

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Lake Village Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 169 Lake Park Rd Lewisville, TX 75057	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45055</p> <p>Based on observations, interviews, and record review the facility failed to provide a safe, clean, comfortable, and homelike environment including but not limited to receiving treatment and supports for daily living safely for 2 (Rooms 303b, 307 b) of 6 resident rooms and all hallway handrails in the facility reviewed for cleanliness and sanitization.</p> <p>The facility failed to ensure that Resident Rooms # 303b, and 307 b were thoroughly cleaned and sanitized.</p> <p>The facility failed to ensure that the facility hallway handrails were cleaned.</p> <p>These deficient practices could place residents at risk of living in an unclean and unsanitary environment which could lead to a decreased quality of life.</p> <p>Findings included:</p> <p>An observation on 12/04/24 at 10:40 AM of all the facility hallway handrails revealed dark and light dirt along the brown wooden rails.</p> <p>An observation on 12/04/24 at 12:00 PM of room [ROOM NUMBER] b reflected the top of the 5-drawer chest had a large circular white patch of powdery substance.</p> <p>Interview on 12/04/24 at 12:06 PM, the resident in room [ROOM NUMBER]b (BIMS 12) stated that the facility only cleaned her room once a week. She stated housekeeping was supposed to clean her room on 12/03/24 but they had not cleaned her room. She stated they never cleaned the floors, and they did not empty her trash can.</p> <p>An observation on 12/04/24 at 12:07 PM of room [ROOM NUMBER] b reflected the floor around the toilet, had a white substance circling it.</p> <p>No interview was able to be conducted with the resident in room [ROOM NUMBER]b due to decreased cognitive status., no BIMS was able to be assessed for this resident.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 12/04/24 at 2:16 PM, the Housekeeping Supervisor stated she had been at the facility for [AGE] years. She stated they were to clean everything, especially the resident rooms daily. She stated they wiped the handrails down daily. She was shown pictures of the concerns observed in Rooms #303b , and 307b , as well as the hallway rails. She stated the risk the resident was that they were not in a safe clean, and homelike environment. She stated they cleaned all the areas mentioned but had not gotten to those areas yet because they had one housekeeping cleaning two halls. She was advised that there was a complaint made regarding the cleanliness of the facility and there was also an interview from a current resident that stated her room was not cleaned daily. She stated she would address the concerns observed.</p> <p>In an interview on 12/04/24 at 2:31 PM, the Administrator was shown pictures of the concerns observed in Rooms # 303b, and 307 b , and the hallway rails. He stated he would meet with the housekeeping supervisor to address the concerns observed. He stated the risk of the residents' rooms not being thoroughly cleaned was a dignity and infection control concern.</p> <p>Review of the facility's policy on Safe/Comfortable/Homelike Environment (01/2022) reflected Residents are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to the extent possible.</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>45055</p> <p>Based on observation, interviews, and record reviews the facility failed to ensure food was stored, prepared, distributed, and served in accordance with professional standards for food service safety for the facility's only kitchen, reviewed for food storage, labeling, dating, and kitchen sanitation.</p> <p>The facility failed to ensure the ice scoop, ice scoop holder, and ice machine in the facility's dining area was cleaned.</p> <p>This failure could place residents at risk for cross contamination and other air-borne illnesses.</p> <p>Findings included:</p> <p>Observations on 12/04/24 at 10:35 AM in the facility's only dining area reflected:</p> <p>The ice scoop was placed in a clear plastic bag and then placed in a hanging blue plastic holder. The plastic bag had water at the bottom of the bag.</p> <p>The white ice scoop had black marks on the inside and outside of it.</p> <p>The light bluish inside front opening of the ice machine had light brownish stains going horizontally along the machine.</p> <p>In an interview on 12/04/24 at 10:45 AM, the Dietary Supervisor stated that they cleaned the ice machine at least three times a month and they ran the entire ice scoop and holder through the washing machine daily. She stated the risk of not thoroughly cleaning the areas mentioned, was infection control.</p> <p>In an interview on 12/04/24 at 2:31 PM, the Administrator was shown photos of the ice scoop, ice scoop holder, and ice machine in the facility's dining area. He stated he would address the concerns with the Dietary Supervisor. He stated the risk of not addressing the concerns could result in residents becoming ill.</p> <p>Record Review of the Facility's policy on Dietary Services and Infection Control dated 2/05/24, revealed It is the policy of this facility to prevent contamination of food products and therefore prevent foodborne illness. Provide safe food services for residents and employees Dirty equipment should never touch food. All work surfaces, utensils and equipment should be cleaned and sanitized after each use.</p> <p>Review of the U.S. Food and Drug Administration (FDA) Code (2022) revealed,</p> <p>4-903.11 Equipment, Utensils, Linens, and Single-Service and Single Use Articles.</p> <p>FDA Food Code 2022 Annex 3. Public Health Reasons/Administrative Guidelines</p> <p>(continued on next page)</p>

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