

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Garrison Nursing Home & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 333 North Fm 95 Garrison, TX 75946	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the facility's only kitchen reviewed for food safety requirements and kitchen sanitation.1. The facility failed to ensure the dietary manager effectively wore a hair net to cover all hair.2. The facility failed to ensure foods stored in the refrigerated were labeled and dated.3. The facility failed to ensure foods stored in the pantry were not out of date. These failures could place residents at risk of foodborne illness and food contamination.Findings Include:During an observation on 07/28/2025 at 8:40am, the dietary manager had hair from under her hair covering on the back of her head. During an observation on 07/28/2025 from 8:49am to 9:30am, the following undated, unlabeled, and expired items were identified by the dietary manager in the refrigerator, and pantry:REFRIGERATOR:*2-gallon bags of red onions, with no date or label. *1 gallon of parmesan cheese expired 06/06/2025.PANTRY:*1 gallon of vanilla flavor expired 2/16/2023.*1 gallon of pancake/waffle syrup without date, label or expiration date. *1 gallon of Teriyaki Glaze expired on 8/27/2024.*1 gallon of Clabber Girl Baking Powder expired 6/13/2025.During an observation on 7/28/2025 at 9:36am during testing of the low temperature dishwasher, the sanitation test strip tested below recommended range at 25 parts per milliliter (recommended range for the test strip is between 50-100 parts per milliliter). The test strips expired February2025.During an interview on 7/30/2025 at 9:17am with DA-B she said all food should be dated and labeled as soon as the food arrives in the kitchen or as soon as it was opened and prepared. She said if food was not dated and labeled the staff could potentially serve the wrong food or expired foods to the residents that could cause food poisoning and make residents ill. She said hair should be covered at all times and if not covered it could fall into food and cause cross contamination and its gross for residents to consume. She said the staff check dates daily when they prepare food. She said all kitchen staff should check for expired foods daily. She said if expired foods are served a resident could get food poisoning or worse. During an interview on 7/30/2025 at 9:25am with the [NAME] she said food should be dated and labeled when food arrives at the facility, when food was opened, when food was prepared, when storing leftover, and when food was taken out of its original packaging. She said all hair should be covered at all times when in the kitchen. She said hair from under the hair nets could get into to the food and drinks. She said hair if hair gets in the food it will cause cross contamination. She said staff normally check for expired foods at least two times per week. She said she have not noticed expired foods in the kitchen.During an interview on 7/30/2025 at 9:34am with the DM she said foods should be dated and labeled as soon as food is delivered. She said any time there are leftovers stored or when an item is open, the staff should reseal, redate and label the item. She said all kitchen staff was responsible for dating and labeling and for checking for expired. She said all staff should cover all the hair on their head and face anytime they are in the kitchen. She said if hair was not properly covered hair could get in the food and cause cross contamination. She said prior to cooking or using a product staff should check the date prior to using the item. She said dates should be checked when food is received to the kitchen and daily. She said using expired food may cause foodborne illnesses and cause someone to be sick. She said she did not (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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She said staff should check for expired foods every day. She said some staff check dates and some staff don't. She said without proper dates, labels, handwashing, covering all hair it increases the chance for residents to get sick. During an interview on 7/30/2025 at 9:53am with DA-D she said food should be immediately dated and labeled daily if food is open, when trucks come in and when putting up leftovers. She said the pantry was not checked often for expired foods. She said she have not seen anyone going and check the expiration dates on foods in the pantry. She said serving expired foods could cause resident to get sick. She said all hair should be covered at all times when in the kitchen. She said hair will get in the food and cross contaminate and could possibly cause choking. She said hair in food was disrespectful as well as dangerous to residents. During an interview on 7/30/2025 at 12:50 pm ADON said she's the infection control preventionist for the facility. She said kitchen staff should cover all hair anytime they are in the kitchen. She said hair that gets into food causes infection control issues, food safety issues and is plain disgusting. She said staff should date and label all food and drink items as soon as they are delivered to the facility, when an item is opened or removed from its original packaging and when storing leftovers. She said the DM was responsible for making sure expiration dates are checked daily. She said all kitchen staff should check for expiration