

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/15/2025
NAME OF PROVIDER OR SUPPLIER  Red Oak Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  101 Reese Dr Red Oak, TX 75154	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50042</p> <p>Based on observation, interviews, and record review the facility failed to ensure comprehensive care plans were reviewed and revised by the interdisciplinary team including both the comprehensive and quarterly review assessments for 1 of 6 residents (Resident #20) reviewed for care plans.</p> <p>The facility failed to ensure Resident #20's comprehensive care plan was revised to reflect the need for and the use of a fall mat.</p> <p>This failure could place the residents at risk of not receiving the appropriate care and services to maintain their highest practical well-being.</p> <p>Finding include:</p> <p>Record review of Resident #20's Face Sheet revealed an eighty-two (82) year old female who was, admitted to the facility on [DATE]. Her diagnoses included essential (primary) hypertension (high blood pressure), type 2 diabetes mellitus with unspecified conditions (a chronic condition characterized by insulin resistance and elevated blood sugar levels), hyperlipidemia (high cholesterol), unspecified dementia (a decline in cognitive function), Alzheimer's Disease (a disease which commonly causes dementia), and muscle weakness. The resident's advance directive was full code/CPR.</p> <p>Record review of Resident #20's admission MDS Comprehensive Assessment revealed the assessment was completed on [DATE]. According to the assessment, Resident #20's BIMS was one, which indicated severely impaired cognition. Resident #20 had impaired vision, functional limitation in her range of motion with impairment in one side of her lower extremity, with no mobility devices used. Resident #20's functional abilities, which included sit to stand, chair/bed-to-chair transfer, walking ten (10) feet, walking 50 feet with 2 turns, and walking 150 feet was dependent on a helper or helpers to complete these activities. The MDS assessment did not address the resident's risk for falls.</p> <p>Record review of Resident #20's Comprehensive Care Plan last reviewed by the facility on [DATE], revealed Resident #20 also had a diagnosis of Unspecified Fracture of Shaft of Left Femur, Subsequent Encounter with Routine Healing. The comprehensive care plan did not to list a fall-injury prevention program as a focus area, with no goals or interventions listed, including the need for a fall mat.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #20's physician's orders revealed no physician's order(s) for any type of assistive device to prevent falls or injury from falls or the need for a fall-injury prevention program.</p> <p>Record review on of the facility's MDS Resident Matrix (a tool used to identify pertinent care categories for residents) completed by the ADM revealed that Resident #20 had no specific care areas marked, including fall, fall with injury, or fall with major injury.</p> <p>Observation of Resident #20 on [DATE]. 2025, at 10:49AM revealed the resident in bed, resting with her eyes open. The resident was slightly alert but did not verbally respond to questions asked of her. Resident #20 was observed to be in a single occupancy room, with her bed positioned against the wall on its left side. On the floor to the right of Resident #20's bed was a fall mat. (Fall mats are specially designed floor mats used to protect from serious physical trauma resulting from falls.)</p> <p>Observation of a photograph on the cell phone of Resident #20's RR on [DATE], at approximately 10:55AM, showed how Resident #20's RR found Resident #20 on [DATE]. The photograph depicted the resident in the condition as described below, torso laying across the bed, legs dangling off the side.</p> <p>In an interview on [DATE], at 10:49AM, Resident #20's RR stated that the resident was admitted to the facility after hip replacement surgery on [DATE]. Resident #20's RR stated on [DATE], at 8:00 AM, he arrived to the facility and found the resident lying sideways in her bed, her torso on the bed, and both legs dangling off of the side of the bed, as if she had been attempting to get out of bed and slid. The RR alerted staff and they assisted the resident back in bed properly. On or about [DATE], staff placed a thick fall mat next to the resident's bed as a safety measure. Resident #20's RR stated initially staff placed a very thick fall mat next to the resident's bed, but later replaced the thick mat with a thinner mat due to the thicker mat being seen as a hazard concerns.</p> <p>In an interview on [DATE] at 3:47 PM, the DON stated the MDS was responsible for completing the initial care plans and also for revising the care plans as needed. She stated she also updated care plans at times herself. She stated the MDS was trained on completing the care plans accurately. She stated it was her expectation that fall mats would be included in a resident's care plan. She stated she was not aware Resident #20 had fall mats or that the fall mats were not care planned. She stated she was going to find out about the fall mats and if Resident #20 was supposed to have them. She stated if fall mats were not included in a resident's care plan, it could lead to a resident falling and hurting themselves.