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Form Approved OMB
No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676391 | A. Building<br>B. Wing | 08/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Windsor Calallen | 4162 Wildcat Dr<br>Corpus Christi, TX 78410 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>(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 |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676391 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/21/2025 |
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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to develop and implement a person-centered care plan for each resident that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 5 residents (Resident #1) reviewed for comprehensive care plans. The facility did not include Resident #1's mechanically altered diet (modified texture and consistency of food and liquids such as mechanical soft or purred diet) on her care plan. This failure could place residents at risk for not receiving a safe and appropriate care.The findings include: Record review of Resident #1's face sheet, dated 08/21/25, revealed an [AGE] year-old female who was admitted to the facility on [DATE] and discharged on 08/16/25. Resident #1 had diagnoses which included: fistula of vagina to large intestine (abnormal connection that allows gas, stool and other contents from the large intestine to leak into the vagina), malignant neoplasm (cancer) of unspecified ovary, and anorexia nervosa (eating disorder), unspecified. Record review of Resident #1's Medicare 5 day Minimum Data Set assessment, dated 07/04/25, revealed Resident #1 had a BIMS score of 11, which indicated she was moderately cognitively impaired. Resident #1's MDS indicated she was on a mechanically altered diet that required a change in texture of food or liquids on admission and while a resident at the facility. Record review of Resident #1's initial nursing evaluation with an effective date of 07/02/25 reflected she was on a mechanically altered diet. Record review of Resident #1's order summary report reflected she had an order for mechanical soft texture and regular liquids consistency from 07/02/25 until 07/25/25 when it was discontinued and was upgraded to a regular texture and regular liquid consistency diet from 07/25/25 until 08/11/25. Resident #1 had an order for pureed texture and regular liquids started 08/11/25 until it was discontinued on 08/16/25. Record review of Resident #1's initial baseline care plan dated 07/02/25 reflected her diet ordered was .mech [mechanical] soft, thin liquids and was marked as Yes under question that asked, Mechanically Altered? Record review of Resident #1's nursing noted reflected a note dated 08/11/25 that stated Resident #1's responsible party had notified RN A of Resident #1's request to change her diet texture to puree. Record review of Resident #1's closed comprehensive care plan, with a closed date of 08/18/25 did not reflect Resident #1's mechanically altered diet or food texture and liquid consistency. During an interview with MDS Nurse B on 08/21/25 at 3:05pm she stated she was responsible for completing the comprehensive care plan for Resident #1. MDS Nurse B stated she had reviewed Resident #1's care plan and it did not include her diet. MDS Nurse B stated it was best to include residents diets and altered texture diets on their care plans and stated she should have put a diet on Resident #1's care plan. MDS Nurse B stated she did not have a valid reason as to why Resident #1's diet was not include don her care plan. MDS Nurse B stated it was initially important to include diets on residents care plans to notify staff that they are on a mechanically altered diet. MDS Nurse B stated the care plans had to be signed by an RN but she was not sure about how often they were being monitored. MDS Nurse B stated she had been trained over developing a care plan and what it should include., MDS Nurse B did not recall an exact date of her last training but stated they had calls every Friday with their corporate team where they stressed the importance of care planning. MDS Nurse B was asked how not including a residents diet on their care plan could negatively impact them and stated she understood the importance of it but stated there were plenty of other areas that staff could find that information that was accurate, good, safe and quick for their diets in question. During an interview on 08/21/25 at 3:25pm with the Regional MDS Nurse, she stated every Friday she completed education calls. The Regional MDS Nurse stated on 05/05/25 she was at the facility and provided a training over care areas that had to be care planned including nutrition and where to care plan diets. The Regional MDS Nurse stated MDS Nurse B had received the training. The Regional MDS Nurse stated she was unable to find any documentation of the education that was provided on 05/05/25. During an interview with the DON on 08/21/25 at 3:42pm she stated MDS Nurse B was responsible for completing Resident #1's care plan. The DON stated care plans should include the resident's diets and stated she had reviewed Resident #1's care plan and it did not include her diet. The DON stated she did not know why Resident #1s care plan did not include her diet. The DON stated it was important to include resident's diets on their care plans so that everyone could be aware of it. The DON stated she reviewed and monitored the care plans to ensure they had all required information. The DON stated care plans should be monitored daily and stated she performed monthly audits on everything and stated any new changes should have been updated on the care plans. The |