STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676372	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Twin Pines North Nursing and Rehabilitation Center	1301 Mallette Drive Victoria, TX 77904

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 - Some	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 reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen (Kitchen 1) and 2 of 3 Serveries (Servery 2 and Servery 3) reviewed for food safety requirements.1. Three bulk bin lids in the kitchen for flour and cornmeal were cracked with sharp edges and gaps are not easily cleanable and could let contaminants into the bin.2. Food service staff in Servery 2 and Servery 3 stored items in the hand sink and trash cans in front making them inaccessible for use on 6/2/2026.ˆ 3. Reach in refrigerator read 51 degrees F on the digital thermometer and milk read 53.7 degrees F in Servery 3 on 6/2/2026.4. Staff personal cell phones observed on a cutting board and stainless table used for food preparation in Servery 2 and Servery 3 respectively.5. Open milk and other open containers of TCS food observed in the reach in refrigerators in Servery 2 and Servery 3 lacked a date mark for discarding food.These failures could place residents at risk for the spread of infections, food contaminations, food-borne illnesses, and diminished quality of life.The findings included: During an observation on 6/2/2026 at 12:00 PM, the three bulk bin storage system with cornmeal and flour in two of the bins was observed with cracked lids on all three bins. During an observation on 6/2/2026 at 12:18 PM, a resident's personal reuseable food storage container was observed in the hand sink in Servery 2, and a trashcan was observed directly in front of the hand sink making the only hand sink in the food preparation room inaccessible. During an observation on 6/2/2026 at 12:19 PM, a personal cell phone was observed in Servery 2 on a cutting board at the steam table next to a Styrofoam cup of food and exposed dinner rolls. During an observation on 6/2/2026 at 12:21 PM, milk was observed in the Servery 2 reach in refrigerator lacking a discard by date of 7 days or less for time/temperature control for safety foods. During an observation on 6/2/2026 at 12:21 PM, the Dietary Manager instructed the Dietary Aide in Servery 2 to write a 7-day date mark on the milk showing the day it needs to be used or discarded which was 7 days after opening. During an observation on 6/2/2026 at 12:23 PM, a roll of trash bags was observed in the hand sink in Servery 3, and a trashcan was observed directly in front of the hand sink making the only hand sink in the food preparation room inaccessible. During an observation on 6/2/2026 at 12:23 PM, a personal cell phone was observed in Servery 3 on a stainless-steel table next to used foil, plastic food storage bags, a food tray, and other packaged food items. During an observation on 6/2/2026 at 12:30 PM, the reach in refrigerator in Servery 3 was observed with a cold holding temperature of 51 degrees F on the external digital display and 46 degrees F on the internal mechanical thermometer. A glass of milk poured from milk stored in the reach in cooler was observed to be 53.7 degrees F. The temperature log was observed to be blank for the AM and PM shifts on 6/1/2026 and the AM shift of 6/2/2026. During an interview on 6/2/2026 at 11:46 AM, the Dietary Manager stated she had ordered replacement lids for the cracked bulk bins. During an interview on 06/19/2026 at 11:21 AM, the Dietary Manager stated that staff take reach-in cooler temperatures, when they come in and record them on the cooler log. She stated that staff check temperatures by look(ing) at the digital thermometer on the cooler and the backup thermometer in the cooler and will notify me and maintenance if the temperature is above 41 degrees F. She stated, We discard the food if it's (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	determined to be above 41F. The Dietary Manager stated the risk to residents of TCS foods stored above 41 degrees F was They could get sick like food poisoning. There is a greater risk for elderly residents because their immune system is different, older. She revealed that staff cannot have personal items in the food preparation areas and that lockers are provided for this purpose. She stated that staff can have a cell phone in their pocket because some have children and need to be able to receive emergency calls. This conflicts with the policy which states that cell phones are not allowed in the food preparation rooms and must be stored in lockers. She stated that hands must be washed when coming into the preparation area, leaving the preparation area, and anytime a change in task happens. She said that the hand sink must be stocked with soap and paper towels and must be accessible for hand washing at