STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745059	A. Building B. Wing	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Joseph's Care Center	609 Johnson Drive McGregor, TX 76657

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 0689 Level of Harm - Actual harm Residents Affected - Few	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 observations, interviews, and record reviews, the facility failed to ensure the resident environment remains as free of accident hazards as is possible for 1 of 1 resident (Resident #1) reviewed for safety.On 12/11/25 the facility failed to identify a hazard when Resident #1 was served her tea that was hot enough to create 1st and 2nd degree burns after it spilled on her.The facility failed to ensure staff knew the facility policy for Hot Beverage Preparation & Burn Safety and continued to serve hot liquids that were out of range from their policy limits.This failure could place cognitively impaired residents at risk for accidents, injuries, and a diminished quality of life. Findings include: Record review of Resident #1's undated face sheet reflected an [AGE] year-old female admitted to the facility on [DATE] with diagnoses of Hypertensive Heart and Chronic Kidney disease with Heart Failure, Congestive Heart Failure, Atrial Fibrillation (poor heart rhythm) and High Blood Pressure (Hypertension). The record reflects her date of death was 12/15/25.Review of Resident #1's hospice admission form reflected the resident was on hospice as of 11/11/25 for terminal heart and kidney diseases stage 4 (last stage).Review of Resident #1's Significant change MDS assessment dated [DATE] reflected Resident #1 was assessed to have a BIMS score of 09 indicating she is moderately cognitively impairedRecord review of Resident #1's Care Plan, reflected a Focus area was initiated for Fragile Skin on 6/10/25 with a goal to have no skin complications. Resident #1's interventions included encouraging the resident to call for assistance as needed and to observe skin for problems. Review of Resident #1's 12/11/25 Skin Occurrence report reflected on 12/11/25 at 08:00 AM the resident spilled her hot tea and it left her right upper arm red and warm. The report also reflected DM-A contacted the company for the hot water dispensing machine to lower the temperature. The report was completed by the DON.Review of Resident #1's weekly skin assessment on 12/11/2025 reflected burns assessed on her right shoulder, right side of chest, right elbow, right antecubital (elbow) and right armpit. Report was completed by the DON.Review of Resident #1's orders reflected the following treatment:An order on 12/12/2025 for Silver Sulfadiazine Cream -apply to right upper arm, hip burn twice daily until heeled.Review of Resident #1's Discharge Summary on 12/15/2025 reflected she had exhibited progressive decline and diagnoses listed were heart failure and chronic kidney disease.Observation on 1/5/26 at 11:50 AM revealed the kitchen temperature monitoring log on hot liquids reflected the coffee being served on the drink station was 171 degrees F when it left the kitchen. Observation (tested) of the coffee in the large serving decanter on the drink station that was about to be served to residents had a temperature of 153.1 degrees F.Observation on 1/5/26 at 12:43 PM of the coffee from the large serving decanter on the drink station revealed the coffee was at 143.1 degrees F. Residents were actively drinking coffee in insulated cups and eating lunch in the dining room at that time.In an interview on 1/5/26 at 12:12 PM CK-A stated, logs were being kept on all hot liquids going to residents. She stated the maximum temperature allowed to serve hot liquids at was 165 degrees F. She stated they started monitoring the temperatures on 12/11/25 after Resident #1 was burned.In an interview on 1/5/26 at 1:19 PM DM-A stated they gave in-services to the kitchen staff on serving hot liquids. She stated that residents did not like hot liquids below 150 degrees F; (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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