dates on any item used to prepare or serve food to residents. During an interview on 7/30/2025 at 1:10pm DON said staff should have hair covered before walking into the kitchen. She said if hair was uncovered it heightens the potential for negative issue with sanitation, infection control, weight loss and food born illness for all residents in the facility. She said food should be date and labeled within thirty minutes to an hour of being received at the facility. She said any stored foods in the refrigerators, freezers and pantries should have a date and label. She said staff should be checking for expired foods every day. She said no expired foods should be used for consumption for residents as this may cause the resident to become ill. During an interview on 7/30/2025 at 1:22pm Administrator said food should be dated and labeled as soon as it's received at the facility. She said kitchen staff should be checking daily for expired foods and discarding them if they are expired. She said with no date and label it increases the chances to serve expired foods and serve the wrong food to a resident. She said hair should be covered anytime staff was in the kitchen. She said hair could get in the food and cause cross contamination. She said her Dietary Manager is primarily responsible for checking dates, labels, appropriate hair coverage and for expired foods. She said these failures could cause any resident eating the food to become ill, choke, or have a negative outcome. Record review of an operational Policy and Procedure Manual for Long-Term Care (revised July 2014) titled Food Receiving and Storage Policy Policy Statement: Foods shall be received and stored in a manner that complies with safe food handling practices. 7. All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date). Record review of facility policy 2001 MED-PASS, Inc. (revised October 2008). Titled Sanitation Policy Statement The food service area shall be maintained in a clean and sanitary manner. 4. Dishwashing machine must be operated using the following specifications: Low-Temperature Dishwasher (Chemical Sanitizing) b. Final rinse with 50 parts per million (ppm) hypochlorite (chlorine) for at least 10 seconds. Record review of a Dietary Services Policy & Procedure Manual 2012 titled Food Preventing Foodborne Illness-Employee hygiene and Sanitary Practices. Policy Statement: Food Services employees shall follow appropriate hygiene and sanitary (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	procedures to prevent the spread of foodborne illness. Policy Interpretation and Implementation: 12. Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food. Clean equipment, utensils and linens. Record review of the Food and Drug Code dated 2022 indicated. 3-602 Labeling 3-602.11 Food Labels. (A) FOOD PACKAGED in a FOOD ESTABLISHMENT, shall be labeled as specified in LAW, including 21 CFR 101 - Food labeling, and 9 CFR 317 Labeling, marking devices, and containers. (B) Label information shall include: (1) The common name of the FOOD, or absent a common name, an adequately descriptive identity statement; 3-201.11 Compliance with Food Law. (C) PACKAGED FOOD shall be labeled as specified in LAW, including 21 CFR 101 FOOD Labeling, 9 CFR 317 Labeling, Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S 3-202.182-402.11 Effectiveness. (Hair Restraints) 1. Code of Federal Regulations, Title 21, Sections 110.10 Personnel. (b) (1) Wearing outer garments suitable to the operation (4) Removing all unsecured jewelry (6) Wearing, where appropriate, in an effective manner, hair nets, head bands, caps, beard covers, or other effective hair restraints. (8) Confining .eating food, chewing gum, drinking beverages or using tobacco and (9) Taking other necessary precautions		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the residents' environment remains as free of accident hazards as possible for 1 of 5 residents (Resident #65) and 1 of 1 facility reviewed for accident hazards, in that: 1. The facility failed to ensure Resident #65 did not have a cigarette lighter and an alcoholic drink in her room on 7/28/25. 2. The facility failed to implement a policy and procedure to properly inspect the mechanical lift slings for signs of damage before each use and not removing damaged slings from service. These deficient practices could result in burn related injuries, medication interactions, and a loss of quality of life due to injuries if the damaged lift sling broke during transfer for residents that use a mechanical lift for transfers. The findings included: 1. Record review of a facility face sheet dated 7/30/25 for Resident #65 indicated she was a [AGE] year-old female admitted to the facility on [DATE] with diagnosis of chronic obstructive pulmonary disease (a lung condition caused by damage to the airways and alveoli, usually from smoking or other irritants). Record review of a quarterly MDS assessment dated [DATE] for Resident #65 indicated a BIMS score of 13, which indicated she was cognitively intact. She was independent with most ADLs. During an observation on 7/28/25 at 9:57 a.m. a cigarette lighter was observed on the overbed table of Resident #65 and an alcoholic drink labeled Buzz Ball was observed in her personal refrigerator. Drink was labeled as 15% alcohol by volume. During an observation on 7/28/25 at 2:00 p.m. Resident #65 was observed lying in bed. She said the lighter was