STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676164	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Bellville	106 N Baron Bellville, TX 77418

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure food was prepared by methods that conserved nutritive value and flavor and served for palatability for 5 of 5 residents (Residents #17, #26, #30, #41, and #48) reviewed for nutrition.- The facility failed to use nutrient-dense liquids (such as broth or sauces) on 05/06/2026 during lunch preparation by adding water to pureed food to thin tater-tot casserole and bread.These failures place residents at risk for decreased meal consumption, unintentional weight loss and malnutrition, unpalatable food, dehydration, and aspiration pneumonia or choking. Findings included: Record review of Resident #17's face sheet reflected, resident was an [AGE] year-old female who admitted to the facility on [DATE] and readmitted on [DATE]. Resident's diagnosis included cognitive communication deficit (disrupt a person's ability to communicate effectively, despite intact language or speech abilities), dizziness and giddiness (lightheadedness), weakness (lack of strength), muscle wasting and atrophy (thinning muscle tissue), and mild protein-calorie malnutrition (undernutrition condition where body receives insufficient protein and calories). Record review of Resident #17's Annual Comprehensive MDS dated [DATE] reflected the resident had a BIMS score of 00 reflected the resident was unable or unwilling to complete the assessment. Record review of Resident #17's care plan reflected, encourage good nutrition and hydration in order to promote healthier skin date initiated: 04/20/2026. Record review of Resident #17's progress note dated 02/20/2026 at 05:50 p.m., reflected, nutrition dietary note: significant weight assessment: PMH: CHF, dysphagia (difficulty swallowing), and GERD. Resident flagged for significant wt. loss in 90 days to 180 days. On regular diet, regular texture, regular consistency. Eating 0-75% of meals per MD. Ensure clear BID. Snack at nighttime. GOALS: weight maintenance +/-3%. Add 2.0 house supplement 30ml BID. Record review of Resident #17's progress note dated 03/08/2026 at 10:23 a.m., reflected, Nutrition Dietary Note: -13.3 Lbs. wt. loss 10.4% wt. loss in 3 months. -34.1 wt. loss, 22.9% in 6 months. Current wt. 110.2 Lbs. Diet: regular with supplement: Ensure TID. Medications: Vitamin C, and vitamin D. Resident seen for wt. loss x 3 and 6 months. Ensure TID was added 2 weeks ago. Will continue with current with current intervention and if wt. loss persists, will reassess. Continued with current POC Goal: - PO intakes >75% - wt. within +/-3% of 110.2 RD A. Record review of Resident #17's progress note dated 03/20/2026 at 11:14 a.m., reflected, weekly weight of 109 lbs. obtained on 03/19/2026, previous weeks weight 112.2 lbs. Supplements: Ensure Clear TID and house snack. Dietitian notified and a consultant requested. Record review of Resident #17's progress note dated 04/10/2026 at 11:00 a.m., new order for puree diet with pleasure feeds or regular texture foods. Record review of Resident #17's progress note dated 04/11/2026 at 06:20 p.m., reflected new order pureed diet and pleasure foods. Staff to assist with meal feedings. Poor appetite noted. Supplements consumed as tolerated. Record review of Resident #17's progress note dated 04/13/2026 at 08:54 a.m., reflected, appetite poor, 25% of breakfast this morning. Supplements given consumed 50%. Record review of Resident #17's progress note dated 04/14/2026 at 05:43 p.m., reflected, new order pureed diet and pleasure foods, staff assist with feedings at meals. Poor appetite noted. Supplements and fluids consumed as tolerated. Record review of Resident #17's weights (weighted in wheelchair) reflected:11/07/2025 132.4 Lbs. 12/05/2025 12.8.2 Lbs. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	01/05/2026 116.0 Lbs.01/07/2026 111.8 Lbs.01/16/2026 111.8 Lbs.01/21/2026 114.8 Lbs.01/29/2026 119.6 Lbs.02/04/2026 115.2 Lbs.02/18/2026 114.6 Lbs.03/04/2026 114.9 Lbs. 03/07/2026 110.2 Lbs. 04/14/2026 110.0 Lbs. Record review of Resident #26's face sheet reflected, an [AGE] year old female who admitted to the facility on [DATE] and readmitted on [DATE]. Resident diagnosis included Alzheimer's (progressive mental deterioration due to generalized degeneration of brain) disease with late onset, vitamin d deficiency (lacking vitamin, essential for bone health), unspecified dementia (decline in cognitive function-including memory, language, problem-solving, and thinking), unspecified severity, with agitation (extreme, often uncontrollable restlessness, irritability, or mental distress), insomnia (sleep disorder - difficulty staying