

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER Heritage House Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 407 N College St Rosebud, TX 76570	
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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure prompt resolution of grievances regarding the resident's right to file a grievance for 3 of 3 confidential residents interviewed for grievances.1. The facility failed to notify residents in writing of the findings and actions of the grievances they filed. 2. The facility failed to have prominent postings of who the grievance official was.3. The facility failed to inform residents and their family groups of how to file an anonymous grievance. This failure could affect resident's right to file an anonymous grievance and receive a written decision regarding the resolution of their grievance.Findings included:In an observation and interview on 01/22/2026 at 9:40 AM, revealed a white binder titled Grievance Forms affixed to a wall near the nurse's station. The contact list for the staff was outdated and did not include the current grievance official's contact information (due to the staff listed no longer being employed with the facility), the current ADM, the current DON, nor other current facility staff were listed on the Facility Contacts page located inside the [NAME]. The grievance forms were outdated and the SW stated they did not utilize that binder. In confidential interviews between 01/20/2026 and 01/22/2026 with residents who had filed grievances , revealed that none of the residents recalled getting written resolutions to their grievances. Not all residents recalled receiving verbal resolutions to their grievances, and some residents stated that their grievances had improved. All residents stated that they must obtain a grievance form from a staff member at the facility. In an interview on 01/22/2026 at 9:45 AM with the SW, she stated that no residents had expressed wanting to submit an anonymous grievance. She stated the process was that residents could go to her office and grab a grievance form, and they could also turn it into her office. She stated if she was not at the building, anyone could go into her office and grab a form. She stated that to inform residents of the resolution to their grievance, she would go talk to residents about the outcome, but that she did not provide a written response, but she could if a resident asked for one. She stated that the facility did not utilize the binder that was in a compartment affixed to the wall and acknowledged the contact list was outdated. She stated that she was the grievance official.In an interview on 01/22/2026 at 9:50 AM with the ADM and CRN, they stated that residents had the right to file an anonymous grievance if they wished, and to receive a written resolution to their grievance. He stated that the SW would work on updating the grievance binder and forms, to have accurate information provided to residents who wanted to file grievances. He stated the SW was the grievance official.Review of the facility's policy titled, Grievance dated 11/2/2016 reflected, The facility will notify residents on how to file a grievance orally, in writing, or anonymously with postings in prominent locations.The grievance official will: Issue written grievance decisions to the residentAll written grievances decisions will include: The date the grievance was received A summary statement of the resident's grievance The steps taken to investigate the grievance A summary of the pertinent findings or conclusions regarding the resident's concern(s) A statement as to whether the grievance was confirmed or not confirmed Any corrective action taken or to be taken by the facility as a result of the grievance The date the written decision was issued		

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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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 observations, interviews, and record review, the facility failed to store food in accordance with professional standards for food service safety in the facility's 1 of 1 kitchen reviewed. 1. The facility failed to properly label and/or date food items. 2. The facility failed to dispose of expired food items. 3. The facility failed to correctly seal food items. 4. The facility failed to discard spoiled food items. These practices could cause foodborne illness or choking, particularly in a vulnerable population. Findings included: In an observation on 1/20/2026 at 9:00 AM of cooler 1 of 2 revealed the following: - Bacon in a zip top bag that was not labeled with an expiration date. - Celery that was brown, in a zip top bag dated 1-06 with no expiration date. In an observation on 1/20/2026 at 9:03 AM of freezer 1 of 2 revealed the following: - Pancakes that were not labeled with an open or expiration date on the bag. - Sausage and biscuits that were not labeled with an open or expiration date on the bag. In an observation on 1/20/2026 at 9:07 AM of cooler 2 of 2 revealed the following: - Ketchup in a container labeled with a date of 1-5-26, and with a use-by date of 1-12-26- Unknown Juice in a container with not labeled with what was in the container or an open or expiration date. - Butter in a zip top bag with no date of when it was put in the bag and no expiration date. - Juice in single-serve cups with no label of what was in the cup or not labeled with an open or expiration date. - Single-serving plastic containers of butter dated 1-7 and had an expiration date of 1-14 In an observation on 1/20/2025 at 9:10 AM of freezer 1 of 2 revealed the following: - Beef patties labeled with a date 12-1-25 and no use-by date. - Pork Chops in a zip top bag dated 9-16 and no use-by date. - Meatballs in their original packaging with no use-by date. - Tamales in a clear bag that was not open or expiration date on the package. - Chicken in a clear bag that was not labeled with a date. - Pizza dough in a clear bag that was not labeled with a date. In an observation on 1/20/2026 at 9:15 AM of a pantry, 1 of 2, revealed the following: - Rotten potatoes in a cardboard box that were sprouting and soft to the touch did not have a use-by date. In an observation on 1/20/2026 at 9:15 AM of the facility's only kitchen revealed the following: - A clear container of flour labeled with a use-by date of 11-11-25 In an interview on 1/22/2026 at 1:30 PM with the RDM, she stated that everyone was responsible for checking the dates on food and labeling items in the kitchen. The RDM stated that if an item was out of date, it should be discarded. The RDM stated that all food items in the kitchen should be labeled with the name of the item, the date the item was put in container and the expiration date. The RDM stated that the coolers should be checked daily for out-of-date items, and the freezers should be checked weekly. The RDM said staff received training on dating all food items and what to do with out-of-date items, and that training should be done bi-monthly. The RDM stated that residents could get sick if they were served out-of-date food. In an interview on 1/22/2026 at 1:38 PM with the DM, she stated that everyone who worked in the kitchen was responsible for checking for out-of-date items and labeling food. The DM said that she went behind the staff to check for out-of-date food items. The DM stated that when new items came in, they went behind the old items. The ADM stated that a resident could get sick if served food that was out of date. In an interview on 1/22/2026 at 2:00 PM with the ADM, he stated that all kitchen staff should label, date, and check for out-of-date food items. The ADM stated that all food items in the kitchen should be properly labeled and dated. The ADM stated that all out-of-date food items should be discarded, and that residents could get sick if they consumed food items that were out of date. Review of the facility's 'Dietary Services Policy & Procedure Manual' dated 2012 reflected: 7.0 Products without a dated shipping label should be dated when they are received by the facility, so there is a method to keep track of the age of the product. 6. When items are received from the vendor, they should be first examined for expiration date, and if an expiration date is present, it is beneficial to mark it by circling it so it is readily visible and noticeable. It is important to distinguish between an expiration date and a production date, or a best by or use by date. Production dates indicate when the product was manufactured, not when it expires, and should (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not be interpreted as a best by or use by date. Best by or use by dates indicate when a product will have best flavor or quality and are not an indicator of the product's safety. As the quality may deteriorate after the date passes, the dietary manager should closely inspect any products that are past the best by date to determine if they are still good quality. If in doubt, discard the product. If any stamped date is unclear, contact the food vendor for clarification. If an item does not have a date designated by the manufacturer as an expiration date, then the item should be dated as to when it is received, and shelf-stable items will be stored in a first in, first out manner, to be used within one year. After one year, any product that is shelf stable will be inspected by the dietary manager to ensure that it is good quality before it is used. Any product with a stamped expiration date will be discarded once that date passes.		