</p> <p>In an interview on [DATE] at 3:56 PM, the MDS stated she was responsible for completing and updating the residents' care plans. She stated that she has beenwas trained on completing the care plans accurately. She stated she was aware Resident #20 had fall mats because she helped place the fall mats in Resident #20's room. She stated the fall mats were placed due to the family request and she did not realize that she had not care planned them until informed by the State Survey team. The MDS stated she was going to care plan the fall mats now that she had been informed this information was missing. The MDS stated she would normally care plan fall mats as an intervention when fall mats were placed. She stated if fall mats were not care planned, the staff may not be aware a resident needed fall mats, which could cause the mats not to be used to aide in a fall or injury or it could have caused a safety hazard and staff could have tripped over the fall mats if they had not known they were there.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's policy, Care Plans, Comprehensive Person-Centered, revised [DATE], reflected in part, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident .Assessments of residents is ongoing and care plans are revised as information about the residents' conditions change.</p> <p>Record review of the facility's policy and procedures, Falls, Clinical Protocol, revised [DATE], reflected in part:</p> <p>5. The staff will evaluate, and document falls that occur while the individual is in the facility; for example, when and where they happen, any observations of the events</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49065</b></p> <p>Based on observation, interview, and record review the facility failed to ensure that drugs and biologicals used in the facility were stored properly for 1 of 2 medication storage rooms (room located by hall 400) and 2 of 2 medication carts (Hall 400 Medication Aide's Cart and Hall 400 Nurse's Cart).</p> <p>1. The facility failed to ensure expired medication administration supplies and Covid test were removed from 1 of 2 medication storage rooms (room located by hall 400).</p> <p>2. The facility failed to follow policy and date opened medications on 2 of 2 medication carts (Hall 400 Medication Aide's Cart and Hall 400 Nurse's Cart).</p> <p>These failures could place residents at risk for ineffective treatments, incorrect diagnosis, cause a Peripheral IV Catheter to need replacement and or allow Covid infections to spread.</p> <p>Findings include:</p> <p>Observation on [DATE] at 12:23 PM of the 400 hall Medication Aide's Cart revealed the following medications were opened, but no date showed when they were opened:</p> <p>1 Bottle of Geri Care-One daily Multivitamin-100 tabs</p> <p>1 Bottle of Thiamine Vitamin B-1 100mg-100 tabs</p> <p>1 Bottle of Magnesium Oxide 400mg-120 tabs</p> <p>1 Bottle of Geri Care-Ferrous Sulfate 325 Mg Vitamins-100 tabs</p> <p>1 Bottle of Melatonin 1 Mg-60 tabs</p> <p>1 Bottle of Melatonin 5 Mg-90 tabs</p> <p>1 Bottle of Vitamin C 500mg-100 tabs</p> <p>Observation on [DATE] at 1:34 PM of the Medication Storage Room located by the 400 hall revealed the following:</p> <p>30 Covid-19 Ag Card test Covid test expired on [DATE].</p> <p>30 Extension Set Product 8 Expires 12 31 2024</p> <p>01 Extension Set with Care site Luer-Access Device Expires [DATE]</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on [DATE] at 1:46 PM of the 400 hall Nurse's Medication Cart revealed the following medications were opened, but no date showed when they were opened:</p> <p>Omeprazole 20mg 14 caps</p> <p>Allergy Relief 100 tablets (Diphenhydramine HCL 25mg)</p> <p>In an interview on [DATE] at 12:23 PM with MA-A, she stated the policy for opening new medication bottles was to date them when opened. She stated she knew better than to leave them undated and she would date them now. She said if medications were undated, they could become poisonous and cause residents to become sick or nauseous.</p> <p>In an interview on [DATE] at 1:34 PM, LVN-A stated the policy on expired medical supplies was to discard them in the bin. She stated the nurses were responsible for checking the medication rooms and dating opened medications. LVN-A stated expired items could lose their potency and the residents would not get the full potential of their medications.</p> <p>In an interview on [DATE] at 2:44 PM with the DON, she stated the policy on expired medical supplies was to remove them and it was the responsibility of the Assistant Director of Nurses to oversee it. The DON stated in the future she would oversee the medication rooms also. The DON stated the negative outcome to residents if expired items were used, was they could lose effectiveness and residents could get sick. The DON stated the policy on opening new medications was to date the bottles and it was the responsibility of the nurses and the nurse managers. She said it was important to date medicines when they were opened so you would know how long they had been on the cart. The DON stated the negative outcome to residents if medications were not dated would be the medicine could potentially lose effectiveness.