or falling asleep) due to medical condition, mild protein calorie malnutrition (undernutrition condition where body receives insufficient protein and calories), need for assistance with personal care, muscle wasting and atrophy (thinning muscle tissue), and dysphagia (difficulty swallowing) oropharyngeal (middle part of the throat). Record review of Resident #26's Quarterly MDS dated [DATE], reflected the resident had a BIMS score of 04 and reflected the resident had sever cognitive impairment. Record review of Resident #26's care plan reflected the resident had potential nutritional problem AEB wt. changes r/t unplanned/unexpected weight loss. On 08/09/2025: -13.4%, -22.4Lbs x 1 month date initiated: 08/08/2025 and revision on 08/14/2025. Record review of Resident #26's progress note dated 12/04/2025 at 01:32 p.m., reflected, Nutrition Dietary Note: Resident admitted under hospice services on regular diet, pureed texture, thin consistency. Supplements/snacks: HS snack, 30ml BID (100kcals, 17gm protein per serving), house shakes 8oz TID, super pudding (high calorie) 4oz BID. Varied PO intake, most meals 51-100%, resident intermittently partakes in HS snack offerings. Good acceptance of HS and protein modular per MAR. Resident dependent for feeding at meals. Resident continues to meet criteria for severe malnutrition r/t altered texture consistency, varied po intake, unplanned weight loss, dementia dx, increased protein needs for severe muscle/fat loss. Recommend continuing current diet/supplements at this time. Will monitor PO intake and weights. Record review of Resident #26's progress note dated 03/16/2026 at 04:48 p.m., reflected, resident had no decrease in food intake in the last 3 months. Mini Nutritional Score: 09 (8-11 points: at risk of malnutrition). Record review of Resident #26's progress note dated 04/14/2026 at 10:48 a.m., reflected, resident had no wt. loss in the last 3 months. Record review of Resident #26's progress note dated 04/28/2026 at 02:53 p.m., reflected, RD A noted, residents wt. has stabilized. New order to discontinue 8oz house shakes at this time. Resident to continue routine weight monitoring per facility protocol. Record review of Resident #26's weights reflected:02/10/2026 136.2 (wheelchair)03/25/2026 136.2 (mechanical lift)04/14/2026 136.2 (mechanical lift) During an interview on 05/07/2026 at 08:48 a.m., Resident #26 stated that she had no issues with the facility meals, as they tasted good, always. Record review of Resident #30's face sheet reflected an [AGE] year-old-female who admitted to the facility on [DATE] and readmitted on [DATE]. Resident's diagnosis included iron deficiency anemias (body lacks hemoglobin protein production in the red blood cells), dementia (decline in cognitive function - including memory, language, problem-solving, and thinking), Alzheimer's disease, muscle wasting and atrophy (thinning muscle tissue), dysphagia, oropharyngeal phase. Record review of Resident #30's quarterly MDS dated [DATE] reflected, resident had a BIMS score of 07 reflecting the resident had severe cognitive impairment, suggesting significant difficulties with memory and thinking skills. Record review of Resident #30's care plan reflected, the resident had unplanned/unexpected weight gain r/t consistent good intake date initiated 09/10/2025 and revision on 10/14/2025. Record review of Resident #30's care plan reflected, the resident had malnourished as evidenced by mini nutritional evaluation date initiated 01/22/2026. MD ordered puree diet date initiated: 05/05/2026. INTEVENTIONS: Avoid alcohol use, frequent rest periods, and safety precautions: note s/sx of infection and bleeding, Record review of Resident #30's care plan reflected, the resident a swallowing problem r/t dysphagia (difficulty swallowing), coughing or choking during meals or swallowing medications. Interventions: Puree diet to (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	be followed. Notify MD if resident holds food in mouth, takes several attempts at swallowing, refuses to eat, or appears concerned during meals, date initiated 05/05/2026. Record review of Resident #30's progress notes dated 12/22/2025 at 11:48 a.m., reflected Nutrition Dietary Note: Resident's BMI: 33.4- obese class I. Wt. stable x 1 month. Noted from 12/05/25 at 171 lbs. indicated +3.8%, +6.4 lbs. unplanned weight gain x 92 days and +10.8%/ from 16.7lbs. unplanned weight gain x 183 days. Diet order: regular diet, regular texture, thin consistency, HS snack, good PO intake >75% at meals, resident intermittently partakes in HS snack. Res requires varied assistance at meals. Meds: vitamin D, vitamin E, and ferrous sulfate (iron supplement). Record review of Resident #30's progress notes dated 03/03/2026 