all times. She stated that the risk to residents if the hand sink was not accessible for hand washing was cross-contamination. During an interview on 6/5/2026 at 11:35 PM, the Dietary Aide stated that she would contact the Dietary Manager or Maintenance if the cooler was above 41 degrees F. Record review of the facility's undated policy, Storage Refrigerators with descriptor IC 00-10.0 revealed: All Storage Refrigerators shall be maintained clean and have a proper temperature for food storage and to ensure a proper environment and temperature for food storage.1. Storage refrigerators shall be well lighted, ventilated, temperature controlled, and must have an internal thermometer.2. Storage refrigerators shall have thermometers frequently monitored throughout the day and recorded in the am and pm shifts. Temps are recorded on the Refrigerator/Freezer Temperature Log. The refrigerator should be 41 degrees F or less, and the freezer should be maintained at less than O degrees F.3. If the temperature is not within the correct range, contact the Dietary Service Manager. If the food within the unit is still in the correct range, move it to a working unit if available. Record review of the facility's undated policy, Dietary Food Service Personnel Policy and Procedures with descriptor HR 00-2.0 revealed: Work Procedures:9. Telephone Calls: personal calls are permitted only in the case of an emergency.Work Conduct:3. All personal belongings (cigarette packages, sweaters, papers, books, eel phones, and purses) must be kept out of the food preparation area.Sanitation and Food Handling:11. All unused food must be securely covered. All items are to be dated and labeled as to their content.14. All food must be kept at its safest temperature. Room temperature is never acceptable for potentially hazardous foods. If more than 15 minutes holding is necessary, the food must be in a refrigerator at less than 41 degrees or kept hot, above 140 degrees. Record review of the facility's undated policy, Hand Washing with descriptor IC 00-4.0 revealed: Hand WashingWe will ensure proper hand washing procedures are utilized. Employees are to frequently perform hand washing as outlined below.Procedure:1. Hand washing occurs in sinks provided for that purpose; sink areas provide hot/cold running water, soap in dispensers, and paper towels, and should have a sign posted conspicuously near or above wash basin.Record review of the FDA Food Code 2022, https://www.fda.gov/food/retail-food-protection/fda-food-code,ˆaccessed 6/9/2026 revealed: 3-305 Preventing contamination from the premises3-305.11 Food Storage.(A) Except as specified in (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD:(2) Where it is not exposed to splash, dust, or other contamination; and 3-307 Preventing Contamination from Other Sources3-307.11 Miscellaneous Sources of Contamination.FOOD shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301 - 3-306. 3-501 Temperature and Time Control3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding.(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained:(2) At 5 C (41 F) or less. P 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. PfCommercially processed foodOpen and hold cold (B) Except as specified in (E) - (G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: Pf(1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; Pf and(2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety. Pf 4-202 Cleanability4-202.11 Food-Contact Surfaces.(A) Multiuse FOOD-CONTACT SURFACES shall be:(1) Smooth; Pf(2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections; Pf(3) Free of sharp internal angles, corners, and crevices; Pf 5-205 Operation and Maintenance5-205.11 Using a Handwashing Sink.(A) A HANDWASHING SINK shall be maintained so that it is accessible at all times for EMPLOYEE use. Pf(B) A HANDWASHING SINK may not be used for purposes other than handwashing. Pf 3-501 Temperature and Time Control3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding.(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained:(2) At 5 C (41 F) or less. P

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an Infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infection for 4 of 7 residents (Residents #5, #10, #63 and, #92) reviewed for infection control, in that: 1. The facility failed to ensure Resident #5 who had a wound was placed on enhanced barrier precaution. 2.The facility failed to ensure LVN C changed her gloves to prevent cross contamination while providing wound care for Resident #10 3. The facility failed to ensure CNA D sanitized or washed her hands between changing gloves while providing incontinent care for Resident #63. 