</p> <p>In an interview on [DATE] at 2:50 PM with ADM, he stated the policy on expired medical supplies was to remove them from the medication room. He stated it was the responsibility of the Charge Nurses and the DON to check the medication room. The ADM stated expired items could lose effectiveness and cause health issues for residents. The ADM stated the policy was to date medications when they were opened, and it was the responsibility of the Charge Nurses and the DON to check the carts. He stated it was important to date medications, so you knew when to dispose of them. The ADM stated the negative outcome to residents if medications were not dated was the medications could lose their effectiveness.</p> <p>Record review of the facility's policy labeled Administering Medications, dated 2001 Med-Pass, Inc., (Revised 2012) reflected, When opening a multi-dose container, the date opened shall be recorded on the container.</p> <p>Record review of the facility's policy labeled Storage of Medications, dated 2001 Med-Pass, Inc., (Revised 2007) reflected:</p> <p>The nursing staff shall be responsible for maintaining medication storage AND preparation areas in a clean, safe, and sanitary manner</p> <p>The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>50042</p> <p>Based on observation, interview, and record review the facility failed to employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment for five (5) staff reviewed for qualified dietary staff.</p> <p>The facility failed to ensure that dietary DS B, DS D, DS E, DS G, and DS H obtained and/or maintained their Texas Food Handler Certificates.</p> <p>This failure practice could place residents who ate from the facility's only kitchen at risk of foodborne illness and not having their nutritional needs met and at risk of contracting foodborne illnesses.</p> <p>Finding Include:</p> <p>Record review of the dietary staff personnel files completed on January 15, 2025, at 2:41 PM, revealed the following:</p> <p>DM's hire date to be 12/9/2024.</p> <p>DS F's hire date to be 11/28/2023.</p> <p>DS G's hire date to be 12/20/2024.</p> <p>DS H's hire date to be 7/10/24.</p> <p>Texas Food Manager Safety Certification for DDM with an expiration date of 5 years from the effective date of 7/5/2023.</p> <p>Food Allergens Essential Course certificate of completion for DDM issued on 9/23/2024 and valid 2 years from the issuance.</p> <p>Record review of additional dietary staff personnel records provided by the DDM on January 15, 2025, at 3:41 PM revealed the following:</p> <p>Texas Food Handler certificate for DS D issued on 1/13/2025.</p> <p>Staff schedules for the last 90 days which show that DS D worked 72 shifts between 10/1/2024-1/12/2025 without a confirmed or verified valid food handler certificate.</p> <p>Texas Food Handler certificate for DS E issued on 1/13/2025.</p> <p>(continued on next page)</p>

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Staff schedules for the last 90 days which show that DS E worked 19 shifts between 10/1/2024-1/12/2025 without a confirmed or verified valid food handler certificate.</p> <p>Texas Food Handler certificate for DS G issued on 1/13/2025.</p> <p>Staff schedules for the last 90 days which show that DS G worked eight (8) shifts from 12/20/2024-1/12/2025.</p> <p>Texas Food Handler certificate for DS H issued on 1/13/2025.</p> <p>Staff schedules for the last 90 days which show that DS G worked 70 shifts between 10/1/2024-1/12/2025 without a confirmed or verified valid food handler certificate.</p> <p>In an interview with the DDM on January 15, 2025, that began at approximately 3:45 PM, attempts were made to clarify staff, their roles and titles, and documents and records provided by the DDM for the dietary staff. The DDM explained that the this facility contracted with his employer for dietary and maintenance services. The DDM stated his title was District Manager in training. The DDM stated his manager was the RDM. The RDM was the Regional Manager in training. The current Dietary Manager in training was the DM, who would also be the facility's account manager. Per the DDM, all responsibility for the kitchen and dietary staff was the responsibility of the DDM until the DM was fully trained. The DDM was unfamiliar with all the staff members listed on the schedule and did not provide a complete roster of dietary personnel. The DDM provided conflicting information when answering questions regarding personnel and their qualifications. The DDM stated that the former DM had his own system of scheduling and keeping up with personnel records that the DDM was not entirely familiar with and could not fully explain. The DDM could not provide food handler certificates for staff as requested. The DDM stated initially that he was unsure as to why groups of dietary staff had the same recertification dates. The DDM then said that the dietary staff recertified on the same dates, but on separate computers within the office. The DDM denied the certificates were obtained fraudulently. The DDM admitted he did not have all the past and current food handler certificates as requested. The DDM stated he could not locate records maintained by the prior DM. The DDM stated he has been overseeing the facility's dietary services for the last couple of months since the former DM of 5-6 years resigned. The DDM stated the former DM handled all management duties, but he was now discovering a lapse in that management. The DDM stated all dietary staff confirmed to the DDM their Food Handler Certificates were current, and he accepted their confirmation as factual.