at 09:51 p.m., reflected, resident continued on diet as thin liquid with straw pureed diet were best. Record review of Resident #30's progress notes dated 05/06/2026 at 09:35 p.m., reflected, Dehydration Risk Evaluation Findings Score: 5.0 due to Dementia dx. (Score Value 4 or above the Resident was at Risk for Dehydration), modified diet. Record review of Resident #30s weights reflected: 12/05/2025 171.0 Lbs. wheelchair scale 01/05/2026 158.8 Lbs. Wheelchair01/07/2026 167.6 Lbs. Wheelchair01/14/2026 167.8 Lbs. Wheelchair 01/21/2026 166.8 Lbs. CHAIR (SUBTRACT) 01/22/2026 166.0 Lbs. Wheelchair 01/28/2026 166.0 Lbs. Sitting 02/04/2026 168.4 Lbs. Wheelchair 03/07/2026 163.8 Lbs. Digital/ wheelchair Scale04/06/2026 164.2 Lbs. Digital/ wheelchair Scale04/30/2026 164.0 Lbs. Wheelchair 05/06/2026 173.8 Lbs. Mechanical Lift During an interview on 05/07/2026 at 08:45 a.m., Resident #30 stated that she felt satisfied after yesterday's lunch meal. She stated she had not always finished her meals, because she had no desire to eat anymore of the meal. She stated when she had not finished her meals, she had sometimes found herself hungry but had not been offered a snack. She stated that she had not enjoyed the breakfast meals because she had not enjoyed the taste. Record review of Resident #41's face sheet reflected a [AGE] year-old female who admitted to the facility on [DATE]. Resident's diagnosis included lack of coordination, moderate protein-calorie malnutrition (undernutrition condition where body receives insufficient protein and calories), vitamin d deficiency (lacking vitamin, essential for bone health), unspecified dementia (decline in cognitive function-including memory, language, problem-solving, and thinking), unspecified severity, with agitation, other specified eating disorders, insomnia (sleep disorder - difficulty staying or falling asleep), muscle wasting and atrophy (thinning muscle tissue), dysphagia (difficulty swallowing), and oral phase (moving of food or liquid from the mouth to the throat). Record review of Resident #41's Quarterly MDS dated [DATE] reflected the resident had a BIMS score of 06, reflecting the resident had severe cognitive impairment, suggesting difficulties with memory and thinking skills. Record review of Resident #41's care plan reflected, the resident was risk for malnutrition date initiated 10/17/2025 and revision on 03/24/2026. Complete: Mini Nutritional Evaluation date initiated and consult a dietician per order date initiated 12/12/2025. Record review of Resident #41's care plan reflected, the resident was at risk for unintended weight loss r/t hx of weight loss, varied PO intake, and altered diet texture date initiated 10/17/2025 and revised on 10/17/2025. The resident was to maintain adequate nutritional status as evidenced by maintaining or improving weight through the next review target date 07/13/2026. Explain and reinforce to the resident the importance of maintaining the diet ordered, encourage to comply, explain consequences of refusal, and obesity/malnutrition risk factors. If unsuccessful at weight loss, or if the resident chooses not to lose weight, refer to MD. Monitor, document, and report PRN any s/sx of dysphagia: pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat, and if appears concerned during meals. Record review of Resident #41's progress note dated 01/05/2026 at 11:31 p.m., order to administer 4 oz of mighty shake PO three times a day for moderate and super pudding PO two times a day for moderate. PCM none from dietary. Record review of Resident #41's weights by use of wheelchair scale reflected:11/07/2025 107.6 Lbs.12/05/2025 105.8 Lbs.01/05/2026 106.6 Lbs.02/04/2026 103.4 Lbs.02/18/2026 103.8 Lbs.03/04/2026 103.2 Lbs.03/07/2026 105.4 Lbs. 03/18/2026 105.4 Lbs. 04/06/2026 105.4 Lbs. 04/20/2026 105.0 Lbs. Record review Resident #43 face sheet reflected resident was an [AGE] (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	year-old female who admitted to the facility on [DATE] and readmitted on [DATE]. Resident's diagnosis included folate deficiency anemia, vascular dementia, mild, without behavioral disturbance, dementia (decline in cognitive function-including memory, language, problem-solving, and thinking), unspecified severity, with agitation, other specified depressive episodes (period of persistent low mood or loss of interest lasting), Alzheimer's (progressive mental deterioration due to generalized degeneration of brain) disease with late onset, GERD without esophagitis (inflammation and irritation), dysphagia (difficulty swallowing) oropharyngeal (middle part of the throat), muscle wasting and atrophy (thinning muscle tissue), mild protein-calorie malnutrition (undernutrition condition where