

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Knopp Healthcare and Rehab Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1208 N Llano Fredericksburg, TX 78624	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47564</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for 1 of 1 kitchen reviewed for food service safety.</p> <p>The facility failed to recognize and dispose of food which had pests, including maggots on the food items.</p> <p>This failure could place residents who receive food and/or snacks from the kitchen at risk for food borne illness.</p> <p>The findings included:</p> <p>Observation by a Life Safety Code inspector on 10/16/2024 at approximately 2:30 PM revealed an opened box of vanilla pudding cups in the dry storage area of the kitchen. Upon further inspection, the box was revealed to have a foul odor and bugs flew out of the box.</p> <p>Observation on 10/16/2024 at 3:55 PM revealed an opened box of vanilla pudding cups with an opened pudding container inside of the box. Inside the box and on the open pudding container were maggots and what appeared to be insect eggs on and around the pudding cups.</p> <p>Interview and observation on 10/16/2024 at 3:58 PM, [NAME] A stated she was not the person who put away the food delivery after it was completed yesterday, and that neither of the staff who did were at the facility or available that day. [NAME] A stated that no pudding from the box was served or put away onto the shelves. Observation of the dry storage shelves revealed one (1) vanilla pudding cup with an insect egg on the outside of the pudding container. [NAME] A stated that she believed it was appropriate to serve this vanilla pudding cup to residents and would likely move it from this container into a bowl so it would be easier for the residents to consume. [NAME] A stated the item on the outside of the pudding container appeared to be dirt. [NAME] A did not state why she believed it was appropriate to give to residents or what could happen if spoiled food was served.</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 455278
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 10/16/2024 at 5:00 PM, the DM stated she would not serve the pudding to residents and would expect her staff to not serve it to residents as well. The DM stated that her expectation would be for staff to take photos of the damaged food and to immediately throw the damaged food away. The DM stated that what [NAME] A said was not acceptable and is not how kitchen staff are trained. The DM stated she is responsible for training staff and that food is inspected at delivery and before and during preparation of the food.</p> <p>Record review of facility policy titled, Purchasing and Storage, undated, reflected, Leaking cans and spoiled foods are to be thrown away immediately.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>47564</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview, and record review the facility failed to maintain an effective pest control program so that the facility is free of pests for 1 of 1 facility reviewed for physical environment.</p> <p>The facility was observed to have numerous crickets scattered throughout the floor of the facility both alive and dead.</p> <p>This failure could place residents at risk for not having a home free of pests, and a comfortable environment in which to live.</p> <p>The findings included:</p> <p>Observation on 10/16/2024 at 2:30 PM, more than 10 crickets were observed down a hallway in the facility as well as in a common sitting area of the facility. All crickets were in various stages of life, including some dead and some alive crickets.</p> <p>Interview on 10/16/2024 at 4:45 PM, the Administrator stated she believed the contracted pest control company would be at the facility the following day. The Administrator stated they have pest control for the crickets and that they come monthly to spray for general pests to include crickets.</p> <p>Record review of the facility pest control record, undated, reflected that the facilities contracted pest control company came to the facility to treat for pest control monthly and treated for general pests to include crickets.</p> <p>After requesting the pest control policy on 10/16/2024 at 5:00 pm from the administrator, the pest control policy was not provided upon exit.</p>		