</p> <p>In an interview with the DON and ADON collectively on January 15, 2025, at 4:56 PM, both stated that it was their expectation that the company who oversaw dietary and maintenance services would ensure their staff were properly trained and certified. Each stated a possible result of dietary staff in particular not being properly certified was that residents could become ill or this could cause food to become contaminated if staff were unaware of proper food handling techniques.</p> <p>In an interview with the ADM on January 15, 2025, at approximately 5:00 PM, the ADM stated it was his expectation the company they contracted with for dietary services maintained the highest level of service and knowledge, which included current certifications and training. The ADM stated a lack of such could lead to residents become ill.</p> <p>Record review of job descriptions for [NAME] and Dietary Aide show one qualification for both positions to be, Current ServSafe or Food Handler certification is required .</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the 2022 United States Food and Drug Administration Food Code, Section 2-103 entitled Duties, states in part:</p> <p>2-103.11 PERSON IN CHARGE.</p> <p>The person in charge shall ensure that:</p> <p>(O) EMPLOYEES are properly trained in FOOD SAFETY .</p>

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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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50042</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 safety for one (1) of one (1) facility kitchen and one (1) of two (2) nourishment rooms reviewed for food safety (Station 2 Med Room).</p> <ol style="list-style-type: none"> <li>1. The facility failed to ensure food items in the kitchen refrigerator were dated and labeled.</li> <li>2. The facility failed to ensure the ice machine in the kitchen and in one (1) of two (2) nourishment rooms were cleaned and free of mold, mildew and slime.</li> <li>3. The facility failed to discard a dented can.</li> <li>4. The facility failed to discard food items past their expiration date.</li> <li>5. The facility failed to maintain accurate freezer temperature logs for the freezer in the kitchen and one (1) of two (2) freezers in the nourishment rooms (Station 2 Med Room).</li> <li>6. The facility failed to keep food properly sealed and covered in the refrigerator.</li> <li>7. The facility failed to provide a thermometer for the measurement of the freezer temperature in one (1) of two (2) freezers in the nourishment rooms (Station 2 Med Room).</li> <li>8. The facility failed to ensure staff were familiar with, trained, and able to operate kitchen equipment in accordance to safety regulations.</li> </ol> <p>These failures could place residents at risk for food-borne illness and cross contamination.</p> <p>Findings include:</p> <p>Observation of the dry goods storage area within the kitchen on [DATE], at 9:09AM revealed one of five 6.56 lb cans of pears in light syrup to were dented and damaged. In a follow up trip to the kitchen, DDM was advised of the dented and damaged can and instructed to remove it from use. He obliged but offered no explanation as to why the product remained in the storage area.</p> <p>Observation of the kitchen refrigerator on [DATE], at 9:12 AM revealed cups of liquids or soft food items were missing a label which indicated a thawed date and a use by date. Five of these cups of liquids or soft food items were missing a label identifying the substance in each of the cups.</p> <p>(continued on next page)</p>		

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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>Observation of the kitchen refrigerator on [DATE], at 9:13 AM revealed five 3lb containers of ricotta cheese were not discarded after their expiration or use by date of [DATE]. One (1) of the five (5) containers of ricotta cheese was open and used, with a prep date of ,d+[DATE] listed on the label only. Following this observation, DDM was notified of the expired items and instructed to dispose of the items. Upon re-inspection, these items were no longer in the refrigerator. The DDM offered no explanation as to why the products remained in the refrigerator.</p> <p>Observation of the kitchen refrigerator on [DATE], at 9:13 AM revealed five (5) of five (5) 3lb containers of ricotta cheese were not properly labeled and dated with date of receipt or a use by date. Four unopened containers of ricotta cheese were stored in a box with [DATE] written in black marker on the outside of the box, with no indication as to the significance of this date.