4. The facility failed to ensure LVN B did not touch the medications she was administering to Resident #92 with bare hands, These deficient practices could place residents at-risk for infection due to improper care practices. The findings include: 1.Record review of Resident #5's face sheet, dated 06/02/2026, revealed the resident was admitted to the facility on [DATE] and, readmitted on [DATE], with diagnoses which included: Type 2 diabetes mellitus (high level of sugar in the blood) , Vascular dementia (decline in cognitive abilities due abnormal blood flow in the brain), Chronic kidney disease (gradual loss of kidney function), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood), Cellulitis (spreading skin infection, most commonly of the lower leg) , and Major depressive disorder (mental disorder characterized by at least two weeks of pervasive low mood, low self-esteem, and loss of interest or pleasure). Record review of Resident #5's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 15, indicating no cognitive impairment. Resident #5 required limited assistance and was always incontinent of bowel and bladder. Record review of Resident #5's care plan, dated 03/20/2025, revealed a problem of ulcer development r/t weakness, COPD, heart failure, protein calorie malnutrition, obesity, PVD, DM. Resident with full thickness non-pressure wound to RLE. and, an intervention of Assess/record/monitor wound healing at least weekly. Measure length, width anddepth where possible. Assess and document status of wound perimeter, wound bed and healing progress. Report declines to the MD. Record review of Resident #5's physician orders for June 2026 revealed an order for STAGE 2 NON-PRESSURE ULCER TORIGHT LOWER LEG CLEAN WITH WOUND CLEASER, PAT DRY, APPLY MEDIHONEY, APPLY CALCIUM ALGINATE AND COVER WITH 4X4 BOARDER GAUZE DRESSING EVERY DAY AND PRN UNTIL HEALED. Observation on 06/02/2026 at 1:50 p.m. revealed no enhanced barrier precaution sign and no personal protective equipment seen by Resident#5's room. During an interview with LVN E on 06/02/2026 at 2:13 p.m. LVN E stated Resident #5 had a leg wound and stated he should be on enhanced barrier precaution, but he was not on enhanced barrier precaution at the moment. The wound was recurring from time to time, and it had just reopened a couple days ago. During an interview with the DON on 06/04/2026 at 4:05 PM, she stated any resident with a wound should be on enhanced barrier preauction. Resident #5 should have been placed on enhanced barrier precaution as soon as his wound reopened. Enhance barrier precaution training was provided to the staff within the current year. Record review of the facility's policy titled, Hand Washing, dated 04/01/2024, revealed Enhanced barrier precautions are indicated for residents with any of the following [.] wound and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. 2. Record review of Resident #10's face sheet, dated 06/04/2026, revealed the resident was admitted to the facility on [DATE] and, readmitted on [DATE], with diagnoses which included: Chronic kidney disease (gradual loss of kidney function) , Dysphagia (Difficulty swallowing), Colostomy status (opening in the colon through the abdominal wall, called a stoma, allowing stool to bypass the rectum and anus and exit into a pouch or bag), Type 2 diabetes mellitus (high level of sugar in the blood), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood), and Pressure ulcer of right buttocks (Pressure ulcers, also known as bedsores or decubitus ulcers, develop when sustained pressure reduces blood flow to the skin, (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	leading to tissue damage) . Record review of Resident #10's admission MDS, dated [DATE], revealed the resident had a BIMS score of 15, indicating no cognitive impairment. Resident #5 required extensive assistance and was coded for having a stage 4 pressure ulcer. Record review of Resident #10's care plan, dated 01/29/2026, revealed a problem of The resident has a pressure ulcer to Left buttock, unstageable to Right & Left heel and Right buttock. Resident is at risk for future ulcers r/t reduced mobility, large body frame with multiple skin folds, DM, incontinent episodes of bowel, foley catheter insertion. and an intervention of Administer treatments as ordered and monitor for effectiveness. Replace loose or missing dressings PRN. Observation on 06/04/2026 at 11:19 a.m., while providing wound care for Resident #10, LVN C cleaned the wound and did not change her gloves or wash her hands before applying the treatment and clean dressing. During an interview with LVN C on 06/04/2026 at 11:45 p.m. she stated she forgot to change her gloves after cleaning the resident's wound, but she should have changed her gloves and sanitize her hands. She stated she received infection control training within the current year. During an interview with the DON on 06/04/2026 at 4:05 PM, she stated staff should change their gloves after cleaning a wound to prevent cross contamination and infection for the resident. She stated infection control training was provided for the staff annually. Record review of the facility's policy titled, Fundamentals of Infection Control Precautions, undated, revealed Hand hygiene continues to be the primary means of preventing the transmission of infection. Thefollowing is a list of some situations that require hand hygiene: [.] After contact with a resident's mucous membranes and body fluids or excretions. 