

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2024
NAME OF PROVIDER OR SUPPLIER  Westridge Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1241 Westridge Ave Lancaster, TX 75146	

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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>50948</p> <p>Based on observation, interview, and record review the facility failed to ensure residents had the right to send and receive mail, and to receive letters, packages, and other materials delivered to the facility for the resident through the means other than a postal service for 7 of 55 residents reviewed for rights to forms of communication with privacy.</p> <p>The facility failed to deliver mail to the resident within twenty-four hours of delivery on premises or the facility's post office box according to their policy.</p> <p>This failure could place residents at risk of not receiving mail in a timely manner and could result in a decline in residents' psychosocial well-being and quality of life.</p> <p>Findings included:</p> <p>During a confidential group interview, 7 of 7 residents stated mail was not distributed at the facility, 6 of 7 residents stated mail was never distributed to them. Confidential resident stated mail was distributed to her only once since she's been at the facility. All 7 residents stated mail was not distributed on Saturday (10/26/2024) or any other day. The residents stated they were unaware who was responsible for distributing mail.</p> <p>In an interview on 10/29/2024 at 3:00 p.m. with the AD she stated she was responsible for distributing mail to residents. She stated there was no specific day when mail was delivered to residents, but residents received their mail once a week. She stated packages were delivered to residents as soon as the package was delivered to the facility. She stated the mail was kept in the business office manager's office. The AD did not explain why the mail was not delivered on the same day it was delivered.</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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an observation and interview on 10/29/2024 at 3:15 p.m. with the BOM she stated she was responsible for retrieving the mail upon delivery from the postal service. She stated once the mail was received from the postal service, her, and the AD sorted through the mail before the mail was distributed to residents. She stated there was no set day for mail to be delivered to residents, but mail was typically delivered to residents on Wednesdays. She stated because she did not work on weekends, mail delivered on Saturday was sorted on Monday. During an observation of a plastic storage tote, a pile of mail was observed in the bin that have not been distributed to residents. The BOM confirmed the mail in the tote was resident's mail that was delivered on Friday (10/25/2024). She stated the mail from Friday would be delivered to residents this week. The BOM did not explain why the mail was not delivered on the same day it was delivered.</p> <p>In an interview on 10/29/2024 at 3:54 p.m. with the ADM, she stated her expectations of residents receiving mail should take place often . She stated residents should be receiving mail at least once a week. She stated her expectations would be for the BOM or the SW to deliver mail to residents. She stated she was unsure of the current policy on residents receiving mail. She did not state how this could affect residents.</p> <p>Record review of the facility's Mail and Electronic Communication Policy dated revised May 2017, Policy Statement: Residents are allowed to communicate privately with the individuals of their choice and may send and receive personal mail, email, and other electronic forms of communication confidentially. 1. Mail and packages will be delivered to the resident within twenty-four hours of delivery on premises or the facility's post office box (including Saturday deliveries).</p>		

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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>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44021</b></p> <p>Based on observation, interview and record review the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public in resident bathrooms for 2 of 4 halls (100 Hall south and 100 Hall south) reviewed for environment.</p> <p>The facility failed to ensure floors and walls were in good repair and clean for resident bathrooms #110, #111 and #150.</p> <p>This failure could place residents at risk for a diminished quality of life due to the lack of a well-kept environment.</p> <p>Findings include:</p> <p>An observation on 10/29/24 at 11:21 AM of the bathroom for Resident #49, room [ROOM NUMBER] revealed the floor was discolored around the perimeter of the floor with what appeared to be built up of grime or dirt . The wall to the right of the toilet was missing approximately 1.5 feet of the base board exposing a 1.5 inch gap between the floor and the bottom of the wall . The toilet was missing a seal between the floor and the bottom edge of the toilet left a 0.5 inch gap and a live roach was observed retreating to twice during several observations . Resident #49 was not interviewable.</p> <p>An observation on 10/29/24 at 11:42 AM of the bathroom of Resident #34, room [ROOM NUMBER] revealed a sticky brown substance seeping out between all of the tiles on the bathroom floor with hairs and other material stuck in the substance. Resident #34 was not in the facility at the time of the observations.