the carts. She said (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	staff should sanitize hands between passing meal trays. She said soiled linens should be placed in a bag and not on the floor and if equipment like beds needed to be cleaned, they should use a sanitizer to clean the equipment and notify housekeeping to clean after. She said if a wheelchair was dirty the staff should do the same thing and using an incontinent care wipe would not be sufficient to clean a wheelchair cushion and they should use a sanidex wipe. During an interview on 7/8/2026 at 11:45 am, the Administrator said the IP for the facility was the ADON who was responsible for training staff on infection control. She said the staff were trained all the time on infection control and the DON/ADON had been conducting audits for months. She said staff were trained in how to handle soiled linens, cleaning resident use items, on EBP, cleaning equipment like glucometers, and hand hygiene. She said there was a risk of spreading infections to the residents in the facility. She said she expected the staff to not have any issues with infection control practices with continued education, competency checks, and continued observations. Record review of a facility policy titled Blood Glucose (Glucometer) Testing, Quality Control, and Cleaning revised June 2026 indicated, .The facility maintains an accurate, reliable, and standardized blood glucose monitoring program. Cleaning and Disinfection: 1. Community glucometers are cleaned and disinfected after every resident use using the manufacturer-approved disinfectant or sanitation solution. Record review of a facility policy titled Room Tray Delivery, dated 1/2026 indicated, .Meals will be delivered to and retrieved from all residents in a timely, organized, safe and sanitary manner. Alcohol based hand sanitizer is used immediately after delivery of a tray and before delivering the next resident tray . Record review of a facility policy titled cleaning and disinfection of Resident-Care Items and Equipment, dated September 2022, indicated, .durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection. 5 Reusable items are cleaned and disinfected or sterilized between residents (for example: stethoscopes, durable medical equipment). Record review of a facility policy titled Laundry and Bedding, Soiled, dated September 2022, indicated, .Soiled laundry/bedding shall be handled, transported and processed according to best practices for infection prevention and control. I. All used laundry is handled as potentially contaminated using standard precautions (e.g., gloves and gowns when sorting). a. Contaminated laundry is bagged or contained at the point of collection (i.e., location where it was used). Record review of a facility policy titled Handwashing/ Hand Hygiene revised August 2019 indicated, .Use of an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations.h. before moving from a contaminated body site to a clean body site during resident care . j. after contact with blood or bodily fluids.m. after removing gloves. 8. Hand hygiene is the final step after removing and disposing of personal protective equipment. The policy also indicated, Perform hand hygiene before applying non-sterile gloves and after removing gloves. Record review of a facility policy titled Enhanced Barrier Precautions revised June 2026 indicated, Enhanced barrier precautions apply when a resident is infected or colonized with a CDC-targeted MDRO, but does not have a wound or indwelling medical device, and does not have secretions or excretions that cannot be covered or contained . 8. Examples of high contact resident care activities requiring the use of gown and gloves for EBPs include: .d. changing briefs or assisting with toileting .

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of medications for 1 of 2 medication storage rooms (The Arbors) reviewed for pharmacy services.The facility failed to remove expired influenza vaccines from the refrigerator in the medication room in The Arbors on 7/7/2026.These failures could place residents at risk for the unsafe administration of medications, not receiving prescribed doses of ordered medications and not receiving the intended therapeutic benefit of the medications.Findings include:During an observation on 7/7/2026 at 10:41 am, LVN A was in the medication room for The Arbors. The refrigerator revealed (3) boxes of influenza vaccine for 2025-2026 lot #AX615A that expired 6/30/2026.During an interview on 7/7/2026 at 10:41 am, LVN A said the nurses were responsible for checking the medication rooms and should be done daily. She said she was not aware the medication room had flu vaccines that were expired. She said residents could get a counter effect or multiple things could happen that could cause an unintended effect if residents were given medications that were expired. She said she would discard the vaccines.During an interview on 7/7/2026 at 11:06 am, RN B said she had been employed at the facility for a year. She said the night shift nurses were responsible for checking the medication rooms for expired medications. She said if an expired medication were given, a resident could have some type of reaction. She said she was not aware the medication room for The Arbors had influenza vaccines that were expired and they should have been discarded before now.During an interview on 7/8/2026 at 11:02 am, the ADON said the nurses were responsible for checking the medication rooms at night that included expired meds. She said she was aware of the expiring flu vaccines and had instructed the staff before the end of June 2026 to remove the vaccines and they did not. She said if residents were given vaccines that were expired, the medicine may not work efficiently, or they could have a reaction. During an interview on 7/8/2026 at 11:25 am, the DON said the nurses were responsible for checking the medication rooms daily on the night shift that included checking for expired meds. She said she was aware the flu vaccines would be expiring by July 1, 2026, and staff were told to remove them, and they did not. She said a resident could have an adverse reaction or a side effect if they were given an expired vaccine. She said no one received the expired flu vaccines and she notified the NP and the medical director that they had been removed. During an interview on 7/8/2026 at 11:45 am, the Administrator said the pharmacist along with the DON/ADON were all responsible for checking the medication rooms and they should be checked weekly for expired meds. She said residents could have an adverse reaction if given expired medications and she expected her staff to dispose of expired medications immediately. Record review of a facility policy titled Medication Labeling and Storage revised June 2026 indicated, .The facility stores all medications and biologicals in locked compartments under proper temperature, humidity, and light controls. 6. Multi-dose vials that are not opened or accessed are discarded according to the manufacturer's expiration date .

