

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2026
NAME OF PROVIDER OR SUPPLIER Golden Acres Living and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2525 Centerville Rd Dallas, TX 75228	
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 interviews and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for food safety. The facility failed to dispose of expired milk. This failure could place residents at risk of foodborne illness. Based on interviews and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for food safety. The facility failed to dispose of expired milk. This failure could place residents at risk of foodborne illness. Findings included: During an observation on 05/14/26 at 8:30 AM, revealed the following: * 3- whole 8 fluid ounces (half-pint) milk and 1- 2% 8 fluid ounces (half-pint) milk that expired on 05/13/26. * 2 -whole 128 fluid ounces (gallon) of milk that expired on 05/14/26. During an interview on 05/14/26 at 9:00 AM, the Dietary Manager stated the Dietary Aide was responsible for taking the expired milk out of the refrigerator last night. During an interview over the phone on 05/14/26 at 10:52 AM, the registered Dietitian stated residents could experience gastro (stomach or the digestive system) problems from drinking expired milk. During an interview over the phone on 05/14/26 at 2:35 PM, the Dietary Aide stated he used the milk first with the closest expiration date. The Dietary Aide stated he did not recognize that the milk expired this morning. The Dietary Aide stated residents could get sick from eating expired food. During an interview on 05/14/26 at 2:45 PM, the Dietary Manager stated Dietary Aide should have exposed the milk in the morning when he first came in. The Dietary Manager stated the Dietary Aide was training two other staff and was busy. The Dietary Manager stated some residents like milk for dinner. The Dietary Manager stated residents can get sick from consuming expired items. During an interview on 05/14/26 at 3:00 PM, the Administrator stated the facility did not have a policy for expired food. Residents who consumed expired milk could have a gastro (stomach or the digestive system) infection. The Administrator stated the facility followed the FDA regulations. Record review of the FDA, dated 2022, 2022 FDA Food Code - Print Version reflected, 1` `a cv3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. Time/temperature control for safety refrigerated foods must be consumed, sold or discarded by the expiration date.		

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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