</p> <p>An observation and interview on 10/29/24 at 11:48 AM with Resident #9 and Resident #47 (roommates) revealed both residents complained their shared bathroom was always dirty, there were holes in the walls and they saw roaches and other insects in their bathroom. An observation of room [ROOM NUMBER] revealed a dark discoloration around the perimeter of the floor and built-up of grime in all four corners of the bathroom. The wall to the right of the toilet had a very uneven surface where the wall appeared to have protruded out towards the interior of the bathroom by 2-3 inches, which revealed a large gap above the base board. A 3 X 2-inch hole was observed in the wall behind the toilet.</p> <p>In a confidential group meeting with 7 residents revealed the residents complained their personal bathrooms needed to be cleaner and were in need of physical repairs .</p> <p>An interview on 10/31/24 at 2:57 PM, the ADM revealed it was important to keep the facility clean and in good repair at all times as a dirty facility might decrease the quality of life for the residents . He stated that he bathrooms were in process of being refurbished, but that it was taking a while to complete. He stated that the housekeeping staff cleans all resident bathrooms at least twice daily.</p> <p>(continued on next page)</p>		

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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>An interview on 10/31/24 at 4:11 PM, the Housekeeping Manager stated she tried to keep the facility as clean as possible, she stated in the course of cleaning the facility the other housekeepers and herself would report things might need repair to the Maintenance Supervisor. She stated if the facility was dirty or in disrepair it could affect the moods or feelings of the residents in a bad way.</p> <p>An interview on 10/31/24 at 4:23 PM with the Maintenance Supervisor, he stated staff generally told him if something needed to be fixed in the facility, and staff would also write down maintenance problems in the maintenance log book. He stated he was aware of the wall in the bathroom in room [ROOM NUMBER] and the floor in room [ROOM NUMBER]. He explained he just had not had the time to address the holes/damage to the walls in room [ROOM NUMBER] and the substance leaking between the tiles in room [ROOM NUMBER] was glue from replacing the tiles in that bathroom. He stated he was unaware of the missing baseboard in the bathroom for room [ROOM NUMBER] .</p> <p>Record review of the facility policy, Homelike Environment, revised February 2021, reflected:</p> <p>Policy Statement Residents are provided with a safe, clean, comfortable and homelike environment.</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>50948</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 service safety in the facility's only kitchen , reviewed for food safety.</p> <ol style="list-style-type: none"> <li>1. The facility failed to thaw food under proper conditions (in cooking process, in cooler, under cold running water, microwave and immediately cook afterward); not at room temperature.</li> <li>2. The facility failed to ensure food items in the refrigerators were labeled with the item description and preparation date, open date, or expiration date .</li> <li>3. The facility failed to ensure raw meat was stored on the bottom shelf to prevent contamination of other foods.</li> <li>4. The facility failed to discard open items stored in the refrigerator and freezers that were not sealed .</li> <li>5. The facility failed to ensure clean dishware was not exposed to a contaminated item .</li> <li>6. The facility failed to house dented cans in the separate area for dented cans .</li> <li>7. The facility failed to ensure the ice machine was clean and free of lime and mildew.</li> </ol> <p>These failures could place residents at risk for food-borne illness and cross contamination.</p> <p>Findings included:</p> <p>Observation of the kitchen on 10/28/2024 at 7:30 p.m. revealed the following:</p> <ul style="list-style-type: none"> <li>-5 packaged lunch meat thawing in the kitchen sink at room temperature.</li> <li>- 1 used glove on a dish cart with clean plate covers.</li> </ul> <p>Observation of the reach in refrigerators on 10/29/2024 at 9:05 a.m. revealed the following:</p> <ul style="list-style-type: none"> <li>-Refrigerator #1- 1 32 fl oz 2.0 high calorie malnutritional drink was open with no open date or expiration date.</li> <li>-Refrigerator #2- 3 plastic cups of juice and milk on a serving tray had no item description or preparation date.</li> <li>-Refrigerator #2- 1 large zip top bag of sliced ham, approximatly an inch or more of juice/water was noted at the bottom of the bag, dated 10/25/2024, stored on the top shelf above the dairy products.</li> </ul> <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>-Refrigerator #2- 1 5lb bag of grated parmesan cheese was exposed to the air.</p> <p>Observation of the reach in freezers on 10/29/2024 at 9:10 a.m. revealed the following:</p> <p>-Freezer #1- 1 10lbs box of pork hotdogs were exposed to air.</p> <p>-Freezer # 2- 1 12.50lbs of bread sticks were exposed to air.</p> <p>Observation of the walk-in freezer on 10/29/2024 at 9:20 a.m. revealed the following:</p> <p>-Freezer #3- 1 16lb box of peanut butter cookie dough was exposed to the air.</p> <p>-Freezer #3- 1 14lb box of churros was exposed to the air.</p> <p>-Freezer #3- 1 10lb box of cheese and garlic biscuit dough was exposed to air.</p> <p>-Freezer #3- 1 10lb box of pie dough was exposed to the air.</p> <p>Observation of the dry storage on 10/29/2024 at 9:38 a.m. revealed the following:</p> <p>-1 6lb can of pinto beans was dented on the top left.</p> <p>-1 6lb can of cheddar cheese sauce was dented on the bottom left.</p> <p>Observation of the ice machine on 10/29/2024 at 9:47 a.m. revealed the following:</p> <p>The ice machine inner guard had pink and black build up along the top of the inner guard.