body receives insufficient protein and calories), and muscle weakness. Record review of Resident #43's Quarterly MDS dated [DATE] BIMS 08, reflecting the resident had moderate cognitive impairment, suggesting noticeable difficulties with memory and daily functioning. Record review of Resident #43's care plan reflected the resident had unplanned/unexpected weight loss on 10/14/2025 of -7.3%, -9.8 Lbs. x 1 month r/t Diuretic (used to increase passing of urine to remove salt and water from the body), and varied food intake. Add Magic cup 4oz. Increase house shakes to TID date initiated on 02/20/2026. Alert dietician if consumption is poor for more than 48 hours. Monitor and evaluate any weight loss. Determine percentage lost and follow facility protocol for weight loss. On 03/24/2026 wt. stable Record review of Resident #43's care plan reflected the resident had a swallowing problem r/t difficulty or pain with swallowing, coughing or choking during meals or swallowing medications complaints. Swallowing assessment resulted r/t dysphagia (difficulty swallowing). Resident on mechanical altered diet date initiated on 03/24/2026 and revised on 04/19/2026. Diet to be followed as prescribed: Puree diet date initiated on 03/24/2026 and revised 05/05/2026. Record review of Resident #43's weights with wheelchair scale reflected:12/05/2025 120.6 Lbs. 01/05/2026 116.2 Lbs.01/07/2026 118.0 Lbs. 01/08/2026 119.8 Lbs. 01/30/2026 115.0 Lbs. 02/04/2026 118.6 Lbs. 02/18/2026 111.3 Lbs.02/25/2026 119.0 Lbs.03/07/2026 118.0 Lbs.03/16/2026 118.0 Lbs.04/06/2026 121.0 Lbs.04/19/2026 121.0 Lbs. Record review Resident #48's face sheet reflected, the resident was an [AGE] year old male who admitted to the facility on [DATE] and readmitted on [DATE]. The resident's diagnosis included Alzheimer's (progressive mental deterioration due to generalized degeneration of brain) progressive mental deterioration due to generalized degeneration of brain) disease with late onset, vitamin d deficiency (lacking vitamin, essential for bone health), unspecified dementia (decline in cognitive function-including memory, language, problem-solving, and thinking), unspecified severity,), insomnia (sleep disorder - difficulty staying or falling asleep), mild protein calorie malnutrition (undernutrition condition where body receives insufficient protein and calories), need for assistance with personal care, muscle wasting and atrophy (thinning muscle tissue), dysphagia (difficulty swallowing) oropharyngeal (middle part of the throat), GERD, lack of coordination, need for assistance with personal care, and muscle wasting and atrophy (thinning muscle tissue). Record review Resident #48's MDS dated [DATE] reflected, the resident had a BIMS score of 06 and reflected the resident had sever cognitive impairment, suggesting significant difficulties with memory and thinking skills. Record review Resident #48's care plan reflected, resident was on a diuretic therapy dated 04/29/2026 and revised on 05/13/2025. Record review Resident #48's care plan reflected, resident had a swallowing problem r/t swallowing assessment results date initiated 05/04/2026. Interventions: resident's diet to be followed as prescribed; puree diet with regular consistency liquids date initiated 05/04/2026. Record review of Resident #48's weights reflected:11/04/2025 169.601/06/2026 169.601/22/2026 148.8 mechanical lift02/04/2026 147.4 wheelchair scale02/06/2026 169.4 wheelchair scale03/27/2026 147.4 wheelchair scale04/14/2026 147.0 wheelchair scale04/30/2026 147.0 wheelchair scale During an observation on 05/06/2026 at 11:30 a.m., [NAME] A was observed in the kitchen preparing pureed tater tot casserole. After placing the casserole into the food processor, [NAME] A was observed adding approximately 1.5 cups of hot water from the coffee maker into the processor and approximately 1.5 cups of hot water to the processor to pureed 5-slices of bread. During an interview (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	on 05/06/2026 at 12:42 p.m., [NAME] A stated after taste testing the regular and puree diet tater tot casserole and bread from a test trays, that the puree' casserole and bread were bland in comparisons to the regular diet casserole and bread which were very flavorful. She stated that the puree' meal was bland because she added water to thin the consistency of the meal. She stated originally, she would have used chicken broth, but that the kitchen was out of broth at that time. She stated the food order would be received on the next day and it was the responsibility of the DM to order weekly. She stated that too often the kitchen had run out of chicken broth and she used water as a substitute. She stated using water could take away from the taste of