

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455617	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Christian Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Wiggins Pkwy Mesquite, TX 75150	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50222</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide pharmaceutical services (including procedures that ensured drugs and biologicals were accurately acquired, received, dispensed, and administered) to meet the needs of each resident for one (2100 hall medication room) of two medication rooms reviewed for pharmacy services.</p> <p>The facility failed to ensure expired medication administration supplies were removed from the east side medication room.</p> <p>These failures could place residents at risk for infection and having possible adverse effects.</p> <p>Findings included:</p> <p>In an observation and interview on [DATE] at 9:37 a.m., expired supplies were found stored on shelves in the 2100 hall medication room. Expired supplies observed included one 100 count box of 5mL 22gauge x 1.5inch syringes with an expiration date of [DATE] and one 100 count box of 3mL 23gauge x 1inch syringes with an expiration date of [DATE]. RN A was present during the observation and stated the syringes were expired, and the risk to the residents was that they could cause infection if used. RN A stated central supply was responsible for monitoring the expiration dates, but she was not sure how often central supply checked the dates. RN A stated she had not used any of these syringes.</p> <p>In an interview on [DATE] at 9:06 a.m., Central Supply stated he delivered supplies to the medication rooms weekly on Wednesdays. Central Supply stated he rotated the stock so that the oldest supplies were located in the front. Central Supply reported if he did not restock an item then he would not have checked the expiration dates on that item. Central Supply reported that nursing management was responsible for checking those dates, but they worked together as a team. Central Supply reported he did not know if expired supplies would cause harm to the residents.</p> <p>In an interview on [DATE] at 3:14 p.m., the DON reported she audited the medication rooms weekly and did not see the expired syringes. The DON reported she was responsible for monitoring the medication rooms and the Unit Manager would also be responsible once the plan of correction was completed. The DON stated she did not know what the risk to residents would be if expired supplies were used, and her expectation was that there were not any expired supplies in the medication room.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on [DATE] at 1:08 p.m. and on [DATE] at 1:36 p.m. policies specific to expiration dates for supplies or medication supplies was requested from the ADM and was not received by the time of exit.</p> <p>Record review of the facility's policy titled Storage of Medications, with a revision date of [DATE], revealed Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed, and The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.</p>		

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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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50948</p> <p>Based on observations, interviews, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the facility's only kitchen reviewed for food safety.</p> <ol style="list-style-type: none"> The facility failed to remove molded fruits. The facility failed to ensure dented cans were placed in a separate storage area. <p>These failures could place residents at risk for food-borne illness and cross contamination.</p> <p>Findings Include:</p> <p>Observation of walk-in refrigerator on 03/11/2025 at 9:27 a.m., revealed the following:</p> <ul style="list-style-type: none"> -1 16oz bag of grapes dated 03/07/2025 contained molded grapes. -1 16oz container of strawberries dated 03/07/2025 contained molded strawberries. -2 6oz containers of raspberries dated 02/28/2025 contained molded raspberries. <p>Observation of dry storage on 03/11/2025 at 9:35 a.m., revealed the following:</p> <ul style="list-style-type: none"> -1 3lbs can of cream of chicken dated 02/11/2027 was dented twice on the top left. -1 6lbs can of tapioca pudding dated 02/05/2028 was dented on top right. <p>In an interview with [NAME] B on 03/11/2025 at 11:25 a.m., she stated sorting through canned goods and fruits is not her responsibility, but she has done this and the past and helped when needed. She stated dented cans were stored in a separate area in the dry storage closet. She stated not separating dented cans could cause an infection to the residents. She stated when the facility received fruits, the fruits were examined for mold. She stated not removing molded fruit from the refrigerator could cause contaminated food.</p> <p>In an interview with the DM on 03/11/2025 at 11:30 a.m., he stated when the facility received canned goods or fruit he sorted through those items and checked for dented cans or molded fruit. He stated dented cans are stored in a separate area and returned to the vendor. He stated if he identified molded fruit, upon delivery, he refused the fruit. He stated he if identified molded fruit after delivery, he discarded the molded fruit. He stated not storing dented cans in a separate area could cause bacteria and residents could become sick. He stated when molded fruit are not removed, this could cause food borne illnesses.</p> <p>(continued on next page)</p>

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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>Record review of the facility's Food Receiving and Storage Policy, revised October 2017 reflected, Policy Statement: Food shall be received and stored in a manner that complies with safe food handling practices. 2. When food is delivered to the facility it will be inspected for safe transport and quality before being accepted.</p>