</p> <p>Observation of the kitchen refrigerator on [DATE], at 9:17 AM revealed five stacks of sliced American Cheese, of various counts (not individually wrapped), which were opened and wrapped in plastic wrap without an open or preparation date or use by date label on the products. One of the stacks of American Cheese had ,d+[DATE] written on the plastic wrap, with no indication as to the significance of this date.</p> <p>Observation of the kitchen refrigerator on [DATE], at 9:17 AM revealed three containers of prepared food, lacking proper labels identifying the item contained within, preparation dates, and/or use by dates. One container had a partially completed label which stated, Item: Baked beans. Prep date: ,d+[DATE], but contained no use by date.</p> <p>Observation of the kitchen refrigerator on [DATE], at 9:19 AM revealed a prepared pan of brown gravy covered by plastic wrap that did not fully cover the pan or seal the contents within.</p> <p>Observation of the kitchen freezer on [DATE], at 9:20 AM revealed a pumpkin pie with the label on the item showed the name of the item, the date it was prepared, ,d+[DATE], but lacked a use by date.</p> <p>Observation of the kitchen ice machine on [DATE], at 9:22 AM revealed the presence of black, grey, white, and pink patches with a slimy or fuzzy texture indicative of mold, mildew, and slime build-up on the interior under guard and drum of the machine.</p> <p>A follow up observation of the kitchen ice machine was conducted on [DATE], at 10:01 AM. The presence of mold, mildew and slime build-up remained on the interior guard and drum of the machine.</p> <p>Observation of the freezer temperature log on [DATE], at 10:09 AM revealed staff logged a temperature of 0 in advance for the morning of [DATE].</p> <p>Observation of one (1) of two (2) nourishment rooms (Med room [ROOM NUMBER]) on [DATE], at 10:25 AM, revealed a prepackaged, store bought, frozen meal in the freezer with a resident's first and last name written on the box in ballpoint pen. There were no dates and no room number on the box. The nourishment rooms were for the storage of resident items only.</p> <p>Observation of a sign posted in nourishment room [ROOM NUMBER] on [DATE], at 10:25AM, read in part: Please Put Name, Room #, and Date on All Items!! .Nurse Management.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Red Oak Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  101 Reese Dr Red Oak, TX 75154	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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>Observation of the freezer compartment of the refrigerator in nourishment room [ROOM NUMBER] on [DATE], at 10:26AM, revealed no working thermometer inside and no freezer temperatures logged for the month of [DATE].</p> <p>Observation of the ice machine in nourishment room [ROOM NUMBER] on [DATE], at 10:27AM, revealed the presence of black, grey, white, and/or pink patches with a slimy or fuzzy texture indicative of mold, mildew, and/or slime build-up on the interior under guard and drum of the machine.</p> <p>In an interview with DS D on [DATE], at 10:11 AM, while running the kitchen dishwasher, DS #4 stated he did not know the appropriate temperature parameters of the dishwasher or how to test for the correct chemical solution concentration level. DS D stated this was his first time running the dishwasher. DS D stated that he usually cooked or prepared food, but never washed dishes. DS D stated he was instructed to run the dishwasher by the DDM. While interviewing DS D, the DDM interjected and briefly explained to DS D how to check the temperature and disinfectant concentration level using the high temperature thermometer and chemical test strips.</p> <p>Interview with the DDM on [DATE], at 11:39 AM, revealed the DDM was responsible for all auditing of food items in the dry goods storage area/pantry, refrigerators and freezers. The DDM said he was currently the account holder for the facility, so he ordered all facility dietary goods, hired, and trained staff, and ensured policy and procedures were followed. The DDM stated their procedure for food storage and labeling consisted of the dietary aides putting up delivered food products in their proper place (putting up the truck) and labeling all food items received with their delivery date and open date.</p> <p>In an interview with the MNT on [DATE], at 3:20 PM, the MNT stated he had been employed with the facility for 2 years. He stated the facility contracted with his employer to provide dietary and maintenance services to the facility. The MNT stated that he checked equipment daily to ensure it was in proper working condition. The MNT stated he didn't always get the things he needed to properly do his job, such as support or resources, but he managed. The MNT stated this does did not cause a hardship for the residents as he would use alternatives means if necessary to ensure the facility and equipment were in working order. The MNT stated he was responsible for the maintenance and cleaning of the facility's ice machines. He stated he believed he cleaned the ice machines quarterly, but he does not maintain a cleaning and service log for this equipment. The MNT stated the last time the ice machines were cleaned was when the former DM was employed. The MNT confirmed the former DM left his position in about [DATE].