</p> <p>In an interview with DA C on 10/28/2024 at 7:40 p.m., she stated the lunch meat was thawing in the sink to prepare snacks for the residents. She stated the lunch meat was put out to thaw today at approximately 3:00 p.m. The DA C stated when thawing food, the food should be placed in running water. She stated when the lunch meat was put in the sink to thaw by other kitchen staff it was put in running water . The DA C stated once the meat was thawed it should be placed in the refrigerator. DA C identified the designated area for clean dishes. She stated the plate covers were cleaned on the dish cart with the used glove .</p> <p>Interview with the DM on 10/29/2024 at 9:35 a.m., she stated when thawing food, staff was expected to place the food item in cold running water. She stated once the food item was thawed, it was cooked or packaged in a zip top bag, labeled, and placed in the refrigerator. She stated staff was expected to use the designated areas for clean and dirty dishes. She stated it was not okay for dirty items to be stored with clean dishes.</p> <p>Interview with the DM on 10/29/2024 at 9:50 a.m., she stated kitchen staff was responsible for wiping down the outside of the ice machine. She stated maintenance was responsible for cleaning the inside of the ice machine. She stated the ice machine was cleaned weekly but hasn't been cleaned this week. She stated she would let maintenance know to clean the ice machine today. She stated the proper sanitation of the ice machine and kitchen was important to prevent illnesses.</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>Interview with [NAME] D on 10/29/2024 at 11:26 a.m., she stated when thawing food, staff should place the food in the sink with cold running water. She stated once the food was done thawing, the food should be cooked or placed in the refrigerator. She stated defrosted food should be cooked within 1-3 days .</p> <p>Record review of the facility's Nutrition &amp; Foodservice Policy, dated October 1, 2018,: Revision June 1, 2019, reflected Policy Statement: To ensure that all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal, and US Food Codes and HACCP guidelines. Policy Interpretation and Implementation: 1. Date, label, and tightly seal all refrigerated foods using clean, nonabsorbent, covered containers that are approved for food storage. 2. Store raw meats and eggs on the bottom shelf to prevent contamination of other foods.To avoid cross-contamination, store raw uncooked food produce away from and below prepared or ready to eat food. 3. Food thawing under proper conditions (in cooking process, in cooler, under cold running water, microwave and immediately cook afterward); not at room temperature.4. Trays, dinnerware, cups, and utensils in good condition, stored properly to prevent contamination. 5. Ice machine clean with no lime, rust, or mildew. 6. Damaged cans stored in designated area for return to vendor, food purchased from vendors that meet federal, state, or local approval</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 U.S. FDA Food Code 2022 reflected: Chapter . section 3-501.13 Thawing (A). Under refrigeration that maintains the food temperature at 5c(41F) or less or (B) completely submerged under running water. Chapter 3 . section 3-201.11 Compliance and Food Law . C. Packaged Food shall be labeled as specified in LAW , including 21 CFR 101 Food Labeling [* .(b) A food which is subject to the requirements of section 403(k) of the act shall bear labeling, even though such food is not in package form. (c) A statement of artificial flavoring, artificial coloring, or chemical preservative shall be placed on the food or on its container or wrapper, or on any two or all three of these, as may be necessary to render such statement likely to be read by the ordinary person under customary conditions of purchase and use of such food. The specific artificial color used in a food shall be identified on the labeling when so required by regulation in part 74 of this chapter to assure safe conditions of use for the color additive.], 9 CFR 317 Labeling, [(a) When, in an official establishment, any inspected and passed product is placed in any receptacle or covering constituting an immediate container, there shall be affixed to such container a label .Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S 3-202.18. Section 3-302.12 Food Storage Containers, Identified with Common Name of Food: Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food. Section 3-501.17 . Commercial processed food: Open and hold cold . B . 1. The day the original container is opened in the food establishment shall be counted as Day 1. 2. The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety . C. 2. Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section. 3. Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section. Definitions 3 . Food Receiving and Storage - When food, food products or beverages are delivered to the nursing home, facility staff must inspect these items for safe transport and quality upon receipt and ensure their proper storage, keeping track of when to discard perishable foods and covering, labeling, and dating all PHF/TCS foods stored in the refrigerator or freezer as indicated. 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles. (A) Except as specified in (D) of this section, cleaned EQUIPMENT and UTENSILS, laundered LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES shall be stored: (1) In a clean, dry location; (2) Where they are not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor. www.fda.gov eCFR- Code of Federal Regulations are indicating within the text by an *- www.ecfr.gov</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44021</b></p> <p>Based on observation, interview and record review the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents for 2 of 4 shower rooms (the North and South shower rooms) and 2 of 8 resident rooms (rooms #111 and #150) reviewed for the pest control program.