STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676211	A. Building B. Wing	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wesley Woods Health & Rehabilitation	1700 Woodgate Drive Waco, TX 76712

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 observations, interviews, and record review, the facility failed to provide each resident with a nourishing, attractive, palatable, temperature appropriate diet that met his or her dietary needs or preferences for 5 (Resident #13, #37, #53, #58, and #79) of 13 residents reviewed for dietary services.1. The facility failed to serve food that was appetizing.2. The facility failed to ensure food was served according to expected food temperatures.3. The facility failed to serve food that was adequately cooked in that residents were served raw and/or undercooked chicken, ground meat, and potatoes These failures placed residents at risk of decreased food intake, hunger, unwanted weight loss, and diminished quality of life. Findings include:Record review of Resident #13's face sheet on 12/31/2025 reflected an [AGE] year-old female with an original admission date of 4/8/2025 and readmission on [DATE] with diagnoses including Enterocolitis (inflammation in the inner lining of the small intestine and colon) from Clostridium Difficile (a bacterium that causes an infection of the colon), moderate protein-calorie malnutrition (insufficient intake of protein and calories needed for maintaining health and bodily functions), and Major Depressive Disorder with Psychotic symptoms (depression with loss of touch with reality).Record review of Resident #13's quarterly MDS assessment dated [DATE] reflected a BIMS score of 09, which indicated moderately impaired cognition.Record review of Resident #13's comprehensive care plan initiated on 4/18/2025 reflected the resident was at risk for weight changes related to a diagnosis and history of mild protein calorie malnutrition and prefers hamburgers for meals and eggs for breakfast.Record review of Resident #37's face sheet on 12/31/2025 reflected a [AGE] year-old female with an original admission date of 4/20/2023 and readmission on [DATE] with diagnoses including Hypothyroidism (when the thyroid gland doesn't make enough thyroid hormone), lumbosacral spinal fusion (connecting two or more vertebrae in the lumbar and sacral regions to provide stability and relieve pain), bone density disorder (fragile bones), Hyperlipidemia (high cholesterol or fats in the blood), and Hypertension (high blood pressure).Record review of Resident #37's quarterly MDS assessment dated [DATE] reflected that the resident had a BIMS score of 13, which indicated normal cognitive function. Record review of Resident #37's comprehensive care plan initiated on 6/5/2023 reflected the resident was at risk for skin breakdown due to fragile skin and complications related to her diagnoses of Hyperthyroidism and Hyperlipidemia, which required providing a diet and fluids as ordered. The resident was also at risk for significant weight changes, which required offering food preferences and encouraging snacks within dietary restrictions.Record review of Resident #53's face sheet on 12/31/2025 reflected an [AGE] year-old female admitted to the facility on [DATE] with diagnoses including Dementia (a decline in cognitive function affecting memory, thinking, and behavior) with Anxiety, Hypertensive Chronic Kidney Disease (kidney damage caused by long-term high blood pressure), and iron deficiency anemia (when the body doesn't have enough iron to produce red blood cells.Record review of Resident #53's quarterly MDS assessment dated [DATE] reflected that the resident had a BIMS score of 14, which indicated normal cognitive function.Record review of Resident #53's comprehensive care plan initiated 2/9/2024 reflected the resident was at risk for weight changes, nutritional/appetite changes, dehydration and malnutrition, which required a therapeutic diet and fluids as ordered.Record (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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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	review of Resident #58's face sheet on 12/31/2025 reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including Paroxysmal atrial fibrillation (irregular heartbeat that start and stop spontaneously), morbid obesity due to excessive calories (significant amount of excess weight), Hyperlipidemia (high cholesterol or fats in the blood), and Hypertension (high blood pressure).Record review of Resident #58's quarterly MDS assessment dated [DATE] reflected that the resident had a BIMS score of 15, which indicated normal cognitive function.Record review of Resident #58's comprehensive care plan initiated on 3/9/2025 reflected that the resident was at risk for weight changes, dehydration, and malnutrition related to a therapeutic diet, medication side effects, dietary likes and dislikes, impaired cognition, and morbid obesity. The resident was also at risk of skin breakdown due to her nutritional status.Record review of Resident #79's face sheet on 12/31/2025 reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including