the food and reduce the nutrition value because water had no calories. She stated that the DM was aware that she had to use water to thin puree meals. During an interview on 05/06/2026 at 12:49 p.m., the DM stated that she had witnessed [NAME] A preparing the puree meals in the kitchen and wondered why water was used instead of broth. She stated she had not intervened because by the time she noticed, the meal process was complete. She stated that usually, [NAME] A had her stuff together and followed the puree' receipts. She stated that broth or gravy was to be used to puree' and thin the tater tot casserole and bread. She stated that the kitchen was out of chicken broth, but beef broth and gravy were available for [NAME] A to have used. She stated when [NAME] A returned from taste testing the puree meal, [NAME] A stated that the food was horrible. She stated in order to reduce wasting the meal after it was already pureed with water, [NAME] A could have added some seasoning to enhance the flavor while the food was still on the serving table. She stated that [NAME] A could have added seasonings to the individual plates before the trays left the kitchen before serving the residents. She stated as the DM she was responsible to make sure that [NAME] A knew how to properly prepare puree meals. She stated moving forward she would stand beside [NAME] A before food preparation and make sure [NAME] A understood the process and taste tested the mixture to ensure the correct texture and taste before serving residents. She stated she had no complaints from the 5-residents who received puree' meals from the kitchen. During an interview on 05/07/2026 at 08:51 a.m., Resident #41 stated that the facility meals were good to taste and she had no issues with the food. During an interview attempt on 05/07/2026 at 08:53 a.m., Resident #48 had not responded to words or sounds when spoken to. During an interview attempt on 05/07/2026 at 08:56 a.m., Resident #17 had not responded to words or sounds when spoken to. During an interview attempt on 05/07/2026 at 8:57 a.m., resident #43 had not responded to words or sounds when spoken to. During an interview attempt on 05/07/2026 at 09:01 a.m., Resident #26 had not responded to words or sounds when spoken to. During an interview on 05/07/2026 at 09:12 a.m., the DON stated it had been her expectation that dietary staff followed the puree' food recipes. She stated residents who received altered texture meals were already receiving fewer calories than residents who received regular diet meals. She stated adding water to puree' meals offered no chloric nutrification and made foods less flavorful. She stated adding broth to puree' foods provided the meal additional calories and flavors. She stated residents who received puree' meals need meals that provide nutritional value and assist with maintaining the calories to avoid weight loss. She stated it was the DM responsibility to ensure that the dietary staff were following the menu receipts. She stated ultimately, it was the ADM's responsibility to ensure the DM was educating the dietary staff on the kitchen policy and procedures. She stated that the staff could have gone to the store down the street and purchased broth over using water to puree food. She stated that the dietary staff were in-serviced on puree' protocols. During an interview on 05/07/2026 at 10:38 a.m., the ADM stated it had been her expectation that the dietary staff followed puree' recipes and instructions per the facility's policy. She stated that the dietary staff received an in-service training on following instructions on preparing puree' meals. She stated deviating from meal recipes by adding water could place residents at risk of weight loss and take away from the flavor of the foods. During an interview on 05/07/2026 at 11:39 a.m., RD A stated he was contracted by the facility to inspect kitchen operations starting in March of 2026. He stated he had only made two visits to the facility since being contracted. He stated he had not observed the preparation or puree' meals nor taste (continued on next page)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676164	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Bellville	106 N Baron Bellville, TX 77418

