STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455475	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Settlement Nursing Center	7820 Skyline Park Dr White Settlement, TX 76108

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 and interview, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in 1 of 1 kitchen. The facility failed to ensure water in the compartment sink had an appropriate ppm of sanitizer.This failure could place residents at risk for food contamination and food borne illness. Findings included:Observation and interview on 04/01/26 at 10:10 AM with the Dishwasher Aide revealed he returned to work on 04/01/26 to the dishwasher area being inoperable due to ongoing repairs, which required the kitchen to serve meal with paper products. Observation of the Dishwater Aide using the compartment sink to wash cups from the morning breakfast, The Dishwasher Aide revealed he had not tested the level of sanitation and when asked to complete he responded that he had only been working at the facility for 4 weeks, never been trained to ensure he was properly sanitizing dishes. Interview on 04/01/26 at 10:13 AM with the [NAME] stated, there are strips over there to check the sanitation, but I am just the Cook, The [NAME] was asked to demonstrate how she performed sanitation level checks when washing her own cooking utensils, she then stated she did not test sanitation levels for her dishes. The [NAME] further explained she did not have a log sanitation log to show the history of sanitation levels. During an interview and observation on 04/01/26 at 11:20 AM, the Administrator revealed the facility had purchased paper goods on 03/27/26 to begin immediately once repairs in the dishwashing area in the kitchen began. The Administrator stated she was unaware that residents were using anything other than paper goods. The Administrator stated the Dietary Manager was out due to being ill. The Administrator went to the kitchen to see how much sanitizer was required when using the compartment sink. Record review revealed the kitchen logbook sheet dated 04/07/26 did not indicate ppm of sanitizer needed when using at the compartment sink. During an interview on 04/01/26 at 11:25 AM, the [NAME] revealed she received a text on 04/01/26 indicating the facility was to use paper goods for meals due to kitchen repairs in the dishwashing area. The [NAME] stated the evening shift prepared the drinks for the morning meal with regular cups, and the Dishwasher Aide was using the compartment sink to clean them. The [NAME] stated the Dishwasher Aide was responsible for logging sanitation levels, however he had never been trained, and had never tested sanitation levels. During an interview on 04/01/26 at 11:40 AM, the Administrator revealed the kitchen staff should have been serving resident meals on paper goods. The Administrator stated education will be provided, all dishes washed on 04/01/26 will be rewashed using the high temperature dishwasher machine. The Administrator stated it was the responsibility of all kitchen staff to ensure the proper sanitation levels are being tested while using the compartment sinks, not doing so placed residents at risk of illnesses. Observation and interview on 04/01/26 at 1:20 PM with the Dishwasher Aide revealed him running water in the compartmental sink explaining the sanitation rinse water was to be used after the dishes had been cleaned . Observation of the Dishwasher Aide pulled testing strip and identified the sanitation level to read between 200- 400 ppm. According to the Dishwasher Aide he had completed education to ensure all dishes were properly sanitized after each use. The Dishwasher Aide stated he was responsible for testing the sanitizer levels while doing the dishes. The Dishwasher Aide stated it was important to ensure proper levels of sanitation to create cleanliness, (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	prevent illness and if there was an issue it should be reported to the Dietary Manager. Record review of the facility's Food Safety and Sanitation Plan policy, revised November 2017, reflected the following: It is the policy of this facility to follow an effective, proactive food safety program that is based on preventing food safety hazards before they occur. Sanitizing solution must be maintained at appropriate strength per manufacturer's instructions. The sanitizing solution shall be used for no other purpose. The solution must be changed routinely to ensure proper strength.

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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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to keep the facility's only kitchen free of pest when reviewed for pest control. The facility failed to ensure the facility's kitchen was free of gnats and roaches.This failure could affect residents by placing them at risk for the potential spread of infection, cross-contamination, food-borne illness, and decreased quality of life. Findings included: Observation and interview on 04/01/26 at 10:00 AM with the Dishwasher Aide revealed there were gnats and roaches in the kitchen, in the dishwasher area. The was water on the floor, gnats flying, and roaches crawling in the dishwashing area. The Dishwasher Aide stated there had been pests in the dishwashing area since he started about 4 weeks ago, due to the standing water. The Dishwasher Aide stated the Dietary Manager was notified and knew about the issues in the dishwasher area.Observation and interview on 04/01/26 at 10:09 AM with the Maintenance Supervisor revealed there had been ongoing attempts to correct the standing water issue in the dishwashing area. The Maintenance Supervisor stated there was an issue with water leaking which resulted in several attempts to find the source. The Maintenance Supervisor stated he was aware of the pest in the dishwashing area; the gnats appeared with the standing water and the roaches appeared when the floor was dug up in repair to a busted pipe. The Maintenance Supervisor stated pest control vendor has been out to get rid of the pest. He was responsible for addressing the pest by contacting the Administrator and the pest control vendors, not doing so placed residents at risk of malnutrition and decreased quality of food. Record review of the pest control vendor logbook reflected that the last visits to the facility were on 03/02/26, 02/27/26 and 01/06/26.Interview on 04/01/26 at 10:35 AM with the Administrator revealed there had been an ongoing issue with pests in the dishwashing area of the kitchen. The Administrator stated the pest control vendors came to the facility monthly. The Administrator stated pest control vendors had been called to the facility additional times to address the gnats during the repairing phases. The Administrator stated she was not aware of roaches. The Administrator stated that not providing proper pest control placed residents at risk of contamination and illness.Record review of the facility's Pest Control Program policy, dated 01/10/20, reflected the following: It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents.Facility will obtain services as indicated related to issues that may arise in between scheduled visits with the outside pest service and treat as indicated.Facility will utilize a variety of methods in controlling certain seasonal pests, i.e., flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations.