STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676473	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caraday of Lampasas	1000 E Ave J Lampasas, TX 76550

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review the facility failed to designate a registered nurse to serve as the director of nursing on a full-time basis for 1 of 1 DON reviewed for DON coverage and failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week for 1 of 1 facility reviewed for nursing services. The facility failed to have a full-time Director of Nursing on 2/14/2026 and 2/15/2026 as of 02/26/2026. This failure could place residents at risk of lack or nursing oversight and a higher level of care.Findings included: Record review of the facility RN Dayforce Data report indicated on 2/15/2026 there was no RN coverage. Interview on 02/26/26 at 1:50 PM with the Business Office Manager revealed the facility last DON resigned as of 2/17/2026. She stated if there are any nursing questions that can't be handled by the ADON, they were instructed to contact the regional nurse. BOM stated there was an offer that has been made and accepted by a DON but will not be able to start until 3/30/2026 to give proper notice to her current job. Interview on 02/26/26 at 2:10 PM with the Area Regional Manager revealed they currently do not have a DON but there had been an offer extended to someone that will start at the end of March. He stated there was an ADON, but she was an LVN. He stated the negative outcome was there isn't an RN to oversee the daily nursing and clinical responsibilities. He stated the regional nurse has been in the building and there was an interim that will start on 3/11/2026 that will split the coverage with the regional nurse. He stated they do not have a nurse waiver Interview on 02/26/26 at 2:30 PM with the Administrator revealed the previous DON resigned as of 2/17/2026. ADM stated there are no nursing waivers in place. She stated there was an ADON, but she was an LVN. ADM stated here will be a DON that will be starting on 3/31/2026 and she will not start until then because she had to give her current employer notice. ADM stated the negative outcome that can happen without having a DON is they would not have clinical management. She stated there are other personal and other nursing personnel that are trained to cover. MDS and ADON can review clinical dashboards, referrals, orders and they can go over that in clinical meetings during the lapse. Also, the regional nurse sits in the building, and she has been here daily. She started 1/19/2026. She was at the other facility assisting them with questions, but she is here Monday through Friday. Interview on 02/26/26 at 2:30 PM with the Regional Nurse revealed she had been covering as a DON since mid-December to currently. She works Monday through Friday and sometimes she goes to another building and comes back. She stated the ADON was a LVN, but if she was not in the building the ADON covers. She stated there was a DON in the building in the first week of December and she went back to work on the floor 2/6/2026 as a nurse and then a couple of weeks later she resigned. The negative outcome of not having a DON in the building will depend how long they have been without a DON and what systems they have in place and backup system they have. They have systems in place, if there is no DON there is RN on the floor working the floor, The LVN/RN has been trained to keep that system running and in place. She stated she came in and sat in the building and kept all the systems, risk management, weights, etc. up to par. She stated she does not feel there is any harm that had been done since they have systems set in place. Regional nurse stated according to the RN Dayforce Data report reflected on 2/14/2026 she was working and she denied working on that day. On 2/26/2026 a policy regarding DON coverage was (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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	requested and the Area Regional Manager provided the following information by email: He stated they do not have a policy; they just follow regs and it does not specify that we cannot be without a DON. See below: (2) Registered nurse.(A) The facility must use the services of a registered nurse for at least eight consecutive hours a day, sevendays a week, except when waived under paragraph (3) or (4) of this subsection.(B) The facility must designate a registered nurse to serve as the director of nursing on a full-time basis, 40hours per week, except when waived under paragraph (4) of this subsection.(C) The director of nursing may serve as a charge nurse only when the facility has an average dailyoccupancy of 60 or fewer residents.