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident dignity, and overall quality of care.Small preparation changes can make a significant difference in resident health and satisfaction.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety on 05/05/2026 in 1 of 1 kitchen reviewed for food procurement. - The facility failed to ensure 6-fruit cups and personal size water bottle in 1 of 2 refrigerators were labeled and dated during the initial kitchen tour on 05/05/2026 to identify when the items was placed.- The facility failed to store a clean cooking pot and storage container lid off the floor on 05/05/2026 away from the collection of floor dirt, dust and debris'.- The facility failed to store a used flyswatter on 05/05/2026 away from the servicing and food preparation table. These failures could place residents at risk of exposure to foodborne illness and disease. Findings Include: During an observation of the facility's initial kitchen tour on 05/05/2026 at 05:56 a.m., revealed the following: - A tray containing 5-cups of apple sauce and 1-cup of pairs not labeled.- A 16.9 oz water bottle not labeled- 1-cooking pot on the floor under a dish storage shelf.- 1-container lid on the floor under the dish storage shelf.- 1-red flyswatter under the serving table. During an interview on 05/05/2026 at 05:56 a.m., [NAME] A stated that the unlabeled water bottle in 1:2 refrigerators with no date or label was probably another staff member who left it there from the previous dinner shift. She stated that staff keep her drink there to keep it cold. She stated that staff normally kept their food on a shelf in a bag. She stated she was unaware where food brought from home by staff was to be kept if it needed refrigerating. She stated she was unaware of how long the tray of apple sauce with no label had been in the 2 of 2 refrigerators. She stated she was not aware of how the silver pot and a medium size container lid had gotten floor or how long they were there under the dish rack outside of the dish washing area. She stated that the items should be off the floor for infection control purposes. During an interview on 05/05/2026 at 06:01 a.m., the Dietary Aid stated the fruit cups were leftovers from the previous dinner meal. She stated she was unaware who placed the fruit cup in the refrigerator. She stated she only knew that it had been there from the previous meal. During an interview on 05/06/2026 at 09:36 a.m., the DM stated that cooking pots and container lids were to be stored off the floor. She stated using a pot that had been stored on the floor could make residents sick and place them at a health risk to cross confirmation. She stated that pots were not to be stored on the floor. She stated cooking or serving food out of a pot stored on the floor placed the residents at risk to sickness. She stated that the flyswatter should not be stored under the serving table as they had supplies, they used for serving under the table. She stated if the flyswatter was to be stored there, it should be wiped off and cleaned after use. She stated that all foods were to be labeled before storing to know when it was placed and when it needed to be discarded. She stated leftover food had two days maximum in the refrigerator. She stated eating foods over two days old could place residents at risk to food borne illnesses. During an interview on 05/07/2026 at 09:12 a.m., the DON stated it had been her expectation that pots were to remain off the floor, which was considered dirty, at all times. She stated cooking from pots stored on the floor exposed residents to food contagions and illness. She stated personal water bottles were prohibited in the refrigerator cooler. She stated that the cooler was for food stored and served to residents. She stated placing personal items in the cooler could place residents at risk for cross contamination. She stated failing to label foods could lead to serving residents expired foods. She stated if foods were found stored without labeling, they were to be trashed. She stated serving foods without labels could place residents at a serious health risk to food borne illnesses. During an interview on 05/07/2026 at 10:38 a.m., the ADM stated it had been her expectation that pots and pans were stored off the floor and on the storage shelves to avoid the risk of infections. She stated it was her expectation that the dietary staff followed the sanitation policy per regulation requirements. She stated it was her expectation foods were labeled before storing per the policy and to avoid the risk of exposing (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	residents to food [NAME] illnesses. Record review of policy titled Food Storage Policy and dated 2023, reflected, 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 contamination. Procedure: . Food should be dated as it is placed on the shelves if required by state regulation. Record review of policy titled Sanitization and dated 2001, revised date November 2022, reflected, Policy Statement. The food service area is maintained in a clean and sanitary manner. Policy Interpretation and Implementation. All kitchens, kitchen areas and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects.