3. Record review of Resident #63's face sheet, dated 06/04/2026, revealed the resident was admitted to the facility on [DATE], with diagnoses which included: Parkinson's disease (progressive neurological disorder that primarily affects movement) , Cardiomegaly (enlargement of the heart), Dysphagia (Difficulty swallowing), Hypercholesterolemia (Elevated level of any or all lipids(fat) in the blood) , Dementia (decline in cognitive abilities), Anxiety disorder (A group of mental illnesses that cause constant fear and worry). Record review of Resident #63's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 11, indicating moderate cognitive impairment. Resident #63 required limited to extensive assistance and was coded for having an indwelling catheter. Resident #63 was always incontinent of bowel. Observation on 06/04/2026 at 11:00 a.m., revealed while providing catheter care for Resident #63, CNA D changed her gloves after cleaning the resident and before applying cream and touching the clean briefs, but she did not sanitize her hands prior to putting on new gloves. During an interview with CNA D on 06/04/2026 at 11:11AM, CNA D stated she did not realize she had to use sanitizer between change of gloves during care. She did receive infection control training within the current year. During an interview with the DON on 06/04/2026 at 4:05 PM, she stated staff should sanitize or wash their hands between changing of gloves to prevent cross contamination and infection for the resident. She stated infection control training was provided for the staff annually. Record review of the facility's policy titled, Fundamentals of Infection Control Precautions, undated, revealed Hand hygiene continues to be the primary means of preventing the transmission of infection. Thefollowing is a list of some situations that require hand hygiene: [.] After contact with a resident's mucous membranes and body fluids or excretions. 4. Record review of Resident #92's face sheet, dated 06/04/2026, revealed the resident was admitted to the facility on [DATE], with diagnoses which included: Fracture of sacrum (break in the sacrum, a triangular bone at the base of the spine), Malignant neoplasm of sigmoid colon (Cancer of part of the intestine), Type 2 diabetes mellitus (high level of sugar in the blood), and Hypertension (High blood pressure). Record review of Resident #92's BIMS score assessment, dated 05/27/2026, revealed the resident had a BIMS score of 9, indicating moderate cognitive impairment. Record review of Skilled Section GG assessment, dated 05/29/2026, revealed Resident #92 required limited assistance and had a colostomy. Observation on 06/04/2026 at 9:08 a.m., revealed while preparing medications for Resident #92, LVN B placed a pill in the palm of her bare hand before placing in the medications cup. During an interview with LVN B on 06/04/2026 at 9:25AM, LVN B stated she realized she had touched the pill with her hand and knew she should not (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	have because of the risk of contaminating the pill before giving it to the resident. She received infection control training within the current year. During an interview with the DON on 06/04/2026 at 4:05 PM, she stated staff should not touch medications with bare hands and the medication should go from blister or bottle directly in the cup to prevent contamination and prevent infection for the resident. She stated the staff was provided with infection control training within the current year. Record review of the facility's policy titled, Fundamentals of Infection Control Precautions, undated, revealed Staff will wear intact disposable gloves in good condition and change after each use, which helps reduce the spread of microorganisms.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to have the comprehensive care plan reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments for 1 of 5 residents (Resident #25) reviewed for comprehensive care plans.The facility failed to revise Resident #25's care plan after the quarterly MDS assessment.This failure does not allow the resident and resident representative to participate in updating care plan goals and interventions which could place the resident at risk of not receiving needed care and treatment.The findings include:Record review of Resident #25's admission sheet dated 6/4/2026 revealed he admitted to the facility on [DATE] and was a [AGE] year-old male with primary diagnoses of acute kidney failure with tubular necrosis (kidney's tubular cells are damaged, often due to reduced blood flow, exposure to toxins, or infections), unspecified dementia (cognitive decline is evident), and unspecified intellectual disabilities (developmental disorder characterized by limitations in intellectual and adaptive functioning). Record review of Resident #25's Quarterly MDS assessment dated [DATE] documented a BIMS score of 15 of 15 indicating the resident is cognitively intact.Record review of Resident #25's care plan history on 6/4/2026 revealed the last update was completed on 12/24/2025 with the next review date listed as 3/24/2026.Record review of Resident #25's Habilitation Service Plan first quarter note dated 1/29/2026 stated, 1Q SPT meeting held at Twin Pines North. PASRR Services and supports were discussed. [Resident #25] is not on Hab therapy. Outcomes discussed and created. CLO discussed and declined. No DME needed.During an interview on 6/5/2026 at 12:02 PM, the Regional Reimbursement Nurse in the MDS office stated that she could answer questions about care plans. The Regional Reimbursement Nurse stated that Resident #25's care plan was not updated after the last quarterly MDS assessment was completed on 12/24/2025. She stated that she can't say why it was not updated but that the EMR clinical dashboard shows overdue care plans and Resident #25's care plan was listed there. She stated that the MDS case managers were responsible for reviewing the dashboard and updating the care plans that are due. She stated, At that time we were missing a case manager and the regionals were completing assessments. We hired a case manager on 3/9/2026. She stated that the impact to residents would be, The care plan would not be accurate, and the team would not be aware of the changes for a resident.During an interview on 6/5/2026 at 2:40 PM, the DON stated, After we do assessments, the assessments items trigger a care plan update, and it feeds directly in. It could be updated daily or weekly. It should be updated after each assessment. She stated, Nurses and MDS nurses are responsible for updating care plans. She stated that the impact to residents would be, We wouldn't be following up on things we could improve on that could affect the resident improvement.Record review on 6/5/2026 of the facility policy Comprehensive Care Planning revealed: The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan will describe the following -The services that are to be furnished to attain or maintain the residents' highest practicable physical, mental, and psychosocial well-being; andAny specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASRR and the resident's representative(s)-The residents' goals for admission and desired outcomes.The resident's care plan will be reviewed after each Admission, Quarterly, Annual and/or Significant Change MDS assessment, and revised based on changing goals, preferences and needs of the resident and in response to current interventions.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility failed to ensure incontinent care was provided in accordance with appropriate treatment and service practices to prevent urinary tract infections and to restore continence to the extent possible for 1 of 2 residents (Resident #33) reviewed for incontinent care and catheter care, in that: The facility did not ensure that, while providing incontinent care for Resident #33, CNA A separated the resident's labia. That deficient practice could place residents at risk for infection and skin break down due to improper care practices. The findings included: Record review of Resident #33's face sheet, dated 06/04/2026, revealed an admission date of 05/25/2022 and, a readmission date of 05/26/2026, with diagnoses that included: Atrial Fibrillation (irregular heart rhythm), Hypertension (high blood pressure), Hyperlipidemia (elevated levels of cholesterol in the blood, particularly low-density lipoprotein (LDL), often referred to as bad cholesterol.), Essential tremors (rhythmic shaking that can't be controlled), Spondylosis (degenerative changes in the spine). Record review of Resident #33's BIMS assessment, dated 05/27/2026, revealed a score of 14, indicating no cognitive impairment. Record review of Skilled Section GG, dated 05/28/2026, revealed Resident #33 required extensive assistance with her activities of daily leaving and was incontinent of bowel and bladder. Record review of Resident #33's care plan, dated 05/26/2026, revealed a problem of Resident is incontinent of bowel andbladder and requires assistance for toileting tasks / incontinent care. Potential for improved functional independence fortoileting tasks with skilled Occupational Therapy interventions. Potential for UTI (urinary tract