

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>455497                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>03/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Creekside Terrace Rehabilitation                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1555 Powell Avenue<br>Belton, TX 76513 |                                                 |
| 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 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, and record reviews, the facility failed to store food in accordance with professional standards for foodservice safety in 1 of 1 kitchen reviewed food and nutrition services. The facility failed to ensure food safety on 03/24/2026 by not consistently monitoring and discarding expired food, not sanitizing the food thermometer between each food item, not storing food items that were not labeled and/or dated, and keeping racks where the serving utensils and dishes were stored dirty. Have knives that was chipped and not in good condition. These failures could place residents who received meals from the main kitchen at risk for foodborne illness. Findings included: Observation on 03/24/2026 at 8:45 AM of the walk-in cooler reflected the following:- Unknown food item in a metal container covered with plastic wrap, dated 3-23-2026 with no use by date. - Unknown food item in a container covered with a lid, that had one date of 3-22-2026. - Scrambled Eggs in a Ziplock bag, dated 3-23-2026 and no use-by date. - Unknown red sauce in a metal container covered with Saran Wrap dated 3-24-2026.- An unsealed package of raw hot dogs in a clear container that was not sealed and not date on the container. - Ham wrapped in plastic wrap dated 3-23-2026 and no use-by date. - Hotdog Buns with an open date of 3-12-2026 and no use-by date. - Hamburger Buns with an open date of 3-22-2026 on the package and no use-by date. - Salsa in a clear container covered with plastic wrap dated 3-11-2026 and no use-by date. Observation on 03/24/2026 at 8:55 AM of the walk-in freezer reflected the following:- Opened Whole Kernel Corn dated 1-29-2026 with no use-by date. - Opened pancakes dated 3-05-2026 and no use-by date. Observation on 03/24/2026 at 9:05 AM of the kitchen reflected the following:- 2 loaves of wheat bread undated. - Utensil container with forks and spoons with pieces of paper inside the container. - A [NAME] bin containing thickener undated. - A [NAME] bin containing flour undated. - A [NAME] bin containing Sugar undated. Utinsil holder containing forks had paper trash in the container. - A [NAME] bin containing oatmeal undated. - A knife hanging on the wall on a magnet had a chip in the blade. Build up of old juice on the juice machine. Observation on 03/24/2026 at 9:10 AM of the Pantry reflected the following:- A clear tub filled with mini water bottles undated. - An open package of grits not sealed. - An open package of oatmeal not sealed. Observation on 03/24/2026 at 11:15 AM of food temperatures. CK took the food temperatures at 11:15 AM. CK took the food temperatures again at 12:15 PM. CK took the food temperatures and did not clean the thermometer completely before taking temperature of another food item. An interview on 03/26/26 at 11:04 AM with the DM revealed. The DM stated food placed in top zip storage bags and containers should be labeled with the contents, date, and use-by date. The DM said the cooks and dietary aides are responsible for labeling and dating items. The DM stated that she and the CK were responsible for checking the dates on food items in the kitchen. The DM stated that food in the kitchen should be checked daily. The DM stated they use the first-in, first-out method, where the new items are at the back, and old items are at the front, so the old items are used first. The DM stated that residents could get sick if they were served expired food. The DM stated she completed in-service training on labeling and dating food items in the kitchen on 3-24-2026. The DM stated that the DAs are responsible for cleaning the juice machine and the kitchen utensil holders. The DM stated there should be no leftover juice in the juice machine or paper in the utensil containers. (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>03/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Creekside Terrace Rehabilitation                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                   |                                                 |
| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>The DM stated these should be cleaned daily. The DM stated that food item temperatures should be measured 30 minutes before serving food to residents . The DM stated the thermometer should be wiped clean before reusing. The DM stated that if a knife has a chip on the blade, it should be discarded. The DM stated that if residents are served food from the dirty juice container or utensils from a dirty container, they could get sick. The DM stated that she has had in-service training on cleaning the kitchen, and the last time was on 3-24-2026 03/26/2026 10:44 AM CK The CK stated she did not know she was supposed to write the name of the container's contents. The CK stated that she put the date on the items she put in the cooler. The CK stated those items were only to be in the cooler for three days. The CK stated food items placed in containers or Ziplock bags should not have been kept in the cooler for more than three days. The CK stated that she threw the food item away after three days. The CK stated that it was everyone's responsibility to label and date food items in the kitchen. The CK stated the cooler should have been checked every other day, but it was not checked on some days. The CK stated that date checks should have been conducted regularly. The CK stated all food in the kitchen should have been sealed. The CK stated that the food temperature should have been taken 15 minutes before it was served. The CK stated that residents could have become ill if they had been served out-of-date food. The CK stated that she would now write the name and use-by date on the container. The CK stated that the aides cleaned the juice dispenser and the utensil container daily. The CK stated there was an in-service on 3-24-2026 for cleaning, labeling, and dating food items, and temping food. 03/26/2026 10:31 AM DA-A The DA-A stated that she includes the item name, the date it was placed in the bag, and the use-by date on the label. DA A stated the DM was responsible for making rounds and checking dates. DA-A stated to prevent out-of-date items, she would place the older items at the front. DA-A stated residents could have gotten sick if proper procedures had not been followed. DA A stated there was an in-service last Monday regarding cleaning and labeling food items. DA-A said the juice machine was cleaned daily and that they used a check-off list. The DA A stated that there was a check-off list that they checked when a task was complete. The DA-A stated that the dietary aides were supposed to clean the juice machine and the utensil holders. The DA-A stated that they had an in-service training on 3-25-2026 that covered cleaning, labeling, and dating. 03/26/2026 10:20 AM, DA-B 1 monthThe DA-B stated that when a food item was placed in a Ziploc bag or a container, the label should have included the contents, the date it was put in, and the use-by date. The DA-B stated it was everybody's responsibility to label and date food items in the kitchen. The DA-B stated that out-of-date items should have been discarded. The DA-B stated that it was the dietary aide's responsibility to clean the juice machine and the utensil holders in the kitchen. The DA-B stated that she did not realize there had been buildup on the juice machine. The DA-B stated that she did not notice any trash in the utensil container. The DA-B stated that she had received in-service training on labeling, dating, and cleaning in the kitchen on 3/25/2026. The DA-B stated residents could have gotten a foodborne illness if they had consumed out-of-date food. The DA-B stated that residents could also have gotten sick if the juice machine and the utensil container had not been clean. Record review: Record review of the facility's Food Storage Policy dated 10/15/2025 reflected: Place food that is repackaged in a leak-proof, pest-proof, non-absorbent, sanitary container with a tight-fitting lid. Label both the container and its lid with the common name of the contents, the date it was transferred to the new container, and the discard date. It is recommended that food stored in bins (e.g. flour or sugar) be removed from its original packaging. Refrigerated, ready-to-eat Time/Temperature Control for Safety Foods are properly covered, labeled, dated with a use-by date, and refrigerated immediately. [NAME] them clearly to indicate the date by which the food shall be consumed or discarded. opened shall be considered day 1 immediately. [NAME] them clearly to indicate the date by which the food shall be consumed or discarded. The day of preparation or the day the original container is The day opened shall be considered day 1. Follow USDA guidelines for food storage. Tightly reseal opened packages to prevent contamination or place food in covered containers. Make certain the thermometer is clean (continued on next page)</p> |                                                                                     |                                                 |

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | and has been sanitized. The thermometer must be cleaned and sanitized between each product that is<br>tested.             |                                                                                     |                                                 |