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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 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility must dispose of garbage and refuse properly for 1 of 2 dumpsters reviewed for garbage disposal. The facility failed to ensure the dumpster door was secured on 1 of 2 dumpster bins during the initial kitchen tour on 05/05/2026. This failure could place residents at risk of exposure to infections, pests and rodents from improperly disposed garbage. Findings included: Observation and interview on 05/05/2026 at 05:56 a.m., 1 of 2 outside trash bins was, opened. [NAME] A was observed closing the trash lid. During an interview on 05/05/2026 at 05:56 a.m., [NAME] A stated that there were short CNAs who could not close the trash once it was opened. She could not provide the staff's names. She stated that the dumpsters were filled by all staff. She stated it was the kitchen's staff's responsibility to ensure it was closed. She stated it was important to keep the lid closed for infection control purposes. During an interview on 05/07/2026 at 09:12 a.m., the DON stated it had been her expectation that the trash dumpster doors were to remain closed at all times to maintain odor and trash contamination, infection control, and pest control issues in and on the property. She stated she was not aware of who left the trash open. She stated that some CNAs were too short and could not close the dumpster lid once they opened. She stated that staff who were unable to close the lid should ask for assistance from a staff member who could. She stated that she had provided an in-service on dumpster expectations. During an interview on 05/07/2026 at 10:38 a.m., the ADM stated it had been her expectation that the dietary staff ensure the dumpster was closed at all times per regulation. She stated it was expectations that any staff that opened the trash lid would closed the trash lid. [NAME] stated that she was looking into getting a trash bin that had sliding side to side doors to make it easier for short individuals who had issues closing the trash lid once it was opened. She stated that risk of having a open door on a trash dumpster was taking away from a home like environment, health risk relating to infection control issues, and increase pest presents that had the potential of come into the facility. Record review of in-service training dated 05/07/2026, reflected an in-service training titled Keeping the dumpster lid closed. Content: Infection control, odor control, pest prevention, and resident safety Presented by the DON. Importance of Keeping Dumpster Lids Closed in Long-Term CareInfection Control: An open dumpster can attract pests such as flies, rodents, and insects that spread bacteria and disease, increasing infection risk for residents, especially those who are elderly or immunocompromised. Odor Control: Closed lids help contain odors that can impact resident comfort, appetite, and overall quality of life. Pest Prevention: Open dumpsters attract rodents, insects, and birds that can spread contamination into the facility. Resident Safety: Open or unsecured dumpsters can pose fall risks, wandering hazards, and exposure to unsanitary conditions: Regulatory Compliance: Maintaining closed waste containers supports infection control standards and helps prevent survey deficiencies. Fire and Environmental Safety: Closed lids help prevent litter, reduce fire risk exposure, and keep outdoor areas clean and controlled. Staff Responsibility:- Ensure dumpster lids are fully closed after each use.- Report damaged or non-functioning lids.- Avoid overfilling dumpsters.- Educate others on proper disposal practices.Key Reminder: If you open it, you close it. Every time. If unable to reach, ask for assistance. Do not just leave open. Record review of policy titled Sanitization and dated 2001, revised date November 2022, reflected, Policy Statement. The food service area is maintained in a clean and sanitary manner. Policy Interpretation and Implementation. All kitchens, kitchen areas and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects. Garbage and refuse containers are in good condition, without leaks, and waste is properly contained in dumpsters/compactors with lids (or otherwise covered). Areas used for garbage disposal are free from odors and waste fats, and maintained to prevent pests.