STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675319	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deleon Nursing and Rehabilitation	809 E Navarro DE Leon, TX 76444

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 - Many	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 reviews, the facility failed to properly store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed. The facility failed to ensure food stored in the kitchen was sealed and/or labeled properly in the facility's freezers #1 and #2. This failure could place residents that eat out of the kitchen at risk for contamination and food borne illnesses.During an observation on 9/23/25 at 9:45 AM, the facility kitchen revealed Freezer #1:1 bag of chicken legs was unsealed and opened to air.,1 bar of butter was unsealed/not dated and open to air. Freezer #2:1 bag of hushpuppies was unsealed and open to air.1 bag of corn nuggets was unsealed and opened in the air.1 bag of chicken thighs was unsealed and open to air.1 box of burritos was unsealed and opened to air.A sheet tray of red velvet chocolate chip cookies was open to the air. During an observation and interview on 9/23/25 at 9:45 AM, of freezers #1 and #2 revealed opened box of food, the DM stated that she would not consider that box to be sealed and open to the air, upon viewing the open boxes. She stated she understood that all food needed to be covered and sealed and that an open box did not count as being covered or sealed. The DM stated this should be done so the residents did not get sick from any contaminants that could be getting on the food. During an interview on 9/23/25 at 3:15 PM, the ADMN stated she did not know the food was exposed in the kitchen. She stated it was her responsibility as well as the DM to keep all food covered and safe. She stated the kitchen staff should have followed the facility's policies for food storage. She stated the negative impact on residents was that residents could have eaten contaminated foods resulting in residents getting sick. She stated that all residents ate from the kitchen. Review of the FDA Food Code 2022: Full Document accessed on 10/1/25 in annex 7 page 37, 38 revealed: Applicable Code Sections: 3-501.16(A)(2) and (B) Time/Temperature Control for Safety Food, Hot and Cold Holding (P) 23. Proper date marking and disposition FDA Food Code 2022 Annex 7: Model Forms, Guides, and Other Aids Annex 7 -38 IN/OUT This item should be marked IN or OUT of compliance. This item would be in compliance when there is a system in place for date marking all foods that are required to be date marked and is verified through observation. If date marking applies to the establishment, the PIC should be asked to describe the methods used to identify product shelf-life or consume-by dating. The regulatory authority must be aware of food products that are listed as exempt from date marking. For disposition, mark IN when foods are all within date marked time limits or food is observed being discarded within date marked time limits or OUT of compliance, such as when date marked food exceeds the time limit or date-marking is not done.

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