infection). Potential for constipation. And an intervention of Ensure cloths and linen are clean, and dry; change PRN. Provide incontinent care promptly when found wet or soiled. Observation on 06/04/2026 at 10:25 a.m. revealed while providing incontinent care for Resident #33, CNA A did not separate the resident's labia and did not clean the resident's urethral area. During an interview with CNA A on 06/04/2026 at 10:35 a.m., CNA A stated she did not separate Resident #33's labia and did not clean the resident's urethral area. She thought she was cleaning the resident by doing a path on top of the resident's labia. During an interview with the DON on 06/04/2026 at 4:04 p.m., the DON stated that during perineal care for female residents, the staff must separate residents' labia and clean the residents' urethral area to ensure appropriate cleaning and prevent infection. Training and annual skills checks for incontinent care was provided every year by the DON and ADON. Record review of Providing Perineal-Genital Care (Peri Care). dated 11/17/2024, https://nurseslabs.com/perineal-care-pericare/ , revealed Gently cleanse the outer folds of the labia majora. Use a gentle, separate motion to spread the labia and access the folds between the labia majora and labia minora, washing this area thoroughly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676372	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Twin Pines North Nursing and Rehabilitation Center	1301 Mallette Drive Victoria, TX 77904

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to store all drugs and biologicals in locked compartments and permit only authorized personnel to have access to the keys, for 1 of 5 medication carts (Hall 500: Nurse Medication Cart) reviewed for secured medications, in that: The Facility failed to ensure that Hall 500 Medication Cart was kept locked and supervised at all times. That deficient practice could place residents at risk for drug diversion or accidental medication ingestion.The findings included: Observation on 06/04/2026 at 8:57 a.m. revealed LVN B left Hall 500's medication cart unlocked while going in a resident room to take vitals. She lost sight of the cart which was left outside the resident's room with the door partially closed. The medication cart contained medications in solid and liquid form. One resident's family member passed by the cart and one staff member walked by the cart while it was left unlocked but did not lock it. During an interview with LVN B on 06/04/2026 at 8:59 a.m., LVN B stated the medication cart was left unlocked, and she had forgotten to lock it before entering the resident's room. She stated, per policy, the cart had to be locked when she was not supervising it. During an interview with the DON on 06/04/2026 at 4:05 p.m., the DON stated all medication carts were to be kept locked when not supervised by the staff using them. She stated the staff had been trained in drug diversion and storage of medications within the current year. Record review of the facility's policy titled Medication Storage in the Facility, dated 2025, revealed: Only licensed nurses, the Consultant Pharmacist, and those lawfully authorized to administer medications (e.g. medication aides) are allowed unsupervised access to medications. Medication rooms, carts, and medication supplies are locked or attended to by persons with authorized access.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676372	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Twin Pines North Nursing and Rehabilitation Center	1301 Mallette Drive Victoria, TX 77904

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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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observations and interview, the facility failed to post the nurse staffing data on a daily basis for 1 (6/4/26) of 4 days reviewed in that:The daily posted nurse staffing information was not posted in the facility on 6/4/26.This deficient practice could affect all residents and could result in residents and visitors being unaware of staffing levels in the facility.Findings include:During observations on 6/4/2026 between the hours of 8:30 AM and 3:40 PM, the posting of the nursing staff information was not available for review by residents and visitors of the facility.During an interview on 6/4/26 at 3:33 PM the Administrator stated of the nurse staffing post, It's moved due to the office changes, but it should be located by the DON office. Observations made with the DON revealed the nurse staffing was not posted by the DON office. The Administrator stated she would let this surveyor know once one was posted. The sheet was located and observed posted by 3:40 PM on 6/4/2026.During an interview on 6/5/2026 at 3:45 PM, the Administrator revealed the facility does not have a policy for posting nurse staffing.