</p> <ol style="list-style-type: none"> <li>1. The facility failed to ensure live roaches were not in the South Shower room and room [ROOM NUMBER].</li> <li>2. The facility had live flies observed in the North Shower room.</li> </ol> <p>These failures could place residents at risk for the spread of infection, cross-contamination and decreased quality of life.</p> <p>Findings included:</p> <p>An observation on 10/29/24 at 11:21 AM revealed a live roach in the bathroom of Resident #49's, room [ROOM NUMBER]. Resident #49 was not interviewable.</p> <p>An observation on 10/30/24 at 11:18 AM of the South Shower Room revealed a small live roach was near the main shower drain of the shower room.</p> <p>An observation on 10/30/24 at 11:21 AM of room [ROOM NUMBER] revealed a live roach was observed running back underneath the toilet in the residents' bathroom.</p> <p>An observation on 10/30/24 at 11:23 AM of the North Shower Room revealed 14-16, live small flies gathered in the right hand corner of the room, on the wall directly above the main drain of the shower room.</p> <p>In a confidential group meeting with 7 residents revealed the residents observed live roaches and flies in their rooms, bathrooms and shower rooms. Residents stated they informed staff of roaches and flies in the facility .</p> <p>An interview on 10/29/24 at 11:38 AM with Resident #38 revealed she saw roaches in her room and her bathroom, and she told staff about the roaches a few times but could not remember which staff members she mentioned it to. Se stated that she did not like having roaches or flies in her room or in the facility, she stated that it was nasty.</p> <p>An interview on 10/29/24 at 11:44 AM with Resident #44 revealed he saw roaches in his bathroom, but had not reported it to anyone.</p> <p>An interview on 10/29/24 at 11:48 AM with Resident #47 revealed she saw roaches in her bathroom on a few occasions. She stated she told staff several times about the roaches she saw in her bathroom.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation and interview on 10/30/24 at 11:38 AM of the North Shower Room with the ADON revealed 14-16 live flies on the walls above the drain. The ADON stated she had not noticed all of the flies in the shower room before, she stated no other staff reported the live flies in the shower room. She stated the staff did not use a pest sighting log , but generally informed the Maintenance Supervisor about any pests in the building, and she would inform the Maintenance Supervisor about the flies at that time.</p> <p>An interview on 10/31/24 at 2:57 PM with the ADM revealed staff were expected to log pest sightings in the maintenance log , or staff would call her or notify the Maintenance Supervisor in person.</p> <p>An interview on 10/31/24 at 3:08 PM with LVN A revealed she did not know what a pest sighting log was and if she saw a roach or a fly, she would notify housekeeping .</p> <p>An interview on 10/31/24 at 3:15 PM with CNA B revealed she saw live roaches in the facility. She further stated she was not aware of a pest sighting log, but she would notify housekeeping .</p> <p>An interview on 10/31/24 at 3:32 PM with the ADON, she revealed if pests were seen inside the facility, the staff were expected to put the sighting in the maintenance log so the Maintenance Supervisor could be notified to contact pest control. She stated live roaches or flies could cause cross-contamination and could make residents upset about where they live . She stated that she thought that pest control visited the facility at least once a month.</p> <p>An interview on 10/31/24 at 3:44 PM with the DON, she revealed pest sightings were supposed to be logged by staff in the maintenance log. She stated roaches or flies could cause cross contamination in resident's food and could cause mental anguish in residents that saw roaches or flies in their rooms or bathrooms.</p> <p>An interview on 10/31/24 at 4:11 PM with the Housekeeping Manager, she revealed residents and staff told her about roaches or flies in the facility and she then went and told the Maintenance Supervisor. She stated she did not write it down anywhere but told the Maintenance Supervisor if she saw any type of insects in the facility.</p> <p>An interview on 10/31/24 at 4:23 PM with the Maintenance Supervisor revealed he was usually told about pests inside the facility by staff or by residents. He stated sometimes the staff might write down pest sightings in the maintenance log and he checked the maintenance log every day. He stated he had not seen any reports recently in the maintenance log about pests in the facility . He stated that the contract with the pest control company was active and that pest control came to the facility at least once a month or more often if he call them in.</p> <p>Record review of the Maintenance Log for the facility reflected no entries related to insects, roaches or flies in the facility for the last three months found no entries related to insects sighted in the facility.</p> <p>Receipts for pest control visits were found up to 7/16/24, no other receipts could be found for any visits after that date.</p> <p>Review of the Grievance files x 3 months found no grievances related to pests in the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2024
NAME OF PROVIDER OR SUPPLIER  Westridge Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1241 Westridge Ave Lancaster, TX 75146	

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 0925</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 policy, revised July 2013, and titled Pest control, reflected Our facility shall maintain an effective pest control program . 1. This facility maintains an on-going pest control program for insects and rodents</p>