| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675633 | A. Building<br>B. Wing | 01/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Holland Lake Rehabilitation and Wellness Center | 1201 Holland Lake Dr<br>Weatherford, TX 76086 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>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 for 1 of 1 kitchen reviewed for food service. The facility failed to ensure that the dietary staff performed proper hand hygiene when entering the kitchen area and between tasks. The facility failed to ensure that kitchen equipment and nutrition service areas (nourishment rooms) were maintained in clean and in sanitary conditions. The facility failed to properly label open food items in the kitchen and nutrition areas. These failures placed residents at risk for foodborne illness and infection.Findings included: In an observation and interview on 1-6-2026 at 9:00 AM during the initial tour of the kitchen, it was revealed that several pieces of equipment were dirty. The steam table had a large amount of a white dry substance on the lower shelf. The steam table temperature control knobs and areas around the knobs had dried food substances on them. The oven had a brown dry substance on the exterior shelf area below both doors and food buildup on the inside of the doors. The front of the fryer had grease buildup present. The ceiling tiles were dirty and discolored. There was rust on the metal crossbars that held the ceiling tiles in place. There were 2 partial loaves of bread on a prep table that had no labels of date received, opened or date to discard. DM placed date on bread loaf bags at this time and stated they usually do not label bread as the bread cart in the storage room has dates it was received, and they do not date the bread once it has been opened. She also stated that bread is to be used within 5 days of package being opened. In an observation on 1-6-2026 at 11:05 AM Cook-A was observed using drinking cups to scoop ice from a round silver kitchen bowl with bare hands. She used each individual cup as a scoop and placed cups on tray and filled them with tea or juice for the lunch meal. After ice and drinks were placed in the cups, she placed a lid on each cup with bare hands. In an observation on 1-6-2026 at 12:15 PM DA-C entered the kitchen from a non-food service area and failed to wash her hands. She was observed exiting a break room/storage area located within the kitchen with her cellphone in hand and placed it in the right leg pocket of her pants. She proceeded to come in contact with resident trays without performing any hand hygiene. This was observed a total of 3 times during the meal prep and lunch service. In an observation on 1-6-2026 at 12:20 PM staff member DA-B came into contact with uncooked food with bare hands. She had previously prepared buttered bread with cheese between two slices for grilled cheese sandwiches and placed them on parchment paper in a kitchen tray. These were also covered with parchment paper and placed near the stovetop. During lunch service she removed the sandwich from the tray without gloves and placed into a pan to cook the sandwich. She moved from the stovetop area to the microwave area to prepare tomato soup and returned to the stovetop to complete cooking of the sandwich. She did not wash her hands between tasks. She placed gloves on after returning to the stovetop, without washing her hands prior to applying gloves before starting the next sandwich. In an interview on 1-7-2026 at 1:40 PM with staff member DA-C, she was unable to verbalize facility policy regarding handwashing. During interview she reported to be new to this job and still learning her responsibilities. She also stated that an in-service was completed yesterday with DM about handwashing. She reported that not washing her hands prior to contact with food or equipment can cause the residents to become sick. She verbalized<br>(continued on next page) |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675633 | A. Building<br>B. Wing | 01/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Holland Lake Rehabilitation and Wellness Center | 1201 Holland Lake Dr<br>Weatherford, TX 76086 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | being educated to wash her hands when entering the kitchen area, when her hands are dirty, before putting on gloves and when she changes areas or tasks within the kitchen. In an interview on 1-7-2026 at 2:15 PM with DM, she stated her expectations of handwashing to be completed when entering the kitchen, after using the bathroom while still in the bathroom and to wash them again in the handwashing sink of the kitchen area, when changing stations in the kitchen and when changing gloves. She stated she expects dietary employees to use gloves when preparing food and drink items. She expects all staff and outside delivery people to use proper handwashing techniques and wear hair covering. Her expectation of kitchen equipment being cleaned depends on the specific piece of equipment. She expects the fryer be cleaned weekly, the oven should be cleaned when it is dirty, and the steam table to be cleaned as needed but at a minimum of once or twice a week. She stated that there has been a leak on the steam table causing the white dry substance on the lower shelf. She stated that maintenance department has responsibility for cleaning/replacing the ceiling tiles and it was her understanding that her boss had sent a maintenance request for those to be repaired/replaced in November or December. DM stated she has no access to the maintenance requests made by her boss and she has no access to the system to personally make requests for repair. DM stated she provided in-services with dietary staff as needed or with changes in policies. All new employees must complete facility related required training prior to training in the kitchen. Once an employee starts working in the kitchen they have 3 days of training. The first day the new employee only observes. The second day, new employee assists with tasks. The third day they are expected to do the job while being watched to ensure they complete tasks properly. DM also stated that the facility has 2 nutrition rooms located at each nurses' station. Dietary department has responsibility for stocking and maintaining snacks in those rooms. She stated that the dietary department was not responsible for cleaning or any items placed