hers, but could not say why she had it, she just said she'd always kept it on her table. She said she does not smoke. She said she does not drink alcohol, and the drink in the refrigerator was just a chocolate drink. During an interview on 7/28/25 at 2:15 p.m. Administrator said they had no residents that were allowed to have cigarette lighters or alcohol in the facility. She said they were a non-smoking facility. She said Resident #65 would often go out of the facility with family and probably brought them back in after a visit. The Administrator said Resident #65 had no order for alcohol consumption. During a joint interview on 7/30/25 at 12:50 p.m. DON and Administrator both said the cigarette lighter, and alcohol could be a safety issue and lead to falls, interactions with medications, or injury. Administrator said going forward, she would be educating residents regarding prohibited materials and would be more mindful during administrative rounds. Record review of a facility policy titled Smoking Policy (Resident/Family Copy), undated, from facility admission packet read: .Smoking tobacco, matches, lighters, or other smoking paraphernalia are not permitted to be kept or stored in a resident's room or in their possession. Record review of a facility policy titled Alcoholic Beverages, dated October 2010, read: .alcoholic beverages must be treated as medication and stored in the medicine room. 2. During an observation on 7/30/2025 at 8:45 AM 4 mechanical lift slings were hanging on drying hooks in the clean area of the laundry department. 4 of 4 slings the care labels were illegible, and one sling had fading of the blue, green and purple connection straps. The Housekeeping Supervisor said she was responsible for the laundry in the facility including washing and drying of the lift slings used for resident transfers with a mechanical lift. She said the lift slings were washed and hung to air dry after resident use. She said if a lift sling was worn or frayed, had tears she would take them to nursing staff for them to remove from service. She said she was not aware that the slings should be taken out of service of the connection loops were faded and the care labels were illegible. The Housekeeping Supervisor said the facility had obtained new mechanical lift slings, but the new mechanical lift slings had not been put into service. During an interview on 7/30/2025 at 12:25 PM the ADON said all nursing staff members were responsible for ensuring all mechanical lift slings were in good condition and safe for use. She said the Restorative Aide in the therapy department oversees the mechanical lift use and sling conditions. She said the risk to the resident was a fall with injury if the lift sling broke. During an interview on 7/30/2025 at 12:30 PM Administrator said the mechanical lift (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	slings should be replaced if worn or faded in color. She said the risk to the resident was a fall with injury if the lift sling broke. Record review of Nursing Services Policy and Procedure Manual for Long-Term Care Lifting Machine, using a Mechanical dated 2001 MED-PASS, Inc. (Revised July 2017) Purpose: The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions. 8. Make sure that all necessary equipment (slings, hooks, chains, straps and supports) is on hand and in good condition. Sling Care: 1. Disinfect slings between residents (unless disposable). 2. Wash and sanitize according to manufacturer's instructions. 3. Discard any worn, frayed or ripped slings. Record review of Full Body Slings- Medline, Manufacturer's instructions for use www.medline.com accessed 07/30/25 indicated. Always inspect slings prior to each use. Signs of rips, tears, or frays indicate sling wear which is unsafe and could result in injury. Signs of color fading, bleached areas, or permanent wrinkles on the straps indicate improper laundering which is unsafe and could result in injury. Any slings with signs of wear or improper laundering should be immediately removed from use. Sling maintenance best practices. Check condition before each use. If there is any fraying or visible wear and tear, do not use. Reusable slings should be replaced every six months. Follow care instructions on wash tag. If illegible, do not use. Keep at least two reusable slings per patient on hand-one available and one in the laundry. Record review of the manufacturer instructions for Proactive full body slings accessed https://proactivemedical.com/products/lifts-slings/patient-slings/full-body-sling/ accessed 07/30/2025 indicated, .Proactive medical products . Guideline for Identifying Deteriorated Slings Accelerated Deterioration from Bleach, High Temperature Wash or Drying Slings, especially loop straps that have been damaged from being laundered in unsuitable conditions (bleach, high heat wash or dry) may appear to be in good condition but the actual tensile strength of the material may be compromised and pose a safety risk and should not be used for lifting a patient or resident. This Guide is intended to help staff and caregivers better identify slings that have been exposed to above laundry conditions and subsequent loss of tensile strength. We encourage any sling identified with the following characteristics to be removed from service immediately as a preventive measure. Proactive Medical slings have been designed and tested for laundry wash conditions of 170F degrees and air dry or dry at low temperature. The slings should never be bleached. Commercial washer and dryers are not recommended. Care instructions on the sling label should always be followed. Completely Faded / Missing / Illegible Tag while the main body of the sling fabric is still intact and in relatively good condition. Colors are not faded or show very little fading .		