

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/10/2024
NAME OF PROVIDER OR SUPPLIER Legend Oaks Healthcare and Rehabilitation Center -		STREET ADDRESS, CITY, STATE, ZIP CODE 8902 West Rd Houston, TX 77064	

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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48957</p> <p>Based on observation, interview and record review the facility failed to serve food in accordance with professional standards for food safety in one of one kitchens, in that:</p> <ul style="list-style-type: none"> - The facility failed to test and maintain proper concentration level of sanitizer solution during the dishwasher's wash cycle <p>This failure could affect all residents by placing them at risk for food-borne illness.</p> <p>Findings included:</p> <p>Observation of the kitchen on 05/07/2024 at 9:05am revealed, after breakfast was already served to residents on plates and utensils, the facility's only low-temp dishwasher, in use at the time, failed to dispense the correct amount of sanitizer solution during the wash cycle. Dietary Aide A was observed performing a strip test after a load of dishes had been washed that did not change color after 6 attempts indicating lower than minimum PPM levels of sanitizer solution.</p> <p>Interview on 5/7/24 at 9:51am with the Dietary Manager revealed she arrived to work after her morning kitchen staff who logged testing results each morning which she then verified. When asked about the entry for that morning, she stated she was waiting for staff to log it. She also stated she does not perform random strip tests herself and relied solely on what is logged by her staff. When asked what the risks were when there was a malfunction in the dishwasher, she stated the residents would be at risk for cross-contamination and diseases.</p> <p>Interview on 5/7/24 at 10:22am with Dietary Aide A revealed she did not log testing results prior to the observation and normally logged sanitation levels during the wash cycle but did not do so that morning.</p> <p>Interview on 5/8/24 at 11:12am with the Administrator revealed he was unaware of the dishwasher's malfunction. He stated he was made aware after the observation made by surveyor on 05/07/2024 and followed-up with staff to ensure an order was placed to have it repaired. He confirmed the facility's policy required kitchen staff to log concentration levels of sanitizing solution with the use of testing trips each shift during wash cycles.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of facility's policy Dishwashing Machine Use, revised March, 2010 states a supervisor will check the dishwasher machine for proper concentrations of sanitizer solution .after filling the dishwashing machine and once a week thereafter. Concentrations will be recorded in a facility approved log.</p>