mild dementia (mild cognitive impairment), Type 2 Diabetes (high levels of sugar in the blood), BMI of 40.0-44.9 (very severe obesity), and GERD (acid reflux).Record review of Resident #79's quarterly MDS assessment dated [DATE] reflected the resident had a BIMS score of 09, which indicated moderately impaired cognition.Record review of Resident #79's comprehensive care plan initiated on 10/27/2023 reflected that the resident was at risk for weight changes, dehydration, and malnutrition related to a therapeutic diet. The resident was to be provided with a diet and fluids as ordered including food preferences and food alternatives within dietary restrictions.Record review of facility Grievance Report Forms for December 2025 revealed several resident complaints regarding late meal service and dietary preferences.Observation of lunch service on 12/29/2025 at 12:30 PM revealed each unit of the facility had their own dining room and meals were transported to each unit via tray carts at consecutive times. Meal service times were observed to be varied and delayed during this observation in relation to the meal times conveyed upon entrance by ADM and. the posted mealtimes for each unit. In an interview on 12/29/2024 at 12:04 PM, Resident #79 stated the food at the facility was horrible. She stated the taste of the food was not as you would expect for the food items served and the menu items were not to her liking. The resident stated that the quality of the food prepared was bad and was typically served cold due to slow service. The resident stated that she was supposed to have received a diet soda with her meals, which was indicated on her meal tickets, but on several occasions that was not provided because it was overlooked which forced her to go into the kitchen herself to get the soda. The resident stated she observed a bunch of horseplay in the kitchen. The resident stated that they were never served fresh fruit even though she had expressed a desire for some. In an interview on 12/29/2025 at 1:40 PM, Resident #53 stated the taste and temperature of the food served at the facility was not good in that the resident stated that she would like to have 1-2 cups of coffee with her meals but there was rarely enough coffee to have even 1 cup. The resident stated when the coffee ran out no more was made.In a group interview during a resident council meeting held on 12/30/2025 at 10:00 AM, the following was reported: Resident #53 stated they were unaware there were snacks available for residents. Resident #13 complained about the taste and temperature of food served. Resident #58 complained about taste of the food consistently being unappetizing in its taste and appearance. Food substitutions were offered but rarely provided as requested. Food was not received according to the service times and that meals were served late. Fresh fruit was never served. The only fruit received was canned fruit and that was not often. Kitchen staff failed to read their food preference requests. Residents #37, #57, and #79 were served raw chicken and ground meat. Residents were served raw potatoes that were cut in half.In an interview on 12/31/2025 at 1:16 PM, the ADM stated she was aware of some of the resident complaints regarding the facility's food and dietary services. The ADM stated that the DM was new to the position and had been hired 2 months prior. The ADM stated the former dietary manager was fired due to food complaints. The ADM stated that the kitchen was down 2 dietary aides and was not fully staffed. The ADM stated that all dietary staff were properly trained and were regularly in-serviced on job duties and expectations. That included food preparation, taste, and temperatures. The ADM stated (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	her expectation for the kitchen and dietary services would be that foods were palatable and served at preferred temperatures or temperatures that met temperature regulations. The ADM stated she had received a complaint approximately 3 months prior that chicken was served raw but was not aware of ground meat or potatoes served raw or undercooked. The ADM stated that she observed and confirmed the raw chicken that was served and stated that it had been cooked too fast, so it was burnt on the outside but raw on the inside. The ADM stated that the cook that prepared that chicken was no longer employed with the facility for that reason.Review of the facility's Dietary and Food Service policy on 12/31/2025 reflected: The facility will provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. MENU The Facility menu will meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.FOODEach resident will receive, and the facility will provide: food prepared in accordance with established professional food preparation practices and by methods that conserve nutritive value, flavor, and appearance. adequate amounts of food that is palatable, attractive, and at the proper temperature. food prepared in a form designed to meet individual needs. substitutes of similar nutritive value to residents who refuse food served, and food that is prepared and served on schedule.