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure each resident received and the facility provided food prepared in a form designed to meet individual needs for 1 of 4 (Residents #42) residents reviewed for thickened liquid diets.The facility failed to ensure Resident #42 was not served thin liquids on 7/06/2026.This failure could place residents who received thickened liquid diets at risk of difficulty swallowing, possibly resulting in choking. Findings Included:Record review of Resident #42's facility face sheet, dated 07/06/2026, indicated Resident #42 was a [AGE] year-old male, admitted [DATE], with diagnosis of Dysphasia (difficulty with swallowing).Record review of Resident #42's admission MDS assessment, dated 06/08/2026, revealed a BIMS score of 14 that indicated Resident #42 had intact cognition. He required assistance with his ADLs.Record review of Resident #42's comprehensive care plan, dated 6/16/2026, indicated Resident #42 required a therapeutic diet related to dysphagia.Record review of a physician order dated 07/06/2026 revealed Resident #42 required a regular diet, soft mechanical texture, honey thick consistency.Record Review of Speech Language Therapist note for Resident #42 dated 07/06/2026 indicated A diet assessment was completed to evaluate the patient's tolerance of prescribed diet textures and liquid viscosity, as well as swallowing efficiency and safety during oral intake. The patient consumed a mechanical soft diet consisting of scrambled eggs, sausage with gravy, oatmeal, and thin liquids via cup without overt signs or symptoms of aspiration. The SLP provided verbal cues to encourage consistent use of cyclic ingestion throughout the meal to enhance swallowing safety. A trial of regular-textured bacon was also completed, and the patient tolerated it without overt s/s of aspiration . The patient should continue to consume all meals in the dining room with staff assistance to maximize safety and promote adherence to swallowing precautions.During an observation on 07/06/2026 12:20 PM LVN D prepared tea for resident #42 with premixed thickener during lunch service. Tomato soup ladled into a bowl and LVN D reviewed the meal with orders listed on Resident #42's tray card. The liquid soup was not thickened. Resident #42 was feeding himself and the soup dripped off the spoon in small droplets. The soup was not thickened to honey texture before serving.During an interview 07/07/2026 10:22 AM the Dietary Manager said that the tray card indicates the diet ordered per physician or dietician, including instructions for thickened liquids. The Dietary Manager said the nursing staff adds liquid thickener to the drinks or soups before serving the residents. He said residents that get regular liquids instead of thickened liquids could choke or aspirate.During an interview on 07/07/2026 at 11:10 AM SLP E said that the nursing staff is responsible for adding thickener to thin liquids for Resident #42, which required honey thickened liquids due to swallowing precautions. She said that soups, drinks and milk on cereals should be thickened before serving. SLP E said she would ensure an in-service was provided to all staff responsible for providing hydration and meals to residents with diets that included thickened liquids included what drinks or soups required thickening. She said residents that are served regular liquids instead of thickened liquids could aspirate.During an interview on 07/07/2026 at 11:20 AM, LVN D said she should have added thickener to the soup served to Resident #42 yesterday at lunch. She said that she added thickener to Resident #42's tea but did not consider the need for thickener in his soup. She said she would consult with the SLP before serving Resident #42 his lunch tray. She said the resident could aspirate if served thin liquids.During an interview on 07/07/2026 at 2:44 PM, ADON said she was responsible for ensuring the nursing staff was trained and carried out appropriate dietary interventions. She said she would meet with the SLP and develop an in-service for nursing staff regarding adding thickening agents in the residents' liquids. The ADON said the risk to Resident #42 was aspiration and pneumonia.During an interview on 07/07/2026 2:47 PM, the DON said she would ensure an in-service was provided to all staff responsible for providing hydration and meals to residents including what drinks or soups required (continued on next page)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	thickening.During an interview on 07/07/2026 3:30 PM, the Administrator said she expected each resident with prescribed thickened liquid diet, receive the ordered diet and not have thin liquids provided to them. She said the risk to the resident was aspiration.Record review of a facility policy titled Clinical Nutritional Services-Thickened Liquids revised date January 2025 indicated, . Thickened liquids will be available for those who have difficulty swallowing thin liquids. Liquids will be thickened to the degree specified in the physician or designee's orders.