</p> <p>In an interview with the DON and the ADON collectively on [DATE], at 4:56 PM, both stated it was their expectation that the company that oversaw dietary and maintenance services would ensure their staff were properly trained and certified. Each stated that a possible result of dietary staff in particular not being properly certified is that residents could become ill or this could cause food to become contaminated if staff were unaware of proper food handling techniques.</p> <p>In an interview with the ADM on [DATE], at approximately 5:00 PM, the ADM stated it is was his expectation that the company they contracted with for dietary services would maintain the highest level of service and knowledge, including current certifications and training. The ADM stated that a lack of such could lead to residents become ill.</p> <p>(continued on next page)</p>		

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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>Record review of the facility's dietary policies indicated: Perishable foods must be stored in re-sealable containers with tightly fitting lids in a refrigerator.</p> <p>Record review of the facility's policies and procedures revealed the following information in part:</p> <p>Work Order/Maintenance Policy and Procedures indicates that it is the responsibility of the department directors, charge nurse and/or certified staff to fill out and forward work orders to the Maintenance Director. This would include work orders for thermometers or ice machines.</p> <p>Food Storage: Cold Foods Policy and Procedures indicates that an accurate thermometer will be kept in each refrigerator and freezer. A written record of daily temperatures will be recorded. All foods will be wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>Receiving (of food items) Policy and Procedures indicates that all canned goods will be appropriately inspected for dents, rust or bulges. Damaged cans will be segregated and clearly identified for return to vendor or disposal, as appropriate. All food items will be appropriately labeled and dated either through manufacturer packaging or staff notation.</p> <p>Ice Policy and Procedures indicates ice will be prepared and distributed in a safe manner .The Dining Services Director will coordinate with the Maintenance Director to ensure that the ice machine will be disconnected, cleaned and sanitized quarterly and as needed, or according to manufacturer guidelines .</p> <p>Equipment (food service) Policy and Procedures indicates that all food service equipment will be clean, sanitary, and in proper working order. All staff members will be properly trained in the cleaning and maintenance of all equipment.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41654</b></p> <p>Based on observation, interview and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 6 residents (Resident #36) reviewed for infection control.</p> <p>CNA A failed to wash or sanitize her hands while going from a dirty to clean surface while performing incontinent care on 01/14/25 at 1:30 PM for Resident #36.</p> <p>This deficient practice could place residents at risk for cross contamination and the spread of infection.</p> <p>Findings include:</p> <p>Record review of Resident #36's care plan, dated 11/13/24, reflected: Resident #36 was incontinent of bowel and bladder. Goal: Risk for septicemia will be minimized/prevented via prompt recognition and treatment of symptoms of UTI. To be clean, dry and odor free. Interventions: Check for incontinence during rounds; wash, rinse, dry perineum, and change clothing PRN after incontinence episodes. Observe/report to MD any s/sx of UTI: pain, burning, blood-tinged urine, increased frequency, fever, foul smelling urine, AMS.</p> <p>Record review of Resident #36's face sheet, dated 01/14/25, reflected a [AGE] year-old female with an admitted [DATE]. Resident #36 had diagnoses which included hemiplegia/hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles), diabetes (a group of diseases that result in too much sugar in the blood), anxiety (intense, excessive, and persistent worry and fear about everyday situations), and respiratory failure (results from inadequate gas exchange by the respiratory system meaning that the arterial oxygen, carbon dioxide, or both cannot be kept at normal levels).</p> <p>Record review of Resident #36's quarterly MDS assessment, dated 01/09/25, reflected Resident #36 had a BIMS score of 15, which indicated Resident #36 was cognitively intact. Resident #36 required supervision or touching assist with eating, and required substantial or maximal assist with bathing, toileting, and personal hygiene. Resident #36 was always incontinent of bowel and bladder.