

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Willis Nursing and Rehabilitation LP		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 N Danville St Willis, TX 77378	

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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48559</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 unit refrigerators.</p> <ol style="list-style-type: none"> The facility failed to ensure foods were labeled in order to identify the contents and dated when opened. The facility failed to ensure food was properly stored in designated areas at all times. <p>These failures could place residents who ate food from the unit refrigerator at risk of food borne illness and disease.</p> <p>Findings Included:</p> <p>Observation of the unit refrigerator located in the medication room [ROOM NUMBER]/25/24 at 8:50 AM revealed the following:</p> <ol style="list-style-type: none"> A clear plastic container with a green top which contained a yellow substance that appeared to be pudding had no label and was did not have the date it was prepared. A plastic bag of chips and dips had no label to identify the contents and did not have the date they were prepared. A Whataburger cup with dark liquid that was stuck to bottom of refrigerator door and had no label to identify the contents and did not have the date it was placed in the refrigerator. A plastic container with a frosted chocolate cupcake had that did not have the date it was stored. <p>During an interview on 06/25/24 at 08:59 AM, LVN 1 said the substance in the clear plastic container was pudding that the medication aide uses to give Resident's medications. LVN1 said he was embarrassed because the refrigerator should not look like this, and he did not know who was responsible for cleaning it. When asked why refrigerated foods should be labeled with dates and names, LVN 1 replied that was to prevent cross-contamination or spoilage, and someone could get sick if they eat it.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Willis Nursing and Rehabilitation LP		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 N Danville St Willis, TX 77378	

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 - Some</p>	<p>During an interview on 6/26/24 at 1:20pm the ADON stated the charge nurses are responsible for checking the unit refrigerator for labels and dates on the resident's food. The ADON further stated staff was not supposed to put personal items in that refrigerator and the staff had a refrigerator in the break room for their personal use. The ADON stated after the food was discovered without labels and dates, an in-service was done with the staff.</p> <p>During an interview on 6/27/24 at 1:25pm the Administrator stated whoever takes the food from the Resident was responsible for placing the name of resident and the date on the item. It was a shared responsibility between medication aides and nurses. They are the only ones with access to the room. They are also responsible for discarding out of date items.</p> <p>Record review of the facility's policy titled Resident Personal Food Policy dated 9/11/23 Procedure Section C (d) indicated that Foods requiring refrigeration will be received by the facility designee (activity department, food and nutrition department, charge nurse, etc.) to ensure proper and immediate storage including labeling and dating.</p>