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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. Based on observations, interviews, and record reviews, the facility failed to store food, serve food at the correct temperatures, and sanitize equipment correctly in accordance with professional standards for foodservice safety in the reviewed 1 of 1 kitchen. The findings included:- Food items were not labeled and/or dated. - Food items were out of date. - Food items were not correctly sealed. - Dirty kitchen equipment. - Staff food items were kept with residents' food items. The failures could cause foodborne illness, particularly among vulnerable populations.Findings include:Observation on 12/29/2025 at 9:15 AM of the walk-in cooler reflected the following:- Heavy cream was in the original container, with an expiration date of 12-10-2025.- A plastic bucket of pickled eggs was uncovered and exposed.- A plastic bucket of pickles was uncovered and exposed.- Celery in a container with plastic wrap dated 12-23 with no expiration date. - A bag of greens was left open and exposed. - A box containing green squash had a moldlike substance on one of the squashes. - A package of strawberries with a mold-like substance was on the strawberries. - There was an open personal-sized bottle of coffee in the cooler. Observation on 12/29/2025 at 9:25 AM of the kitchen reflected the following:- A container bin of cereal was left open and exposed with no label and not dated. - A large container of powdered sugar was left open and not dated. - A large container of sugar was not labeled with the expiration date. - The dispenser had lots of old juice residue under the machine where the juice was dispensed. - The coffee maker had lots of old coffee residue under the machine. - Several loaves of bread on a rack were not dated with the expiration date. Observation on 12/29/2025 at 10:46 AM in the kitchen reflected the following:- While CKH was taking temperatures of the food on the warming table, CKH used a paper towel to clean off the food on the thermometer before taking the temperature of another food item. Observation on 12/30/2025 at 10:15 AM in the kitchen reflected the following:- CK D did not sanitize the puree blender between each food item pureed. CK D wore the same gloves throughout the puree process and did not change them at any time. [NAME] touched multiple items, including the oven handle and a container of thickening powder, in the kitchen while wearing the same gloves during the puree process. Observation on 12/30/2025 at 10:47 AM in the kitchen reflected the following:- While CK D was taking temperatures of the food on the warming table, CK D used the rubber gloves on his hand to wipe off the food before taking the temperature of another food item. - CK D took the temperature of the meat loaf, which read 126.1degrees Fahrenheit. CK D did not record the temperature and did not bring the meat loaf to the required 140-degree Fahrenheit internal temperature and it was served to the residents. An interview on 12/30/2025 at 9:35 PM with CK D. CK D said that everyone was responsible for checking the dates on food in the kitchen. CK D said that if an item was out of date, it should be discarded. CK D said that all food items in the kitchen should be sealed. CK D said that the kitchen was thoroughly cleaned daily. CK D said all staff were required to clean the kitchen. Depending on the staffs' position in the kitchen determined what they were supposed to clean. CK D said that it was the aide's responsibility to clean the juice and coffee machines. CK D said there was no checklist for cleaning. CK D said he was required to sanitize the puree blender after each food item was pureed, but he did not do so because he forgot. CK D said that he did not record the food temperatures because he had taken them 2 hours before lunch service. CK D said the meatloaf should be held at 135 degrees and reheated because it was 126 degrees Fahrenheit. CK D said that he needed to sanitize the thermometer after each food item, but he did not do that. CK D said he was not supposed to clean the thermometer with a glove. CK D said that he was supposed to use an alcohol pad to clean the thermometer before taking the temperature of another item. CK D said that staff were not supposed to keep personal food items in the kitchen cooler. CK D said that not sanitizing properly and not keeping food at the correct temperature could cause residents to get sick and lead to cross-contamination.An interview on 12/31/2025 at 1:20 PM with CK F. CK F said that everyone was responsible for labeling items with the correct date. CK F (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	said that if there was no date, the item was discarded. CK F said that the cooler was checked every 3 days. CK F said that food items placed in the cooler should be labeled with today's date and the date three days past the expiration date. CK F said that all opened food items should be resealed. CK