

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675913	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Pflugerville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 521 S Heatherwilde Blvd Pflugerville, TX 78660	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interviews, and record reviews, the facility failed to distribute and serve food in accordance with professional standards on only the 500 Hall. Staff were observed moving from one resident to another without using hand hygiene between meals. The failure places residents at risk of cross contamination and infections. Findings included: Observation on 10/16/2025 at 12:34 PM of hall 500 reflected the following:- CNAS A and CNA B were observed passing food trays to residents on the hall without hand hygiene between residents. CNAS A and While passing food trays CNA S A and CNAS B were touching residents' doors setting up food tray and moving the food cart down the hall. An interview on 10-16-2025 at 12:50 PM CNAS A. CNAS A stated that they had just started at the facility today. CNAS A stated that he did get training on hand hygiene when they did the orientation but stated that he forgot. The CNAS said if hand hygiene is not used in residence contamination and getting sick. An interview on 10-16-2025 at 12:55 PM CNAS B. CNAS B stated that she was in training. CNAS B stated that she just started this morning and received training on hand hygiene. CNAS B stated if proper hand hygiene is not used when passing food to residents, they could get sick. An interview on 10-16-2025 at 3:22 PM with LVN stated staff should sanitize their hands before grabbing food trays to give to the residents, then again before grabbing another food tray. LVN said that that was an infection control issue. The LVN said if he saw a staff member not using hand hygiene, he would remind them. The LVN said when hand hygiene was not done, it was an infection control issue. An interview on 10-16-2025 at 3:38 PM with CNA. The CNA stated that when passing out food trays she is supposed to use hand hygiene between giving food trays to residents. The CNA said when she gives a food tray to a resident, she will clean her hands and repeat the process. The CNA said she has not seen any staff not using hand hygiene at the facility and if she did, she would remind them to use hand hygiene while serving residents food. The CNA said that it was an infection control issue and not using hand hygiene put the resident at risk of getting sick. An interview on 10-16-2025 at 3:48 PM with the DON. The DON stated proper hand hygiene should be always done when giving food to residents at the facility. DON said hands should be cleaned in between trays. DON said that it was infection control and residents could get sick. DON has not witnessed staff not using hand hygiene and if she does then she will remind them and do in-service training. DON heard about CNAS A and CNAS B not using hand hygiene and already completed the in-service. Review of the facility's hand hygiene policy that was not dated revealed the following. Hand Hygiene You may use alcohol-based hand cleaner or soap/water for the following: - Before and after assisting a resident with meals</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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