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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 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, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen sanitation. The facility failed to have expiration dates on foods in the freezer. The facility failed to have expiration dates on dry food in the kitchen. The facility failed to keep the ice machine clean. These failures could place residents who received meals from the main kitchen at risk for foodborne illnesses. Findings included: Observation on 2/24/2026 at 8:35 AM of the freezer reflected the following:- Burgers in a zip-lock bag, not in the original package, were dated 2-21-2026 with no expiration date on the package. - Biscuits in a zip-lock bag not in the original package dated 1-31-2026 with no expiration date on the package. - Garlic Bread in a zip-lock bag not in the original package dated 2-22-2026 with no expiration date on the package. Observation on 2/24/2026 at 8:47 AM of the kitchen reflected the following:- Pinto Beans in a Plastic container dated 12-10-2025 with no expiration date on the package. - Spiral Pasta in a Plastic container dated 10-29-2025 with no expiration date on the package. - Orzo Pasta in a Plastic container dated 12-20-2025 with no expiration date on the package. - The tray with serving bowls had food debris on it. - The tray with cups serving on it had coffee grounds on it. - A plastic container with kitchen utensils in it had food and debris at the bottom of the container. Observation on 2/24/2026 at 10:53 am of the dining reflected the following:Cereal in a plastic dispensing container was not labeled with the date it was put in the container or an expiration date. The ice machine had a black substance on some of the plastic inside the ice machine. An interview on 2/26/2026 at 10:53 AM, the CK stated that it is everyone's responsibility to label food. The CK stated that all food items should be labeled with the date they were placed in a zip-lock bag. The CK stated that they follow a first-in, first-out policy, with older food in front of newer food. The CK stated that residents could get sick if they are served out-of-date food. The CK stated that the kitchen is cleaned throughout the day. The CK stated that the containers with kitchen utensils are supposed to be cleaned daily. The CK stated that there was a book that lists what should be cleaned daily. The CK stated that residents could get sick from cross-contamination caused by using unclean kitchen items. The CK stated that he gets in-service training on dating and cleaning every payday, which was every other week. An interview on 2/26/2026 at 11:00 AM, the DM stated that all kitchen staff are responsible for labeling food in the kitchen with the correct date. The DM stated that all food in the kitchen should be labeled with an expiration date. The DM stated that everyone was responsible for cleaning the kitchen, and there was a log that should be checked off when the kitchen was cleaned. The DM stated that the ice machine is professionally cleaned every 3 months, and the last cleaning was on 1/26/2026. The DM stated that she did not check after it was cleaned to make sure it was done. The DM stated that she had a group text with the kitchen staff to remind them to check dates and clean the kitchen. The DM stated that if residents are served out-of-date food, food from dirty dishes, and ice from a dirty ice machine, they could get sick. An interview on 2/26/2026 at 11:16 AM, the DA stated that it was everyone's responsibility to check and label food items in the kitchen. The DA stated that all food items in the kitchen should be labeled with an expiration date. The DA stated that it was everyone's responsibility to clean the kitchen. The DA stated that the container containing the utensils should be cleaned daily. The DA stated that if residents are served out-of-date food or food cooked with dirty dishes and utensils, they could get sick. The DA stated that she has in-service training on dating and cleaning every two weeks. An interview on 2/26/2026 at 2:20 PM, the ADM stated that it was her expectation that all food items be dated with an expiration date. The ADM stated that the kitchen should be cleaned daily. ADM stated that the ice machine should be checked in between professional cleanings to ensure it was not dirty. The ADM stated that residents could get sick from out-of-date food, unclean dishes and utensils, and ice served from a dirty ice machine. Record Review of The Food (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Storage and Supplies policy dated 2012 stated the following: These non-perishable foods are still dated when received if they do not have an expiration date and once, they are opened, but do not need to be discarded within 7 days after opening. Perishable items that are refrigerated are dated once opened and used within 7 days (if they do not have an expiration date or best by/use by date), but non-perishable items that are refrigerated once opened should be dated when opened but do not need to be discarded until their expiration date or until the quality has deteriorated. Manual Cleaning and Sanitizing of Utensils and Portable Equipment Policy not dated: The facility will follow the cleaning and sanitizing requirements of the state and United States Food Codes for manual cleaning to ensure that all utensils and equipment are thoroughly cleaned and sanitized to minimize the risk of food hazards.