

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455565	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER Palestine Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1816 Tile Factory Rd Palestine, TX 75801	

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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43994</p> <p>Based on observation, interview, and record review, the facility failed to maintain and ensure safe and sanitary storage of residents' food items, per facility policy, for 1 of 8 resident's (Resident #5) personal refrigerators reviewed for food and nutrition services.</p> <p>The facility failed to ensure a personal refrigerator on [DATE] and [DATE] for Resident #5 did not have a plastic bag of sliced cheese dated [DATE].</p> <p>These failures could place residents at risk for food borne illnesses.</p> <p>Findings include:</p> <p>Record review of a face sheet for Resident #5 dated [DATE] indicated he admitted to the facility on [DATE] and was [AGE] years old with diagnoses of cerebral palsy (a birth defect that caused damage to the brain), mild intellectual disabilities (a condition that limits intelligence and disrupts abilities necessary for living independently), and GERD (reflux disease).</p> <p>Record review of an Annual MDS Assessment for Resident #5 dated [DATE] indicated he did not have any impairment in thinking with a BIMS score of 14. He required supervision or touching assistance with eating.</p> <p>Record review of a MAR for Resident #5 dated [DATE]-[DATE] indicated an order for the resident's refrigerator daily at bedtime: check for cleanliness and expiration of foods. Everything should be labeled and disposed of within 5 days .</p> <p>Record review of a care plan for Resident #5 dated [DATE] indicated he had ADL functional status/rehabilitation potential with interventions that included the resident required x 1 assistance with eating.</p> <p>During an observation on [DATE] at 9:45 AM, revealed Resident #5 was not in his room, and he had a personal refrigerator present that had a plastic bag with sliced cheese dated [DATE]. The cheese was not in the original package.</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
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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on [DATE] at 9:20 AM, revealed Resident #5 was in the dining room and said he ate foods from his personal refrigerator and his best friend would get things out for him. He said the sliced cheese was purchased one day last week and his best friend made him a sandwich using the cheese yesterday, [DATE].</p> <p>During an observation and interview on [DATE] at 9:25 AM, the Best Friend of Resident #5 said she did not prepare a sandwich for Resident #5 yesterday, [DATE] and he ate a sandwich that was prepared in the kitchen. She looked in the refrigerator and said the cheese had been in the refrigerator for a long time. She said she was not sure who was supposed to check his refrigerator for expired foods.</p> <p>During an observation and interview on [DATE] at 10:08 AM, HSK E said she started at the facility in [DATE] and the housekeeping staff were responsible for checking the personal refrigerators for cleanliness, temperatures, and defrosted them as needed. She said they checked the refrigerators about every 2 weeks or so. She said she never checked the foods in the refrigerators because they belonged to the residents. She said she was not sure who was supposed to check the foods.</p> <p>During an interview on [DATE] at 10:52 AM, the HSK Supervisor said the nurses were supposed to check the personal refrigerators for expired foods. She said the housekeeping staff were to only clean and check the temperatures. She said if she saw something that was expired, she would tell the resident and then throw it away. She said if a resident ate something that was expired, it could make them sick.</p> <p>During an observation and interview on [DATE] at 1:35 PM, LVN D said housekeeping were responsible for checking the refrigerators in the residents' rooms for expired foods. She said Resident #5 had been known to refuse to allow staff to remove foods from his refrigerators in the past but was not aware of any recent refusals. She observed his personal refrigerator and a plastic bag of sliced cheese dated [DATE] was removed by her and said she would throw it away. She said residents could get sick if they ate foods that were expired.</p> <p>During an interview on [DATE] at 1:55 PM, the DON said she had been employed as the DON for 4 weeks. She said housekeeping was responsible for checking the personal refrigerators to make sure they were clean; temperatures were good and did not have any expired or outdated foods. She said they were to check them weekly and was not aware that Resident #5 had any foods that were expired in his refrigerator. She said if a resident ate foods that were expired it could make them sick.</p> <p>During an interview on [DATE] at 2:04 PM, the Administrator said he was ultimately responsible, but the nursing staff were supposed to check the personal refrigerators daily. He said he was not aware that Resident #5 had any foods that were expired in his refrigerator. He said he planned to make sure everyone was aware who was responsible for checking the personal refrigerators and they could be checked during morning rounds. He said there could be a risk for residents to get food borne illnesses if they ate foods that were beyond the expired date.</p> <p>Record review of a facility policy titled Personal Resident Refrigerators revised [DATE] indicated, .This facility does not provide a refrigerator in a resident's room. However, it is the policy of this facility to ensure safe and sanitary use of any resident-owned refrigerators. 3. Housekeeping and/or nursing staff as assigned shall clean the refrigerator weekly and discard any foods that are out of compliance .</p>		