in the nutrition rooms that belong to residents or staff members. In an observation on 1-7-2026 at 2:50 PM, the nutrition room located behind the nurses' station of the 100 hall revealed the sink was full of towels. There was a sign posted indicating the sink is out of order and the paper towel holder on the wall to the left of the sink also had a sign stating the sink was out of order until further notice. The nutrition room refrigerator was at 24 degrees. The freezer had no thermometer. The refrigerator had items (pudding and yogurt) that were open with no label of when to discard. Inside of the refrigerator items were found that were partially used and had several cups of pudding that were empty with cellophane covering dated 1-6-2026 and 1-7-2026. There was a temperature log on the door of the freezer indicating daily temperature checks had been completed for the month of January. In an observation on 1-7-2026 at 3:00 PM of the nutrition room located behind the nurses' station of the 200 hall reveled a sign on the sink indicating it was out of order. There was a cup with a dark brown liquid noted sitting next to the coffee pot, it was covered with another cup of same size turned upside down on top of it. There was no label on this item describing contents or date it was prepared or should be discarded. The countertops were dirty with areas of a brown dried substance. The edge of the countertop to the right of the sink was peeling. The cabinets were in poor repair. The refrigerator had a sign on the door stating Refrigerator is for resident use only. All staff are required to use the breakroom fridge. Any and all food unlabeled and staff food found in this fridge will be thrown away daily. This refrigerator had many unlabeled items including a Styrofoam food tray marked Club sandwich 210. And a clear bowl with a blue lid also only marked with 210. There was no thermometer in the refrigerator. The freezer was at 0 degrees and all items in the freezer were solid. The freezer had many items without labels indicating who the items belong to or when they were to be discarded. There was a temperature log on the door of the freezer indicating daily temperature checks had been completed for the month of January. In an interview with facility ADMN on 1-8-2026 at 5:20 PM she stated her expectation of handwashing for dietary staff would be before entering the kitchen or after returning from a break, after using the restroom, and after touching anything contaminated. A negative outcome of not washing hands properly could result in residents becoming sick. She also stated she expects<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675633 | A. Building<br>B. Wing | 01/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Holland Lake Rehabilitation and Wellness Center | 1201 Holland Lake Dr<br>Weatherford, TX 76086 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | the equipment in the kitchen to be in clean, useable condition per [Company] policies. ADMN stated the nutrition rooms are cleaned by the housekeeping staff on a schedule and additionally as needed. She stated that there will be a remodel of the nutrition rooms soon. She was unable to state when remodel will occur but stated the plumbers came today and the cabinet contractors are coming soon. She stated she was aware of the non-working sinks in the nutrition rooms, and they will be repaired with the remodel. She stated that the food items in the nutrition refrigerators belong to the residents and employees are only allowed to use the refrigerator in the employee breakrooms. Record review of an undated document titled Food Receiving Policy and Procedure. Policy statement reads: This policy establishes guidelines for the safe handling of all food items during transport, delivery, and storage, with a focus on maintaining strict time and temperature controls to ensure food safety. Policy states [in part]; 5. Labeling and dating: All food items must be clearly labeled and dated using either the manufacturer's food packaging information or manual staff entries, to ensure traceability and freshness. Record review of an undated document titled Equipment Maintenance Policy and Procedure revealed: Policy statement: Our commitment is to ensure that all food service equipment remains clean, sanitary and fully operations always. Policy states [in part]; 1. Regular cleaning and maintenance of all equipment will be conducted in strict adherence to the manufactures guidelines and training materials. 3. All equipment that cones into contact with food will undergo through cleaning and sanitization after each use. 5. Requests for maintenance or repair of equipment will be promptly forwarded to the administrator and/or Maintenance Director by the Dietary Services Director, as necessary. 7. Monthly submission of service repairs and preventative maintenance reports will be ensured. Record review of document dated June 1, 2024, titled Equipment and Facility Maintenance Responsibility Policy, revealed: Policy statement [Company] Services is committed to maintaining a safe, functional and compliant physical environment for residents, staff and visitors. All equipment and facility maintenance activities are the responsibility of the Maintenance Department. Record review of an undated document titled [Company] Dietary Manager Job Routine Checklist-Daily revealed: daily tasks include Daily inventory Check, Attend Morning Meeting, Meal service Check Prior to each Service (cooks fill in when manager is offsite) Hold AM Shift Huddle, Resident Visits, Clinical Duties, Administrative Duties, Hold PM Shift Huddle. Record review of an undated document titled [Company] Dietary Manager Job Routine Checklist-Weekly reads in part: Monday: empty, degrease, clean, sanitize, refill deep fryer (if applicable). Tuesday: AM cook, clean left oven stove top, back splash and warming tray. PM cook, clean right oven, drip pans, wall behind oven equipment. Thursday: AM cook clean pot and pan racks, storage shelves under steam table. Friday PM cook: Delime steam table. Record review of an undated document titled [Company] Dietary Manager Job Routine Checklist-Monthly reads in part: Equipment Maintenance: Assign deep cleans and side work for the upcoming month. Record review of facility infection control log over the last few months did not indicate any gastrointestinal illnesses related to failures found in the kitchen or nutrition rooms. |