</p> <p>In an observation on 01/14/25 at 01:30 PM, CNA A performed incontinent care with assistance of IP for Resident #36. CNA A and IP washed their hands and applied their gloves. IP stood on Resident #36's right side and CNA A stood on Resident #36's left side. CNA A informed Resident #36 what she was going to do and removed the sheet which was covering Resident #36. CNA A unfastened Resident #36's brief and began incontinent care. When incontinent care was completed on the front, CNA A and IP turned Resident #36 on her right-side facing IP, and CNA A continued to perform incontinent care. CNA A removed her gloves, then applied new gloves and continued to perform incontinent care. CNA A had not washed or sanitized her hands in between glove change. CNA A placed Resident #36's clean brief under the dirty brief and removed the dirty brief from under Resident #36. CNA A placed the clean brief in the appropriate place on Resident #36 and fastened the brief. CNA A and IP removed their gloves and washed their hands .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/14/25 at 1:47 PM, the IP stated she saw CNA A perform the incontinent care on Resident #36 because she had assisted CNA A in positioning the resident. She stated she saw CNA A change her gloves multiple times but to be honest, she did not know the exact time CNA A had changed her gloves. She stated staff were supposed to change their gloves when they went from a dirty to a clean surface and they should have sanitized their hands in between the glove change. She stated she was in-serviced on infection control, handwashing, and peri-care. She stated if gloves were not changed and hands had not been sanitized when going from a dirty to clean surface, it could cause the spread of infection or a UTI.</p> <p>In an interview on 01/14/25 at 1:58 PM, CNA A stated she recently performed incontinent care for Resident #36. She stated after completing the incontinent care on the front and beginning incontinent care on Resident #36's backside, she removed her gloves and sanitized her hands. She stated she applied clean gloves and continued to clean Resident #36's backside and then she replaced the dirty brief by putting a clean brief under the dirty brief first, and then removed the dirty brief. She stated she usually changed her gloves after going from a dirty surface to a clean surface and she was just nervous because the State Surveyor was watching her. She stated she was in-serviced on infection control, handwashing, and incontinent care, and she knew she should have changed her gloves and sanitized her hands when going from a dirty to clean surface. She stated if staff had not changed their gloves or sanitized their hands when going from a dirty to clean surface, it could have caused infections for the residents.</p> <p>In an interview on 01/15/25 at 11:32 AM, the DON stated it was her expectation that staff changed their gloves and sanitized their hands in between gloved changes when going from a dirty to clean surface. She stated staff were trained often on infection control, incontinent care, and hand washing. She stated if staff had not changed their gloves or sanitized their hands in between the glove change, it could have caused the risk for infection, especially if they had feces on their gloves.</p> <p>In an interview on 01/15/25 at 11:43 AM, the ADM stated it was his expectation staff changed their gloves and sanitized their hands in between gloved changes when going from a dirty to clean surface, and staff were supposed to do this. He stated staff were trained often on infection control, incontinent care, and hand washing. He stated if staff had not changed their gloves or sanitized their hands in between the glove change, it could have caused a resident to get a UTI, sepsis, or an infection could have occurred.</p> <p>Record review of the facility's in-service titled In-Service Training Attendance Record and dated 10/01/24 with a subject of Gloves are NEVER to be worn in the hallways under no circumstances. Gloves are to be changed in between use and in between resident(s). Perform hand hygiene after doffing and donning gloves. reflected staff, including CNA A which had signed the document, had been trained on hand hygiene being performed after donning and doffing gloves. Instructor of in-service was the IP.</p> <p>Record review of the facility's in-service titled In-Service Training Attendance Record and dated 11/11/24 with a subject of Monitors - The following monitors must be completed during rounding and throughout the day. If you observe any of the following, make corrections immediately and notify the manager in charge. Hand Hygiene. reflected staff, including CNA A which had signed the document, had been trained on hand hygiene.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Record review of the facility's Perineal Care policy, dated 2001 and revised December 2011, reflected the following: .2. Wash and dry your hands thoroughly. 12. Remove gloves and discard into designated container. Wash and dry your hands thoroughly. 13. Put on clean gloves and place new brief and secure in place. 18. Remove gloves and 19. Wash and dry your hands thoroughly		