

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Anderson Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 520 Bradburn Rd Grand Saline, TX 75140	

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>27140</p> <p>Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food under sanitary conditions in the facility's only kitchen observed for kitchen sanitation.</p> <p>The facility failed to ensure:</p> <ul style="list-style-type: none"> - items in the reach in cooler had a label and an open date. - items on the prep table had been opened and not labeled with the open date. <p>These failures could place residents who ate food from the kitchen at risk of foodborne illness.</p> <p>Findings included:</p> <p>During observations, interviews and record reviews on 05/027/25 of the kitchen the following was noted:</p> <p>On 05/27/25 at 10:16 AM in the 3-door cooler</p> <p>1-46 oz honey thick Orange Juice was not dated when opened. It had a truck delivery date on the container of 05/07/2025.</p> <p>1-46 oz. nectar thick Orange Juice was not dated when opened. It had a truck delivery date on the container of 05/14/2025.</p> <p>The packaging on the container reads: After opening may be kept up to 7 days under refrigeration.</p> <p>1 small white bowl of white substance plastic covering dated 05/20/25.</p> <p>1 small square plastic covered container with no label or date contained a small brown square of some substance.</p> <p>During an observation on 05/27/2025 at 10:40 AM on the prep table opposite the dish machine the following was noted:</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
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1-46 oz honey thick sweet tea was not dated when opened. It had a truck delivery date on the container of 5/14/25.</p> <p>1-46 oz. nectar thick sweet tea was not dated when opened. It had a truck delivery date on the container of 5/21/25.</p> <p>The packaging on the container reads: After opening may be kept up to 7 days under refrigeration.</p> <p>During an interview and observation on 05/27/2025 at 10:27 AM the DM removed all four thickened liquid cartons that were open and discarded them. She said the date marked on the box was the date the truck delivered the item and was to help with product rotation. She said items were to be marked when opened. She said leftovers in the refrigerator should be used within 3 days or discarded. She said the white substance was a bowl of icing and should have been discarded. She said the item in the small square container was a piece of fudge that belonged to a resident. She discarded the icing and fudge.</p> <p>Record review the facility's Food Receiving and Storage policy, revised November 2022, indicated the following: .Refrigerated /Frozen Storage 1. All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date) .7. Refrigerated foods are labeled, dated and monitored so they are used by their use-by date, frozen, or discarded.</p>

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27140</p> <p>Based on observation, interview and record review, the facility failed to ensure resident rooms measured at least 80 square feet per resident in multiple rooms and at least 100 square feet in single resident rooms for 2 of 10 resident rooms (Resident room [ROOM NUMBER] and 311) reviewed for square footage.</p> <p>The facility failed to provide 80 square feet per resident for a room certified for 4 residents and provide 100 square feet for a room certified as a private room.</p> <p>These failures could place residents at risk of not having adequate space to meet their needs.</p> <p>Findings included:</p> <p>During an observation on initial tour on 05/27/2025 at 10:40 AM, it was observed that no residents were residing in room [ROOM NUMBER] and no residents were residing in room [ROOM NUMBER].</p> <p>During an interview on 05/28/2025 at 9:45 AM, the Administrator said resident rooms [ROOM NUMBERS] still required room waivers. She said room [ROOM NUMBER] was certified for 4 residents and measured 74 square feet per resident and room [ROOM NUMBER] was certified as a private room and measured 81 feet instead of 100 square feet. She said room [ROOM NUMBER] was used as a staff break room. She said she filed for the waiver after the life safety code inspection on 05/27/2025.</p> <p>Record review of the bed classification form dated 05/27/2025 indicated room [ROOM NUMBER] was certified for 4 residents and room [ROOM NUMBER] was certified for 1 resident.</p>		