

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455642	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2025
NAME OF PROVIDER OR SUPPLIER Dayton Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 310 E Lawrence St Dayton, TX 77535	

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 - Many</p>	<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 observation, interview, and record review the facility failed to store, prepare, distribute, and serve food under sanitary conditions in 1 of 1 preparation kitchen. * The facility did not ensure steam table lids did not have brown colored buildup on the inside edges.* The facility did not ensure baking sheets did not have brown colored buildup on the outside edges.* The facility did not ensure muffin pan did not have brown colored buildup on the inside and outside edges.* The facility did not ensure saucepans did not have brown colored buildup on the inside and outside of the pans. These failures could place all residents who eat from the kitchen at risk for foodborne illnesses. Findings included: During an observation on 08/26/2025 at 03:55 p. m. during a of the kitchen indicated there were the following:-one (1) 1/2 size baking sheet with dark brown colored build up on the outside edge;-two (2) full size baking sheets with dark brown colored buildup on the outside edges and stacked together;-one (1) large muffin pan dark brown colored buildup on the outside edges and stacked a medium muffin pan on it;-two (2) steam table lids had brown colored buildup on the inside edges;-two (2) large saucepans with brown colored buildup on the inside and outside; and-one (1) medium saucepan with brown colored buildup on the inside and outside. During an interview on 08/26/25 at 03:59 p.m. DA A said they had been scrubbing the pots and pans trying to get the brown build up off of them. During an interview on 08/26/25 at 04:15 p.m. the DM said the pots and pans were a work in process trying to get the buildup off of them. He said the outcome could be food borne illnesses from the dishes not being sanitized properly. During an interview on 08/26/25 at 05:28 p.m. the Administrator said the DM was told to rotate and replace pots and pans when needed. Record review of a Sanitization Policy revised November 2022 indicated: Policy: The food service area is maintained in a clean and sanitary manner.Policy Interpretation and Implementation:. 3. All equipment, food contact surfaces and utensils are cleaned and sanitized using heat or chemical sanitizing solutions. According to The Food and Drug Administration Code at http://www.fda.gov/food/guidanceregulation accessed on 08/26/25 indicated the following: 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils.(B)The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations</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
---	-------	-----------