F said that all items should be labeled and dated. CK F said that the kitchen should be cleaned daily. CK F said there was a cleaning check-off chart, but it was being revised. CK F said it was everyone's responsibility to clean the kitchen. CK F said that when making purees, the blender should be sanitized before proceeding to the next food item. CK F said that food temps were taken 10 minutes before serving. CK F said she would wipe the thermometer with alcohol, then move on to the next food item. CK F said that staff were not to keep their personal food items in the kitchen cooler. CK F said residents could be exposed to contaminated food and become sick if proper sanitation was not followed.An interview on 12/31/2025 at 1:32 PM with DA E. DA E said he was not sure about there being a checklist in the kitchen for cleaning. DA E said that it was everyone's responsibility to clean the kitchen and check for out-of-date food. DA E said that all opened food should be sealed, labeled, and dated. DA E said staff were not to store personal food items in the kitchen cooler. DA E said residents could become sick from contaminated machines or from eating out-of-date food. An interview on 12/31/2025 at 1:36 PM with DA D. DA D said everyone was responsible for checking out-of-date items. DA D said all food items in the kitchen should be labeled with the correct date. DA D said that if an item was out of date, it should be discarded. DA D said it was everyone's responsibility to clean the kitchen, and that they use a list to guide them. DA D noted the cooks washed their own dishes. DA D said that staff were not to keep their personal food items in the kitchen cooler. DA D said residents could become sick from contaminated machines or from eating out-of-date food. An interview on 12/31/2025 at 1:36 PM with the DM. The DM said that everyone was responsible for checking dates in the kitchen. The DM said that all outdated items should be reported to him and discarded. The DM said that the cooler should be checked every 2 days. The DM said that all open items should be labeled and dated. The DM said it was the responsibility of all staff to label and date items placed in the cooler. The DM said that there should be an expiration date on all food items. The DM said there was a checklist on the cleaning responsibilities of kitchen staff. The DM said that during the puree process, the blender should be sanitized between each food item. The DM said that when the cook should take the temperatures of food items, write down the temperature, and sanitize the thermometer before taking the temperature of the next food item. The DM said that the juice and coffee machines should be cleaned every few days. The DM said staff were not to keep their personal food items in the kitchen cooler. The DM said that residents could become ill if proper sanitation was not maintained or if they are served out-of-date food. An interview on 12/31/2025 at 1:36 PM with the ADM. The ADM said all opened food items should be sealed, labeled, and dated. The ADM said that during the puree process, the blender should be sanitized between each food item. ADM said that when temperatures are being taken, the thermometer should be sanitized between each food item and the temperature recorded. The ADM said that it is the responsibility of all kitchen staff to clean the kitchen. The AMD said there should be a checklist showing which staff are responsible for which cleaning tasks. The DM stated that staff are not to keep their personal food items in the kitchen cooler. The ADM said the DM has been in the kitchen for only two months and has been working to get everything in place. The ADM said that if a resident ate out-of-date food, they could get sick. The ADM said that improper sanitation could lead to cross-contamination.Record review: Reviewed the facility's food storage policy was not dated. Policy: Daily Food Temperature ControlProcedure: We will assure that food is served at a safe temperature. Temperatures of all hot and cold food shall be taken prior to every meal service and recorded on the Temperature Log. This is done to help ensure that food is safe and is served within acceptable ranges.1. There is a thermometer available for use in the department to test the temperature of foods, which is sanitized between food testing.2. Prior to meal service, the cook shall take the temperature of all hot and cold foods.3. Temperatures are recorded on the Temperature Log form.4. All hot foods shall be cooked and (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	held for service at temperatures of 140 degrees F or above.5. Any hot or cold food which does not meet the minimum acceptable temperature shall be heated to a temperature of 165 degrees Fahrenheit and held at least 15 seconds. Policy: Cleaning was not datedProcedure: 1. All equipment, food contact surfaces, and utensils shall be cleaned:2. All food surfaces will be cleaned at the end of each food preparation session.