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure assessments accurately reflected the resident status for 3 of 10 residents (Resident's #4, #16, and #23) reviewed for MDS assessment accuracy. 1.The facility failed to ensure a quarterly MDS assessment dated [DATE] for Resident #4 captured a significant weight gain of 12.2% in 6 months. 2.The facility failed to ensure a quarterly MDS assessment dated [DATE] for Resident #16 captured a significant weight loss of 5.8% in 1 month. 3.The facility failed to ensure a quarterly MDS assessment dated [DATE] for Resident #23 captured a significant weight loss of 13% in 6 months. This failure could place residents at risk of not receiving adequate care and services to meet their needs.Findings include: 1. Record review of a facility face sheet dated 7/30/25 for Resident #4 indicated she was a [AGE] year-old female admitted to the facility on [DATE] with diagnosis of Alzheimer's disease (a neurodegenerative disease that usually starts slowly and progressively worsens). Record review of monthly weights for Resident #4 indicated she experienced a significant weight gain of 12.2% in six months. Resident #4's weights were: 02/06/2025 193.2 lbs and 07/02/2025 216.8 lbs. Record review of a quarterly MDS assessment dated [DATE] for Resident # indicated Section K 0310 answer recorded was no, indicating that Resident #4 had no weight gain of 10% or more in 6 months. Record review of a comprehensive care plan updated on 7/23/25 for Resident #4 indicated she had an alteration in nutrition related to significant weight loss. 2. Record review of a facility face sheet dated 7/30/25 for Resident #16 indicated she was an [AGE] year-old female admitted to the facility on [DATE] with diagnosis of metabolic encephalopathy (a brain dysfunction caused by underlying metabolic disturbances, leading to symptoms like confusion, memory loss, and altered consciousness). Record review of a Quarterly MDS assessment dated [DATE] for Resident #16 indicated a BIMS score of 14, indicating she was cognitively intact. She required set up or clean up assistance with eating. Section K (Swallowing/Nutritional Status) indicated Resident #16 had not had a weight loss of 5% or more in one month or weight loss of 10% or more in six months. Record review of weights in an electronic medical record for Resident #16 indicated that on 6/9/25, her weight was recorded as 107.4 lbs and on 7/2/25 her weight was recorded as 101.2 lbs, which was a 5.8% loss in 1 month. Record review of a comprehensive care plan updated on 7/2/25 for Resident #16 indicated she had an alteration in nutrition related to significant weight loss. 3. Record review of a facility face sheet dated 7/30/25 for Resident #23 indicated she was a [AGE] year-old female admitted to the facility on [DATE] with diagnosis of cerebral infarction (stroke). Record review of a Quarterly MDS assessment dated [DATE] for Resident #23 indicated a BIMS score of 6, which indicated severely impaired cognition. She was independent with eating. Section K (Swallowing/Nutrition Status) indicated there had been no weight loss of 5% or more in one month or loss of 10% or more in six months. Record review of weights in an electronic medical record for Resident #23 indicated that on 6/3/25, her weight was recorded as 137 lbs and on 12/16/24 her weight was recorded as 158 lbs, which was a 13% loss in 6 months. Record review of a comprehensive care plan dated updated on 6/26/25 for Resident #23 indicated she had an alteration in nutrition related to significant weight loss. During an interview on 7/30/25 at 12:45 pm MDS nurse said she had been doing MDS assessments for over 17 years. She said she must have just overlooked those residents' weights when doing those assessments. She said if the MDS was not accurate, then needed care may not be included on the care plans. She said going forward, she would ensure she got a copy of the weight gains and losses to ensure accurate MDS assessments. During a joint interview on 7/30/25 at 12:50 pm DON said she had been at the facility since March 2025 and the MDS nurse was responsible for MDS assessment accuracy. Administrator and DON both said the care plans were generated from the MDS triggers and if the MDS assessment was not completed accurately, then some things may not get added to the care plan. DON said she would educate MDS nurse on accuracy of assessments and going forward, she expected (continued on next page)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MDS assessments to be completed accurately. Record review of a facility policy titled Minimum Data Set (MDS) Policy for MDS assessment Data Accuracy, undated, read: .The purpose of the MDS policy is to ensure each resident receives an accurate assessment by qualified staff to address the needs of the resident who are familiar with his/her physical, mental, and psychosocial well-being. and .Federal regulations at 42 CFR 483.20 (b) (1) (xviii), (g), and (h) require that: 1. The assessment accurately reflects the resident's status.		