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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 ensure that drugs and biologicals used in the facility were stored properly for 1of 2 Medication Storage rooms (Hall 300 Room) reviewed for drug storage. The facility failed to ensure expired medications were removed from the medication storage room on Hall 300 and that used dressings that were no longer sterile were also removed from the room. This failure could place residents at risk of receiving ineffective medication treatments and contaminated wound care that could result in unnecessary infections.Findings include: Observation on 12/30/25 at 2:37 pm of the 300 Hall Medication Storage Room revealed:2 Packages of 4x4 Sterile Wound Dressings opened but still in stock for use.1 Package of 4x4 Sterile Silver Wound Dressing opened but still in stock for use.1 Bottle of Zinc 50 milligram tablets expired 11/30/2025 In an interview on 12/31/25 at 1:31 pm CNA A stated, the policy for expired medications and expired/opened medical supplies was to throw them away. She stated that it was important to discard expired or open medications because residents could get sick from them or they may not work correctly. She stated, if expired items were accidentally used, the residents could get poisoned, or they may not work effectively. In an interview on 12/31/25 at 1:35 pm LVN B stated, the policy for expired medications and expired/opened medical supplies was to place them in the overflow bin where the ADON would remove them. She stated that it was important to discard expired or opened medications because they could make residents sick or they could be ineffective for the resident's treatment. She stated the negative outcome to residents if expired medication was given could be illness for a resident or it could be ineffective treatment, and she stated using previously opened sterile dressings would create a risk for infections in the resident's wounds. In an interview on 12/31/25 at 1:45 pm the DON stated that the policy for expired medications and expired/opened medical supplies was to discard them. She stated that it was important to discard expired or opened medications because opened and expired items could be contaminated and this could result in stomach upsets or infections for residents. She stated nursing is responsible for removing expired items. In an interview on 12/31/25 at 1:52 pm the ADM stated the policy for expired medications and expired/opened medical supplies was to discard them. She stated that it was important to discard expired or open medications because if they were used, residents could get less medication than they needed if the medication had lost its potency. She stated that opened sterile dressings could cause infections for the residents if used accidentally. Record Review on 12/31/25 of the facility's undated Storage of Medications policy reflected: No discontinued, outdated, or deteriorated medications are available for use in this facility. All such medications are destroyed. Ensure that medications are stored in a safe, secure, and orderly manner.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, 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 transmission of communicable diseases and infections for 1 of 1 laundry room. The facility failed to ensure laundry staff handled and stored linens in a manner to ensure cleanliness and protect from dust and soil to prevent cross-contamination and the spread of infections. This failure could place residents at risk for development of communicable diseases and infections that could diminish a residents' quality of life. Findings were: Observation on 12/30/2025 at 3:35 pm revealed 1 shelf of clean linen (resident gowns) stored on the dirty side of the laundry room. Resident gowns were folded, stacked neatly and appeared ready for use. The gowns were not covered or protected on the dirty side of the laundry. There was no signage giving directions on the use of the gowns. In an interview with 12/30/2025 at 3:40 pm LA C stated the laundry stored on the shelf which was located in the dirty side of the laundry, was clean laundry. She did not know why it was stored on the dirty side or why the gowns were uncovered. She requested the surveyor to speak with the ESD for that information. In an interview with ESD on 12/30/2025 at 3:45 pm she stated the laundry on the shelf located in the dirty side was clean laundry but that anything on the shelf would need rewashing before use because it was stored on the dirty side. She stated the reason it was important to protect clean linen is to prevent it from getting bacteria contamination which could cause infections for residents. She stated that she thought everyone would know to rewash linens on that shelf before use. In an interview on 12/31/25 at 1:31 pm CNA A stated, the policy for laundry/linens was to never mix clean and dirty laundry. She stated that was important to prevent cross-contamination and that mixing clean and dirty laundry could result in the residents' getting infections. In an interview on 12/31/25 at 1:35 pm LVN B stated, the policy for laundry/linens was definitely not mix clean and dirty laundry. She stated keeping the laundry separate was important to prevent laundry from getting germs and bacteria which could cause residents infections. She stated mixing the laundry could create cross-contamination and make residents ill. In an interview on 12/31/25 at 1:45 pm the DON stated the policy for laundry/linens was dirty and clean laundry had to be kept separate and transported in a bag or closed cart. She stated separating the laundry was important to prevent cross-contamination which could result in infections for residents. She stated there could be feces on the dirty laundry and it could get transferred on the clean laundry and to the resident if the laundry was mixed. In an interview on 12/31/25 at 1:52 pm the ADM stated she just learned that the policy for laundry/linens was to keep dirty and clean laundry stored separately. She stated that it was important to keep it separate to prevent cross-contamination which could cause residents to get infections.Record review of the facility's undated policy titled Laundry and Linen Services reflected the following:Soiled laundry is a significant and important source of microbial contamination. To reduce the possibility of infection transmission, soiled laundry must be kept separate from clean laundry and handled carefully with minimum agitation. Record review of the facility's undated policy titled Standard Precautions-Laundry and Linen reflected the following:Contaminated laundry and all other laundry shall be kept separated.