

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676203 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>06/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Rolling Meadows |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3006 McNeil<br>Wichita Falls, TX 76309 |  |

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<br>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14408</b></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 2 of 2 kitchens (the satellite kitchen and the main kitchen), in that:</p> <ol style="list-style-type: none"> <li>1. Dietary staff did not consistently check the chlorine sanitizer level in the low temperature dish machine in the satellite kitchen.</li> <li>2. Paper towels were not maintained in a dispenser by a handwashing sink and a waste basket was not available for disposing of used paper towels.</li> <li>3. Opened food item packages were not placed in sealed containers and were not labeled and dated.</li> <li>4. The electric mixer was soiled with splattered food.</li> <li>5. Cooking utensils and pans were stored with their sanitized surfaces exposed to contaminants in the air.</li> <li>6. Appliance surfaces were soiled with dried food, grease and burned food.</li> <li>7. Live flies moved throughout the main kitchen and food preparation area.</li> <li>8. Live fruit flies/gnats were in the dish machine area of the satellite kitchen.</li> <li>9. Food holding temperatures were not maintained at or above 135 degrees F for hot foods and at or below 42 degrees F for cold foods in the satellite kitchen.</li> </ol> <p>This failure could place residents at risk for foodborne illness, compromised nutritional health status, and being served food items that may not be fresh, taste stale, or be contaminated.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Observation and interview on 6/18/2024 at 9:15 AM, during the initial tour of the health care center satellite kitchen, revealed the following:</li> </ol> <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 |
|---|-------|-----------|
|---|-------|-----------|

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676203 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>06/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Rolling Meadows |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3006 McNeil<br>Wichita Falls, TX 76309 |  |

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<br>(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> | <ul style="list-style-type: none"> <li>- Dietary Aide C was washing dishes in the low temperature dish machine. She stated she had not checked the water temperature or chlorine sanitizer content that morning. She stated she usually checked it sometime between loads of dishes. Dietary Aide C stated she did not know the facility's procedure for when the dish machine water temperature and sanitizer level should be checked. She proceeded to check the chlorine sanitizer level with a test strip and measured it at 50 ppm.</li> <li>- Dietary Manager A stated the chlorine sanitizer for the dish machine should be checked 3 times per day, every meal, before washing dishes and should be documented on the dish machine temperature and sanitizer log.</li> </ul> <p>2. Observation and interviews on 6/18/2024 between 9:25 AM and 10:30 AM, during the Initial tour of the main kitchen, revealed the following:</p> <ul style="list-style-type: none"> <li>- the paper towel dispenser above the handwashing sink was empty and a roll of paper towels was on the counter to the right-hand side of the sink at the beverage station; there was not a waste basket in the area of the sink;</li> <li>- the interior surfaces of the two oven doors were soiled with spilled food; the exterior handles of the doors were greasy to touch;</li> <li>- 2 refrigerated drawers were beneath the grill; the bottom drawer held a gallon sized resealable plastic bag containing raw, boneless chicken breast and a watery pink liquid - the bag was not labeled or dated; the top drawer held a resealable plastic bag containing raw pre-formed beef patties - the bag was not labeled or dated, and an open package of bun-length [NAME] that were open to the air and not in a sealed bag or container;</li> <li>- the steamtable stainless steel lids were soiled with food particles;</li> <li>- the refrigerated sandwich/salad bar with condiments, located to the left of the steamtable, had a small refrigerator unit beneath it without a thermometer; the refrigerator contained cheese slices and luncheon meat wrapped in plastic wrap that were not labeled or dated; a small square stainless-steel pan contained a broth-like liquid with a piece of grilled meat and a bun-length [NAME] covered with plastic that was not labeled or dated;</li> <li>- the exterior surface of the deep fryer unit was soiled with grease and fried food crumbs were on the interior surface and fryer baskets;</li> <li>- the top convection oven had black, burned spilled food on the interior bottom surface;</li> <li>- the 3 compartment sink had pans and utensils in the first compartment in soap water; the second compartment was empty without water and was used for rinsing pans and utensils; the third compartment had sanitizer water which was cold to touch and had a large stainless steel bowl with a long serving spoon in it; a metal measuring cup and pan were inverted on the stainless steel counter to the right of the third compartment sink;</li> <li>- 2 metal frames were mounted to the wall above the 3 compartment sink and had pans, tongs, serving spoons, and basket strainers hanging from them above the sinks.</li> </ul> <p>(continued on next page)</p> |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676203   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>06/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Rolling Meadows  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3006 McNeil<br>Wichita Falls, TX 76309 |  |
| 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<br>(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>                    | <ul style="list-style-type: none"> <li>- the electric mixer stand was soiled with dried splattered food;</li> <li>- the bakery station refrigerator had a side exterior surface that was soiled with dried food splatters and liquid stains;</li> <li>- a freezer unit contained an open bag of frozen blueberries stored in a large resealable plastic bag, cookie dough wrapped in plastic, and biscuit dough in large resealable plastic bags that were not labeled or dated;</li> <li>- the vegetable freezer was very full and bags of frozen vegetables were stacked in a disorganized manner and almost fell off the shelves when the door was opened;</li> <li>- meat freezer contained thawed, raw boneless chicken pieces in a large resealable plastic bag dated 5/28 and raw chicken pieces in a resealable bag dated 6/10; the bags with raw chicken were on top of frozen meat items;</li> <li>- the walk-in refrigerator had a reach-in freezer unit that contain a resealable plastic bag with tator tots that were not labeled or dated.</li> </ul> <p>In an interview on 6/18/24 at 10:03 AM, Dietary Manager B stated the frozen biscuit and cookie dough came in large boxes and were divided up and placed in resealable bags so they would fit better in the freezer.</p> <p>In an interview on 6/18/24 at 10:08 AM, the Director of Dining stated a freezer went out the other day and the contents had been placed in the other freezer units. He stated all the meat should be frozen.</p> <p>During an observation and interview on 6/18/24 at 10:10 AM, Dietary Manager B removed the 2 resealable plastic bags containing the raw chicken from the meat freezer, placed each bag in a shallow square stainless-steel pan and started walking toward the walk-in refrigerator. He stated, Fried chicken is on the menu tomorrow.</p> <p>Observation of the non-perishable food storage room on 6/18/24 at 10:15 AM revealed the following:</p> <ul style="list-style-type: none"> <li>- a large unopened 50-pound paper bag containing dry pinto beans was stored on the floor next to the wall at the end of the metal shelf rack;</li> <li>- an open package of elbow macaroni was wrapped with plastic and was not labeled or dated;</li> <li>- 2 freezer units along a wall in the food storage room were used for meat and contained 3 beef roasts wrapped in plastic and beef patties in a resealable plastic bag; the roast and beef patties were not labeled or dated.</li> </ul> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676203   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>06/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Rolling Meadows  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3006 McNiel<br>Wichita Falls, TX 76309 |  |
| 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<br>(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>3. During an observation and interview in the satellite kitchen in the health care center on 6/21/24 at 9:02 AM, Dietary Aide D was operating the low temperature dish machine. He sated he ran the machine a few times before washing the first load of dishes. Observation revealed water on the floor beneath and on the wall behind the dish machine and sprayer sink. Dietary Aide D stated there was not a garbage disposal in the sink and water from the sprayer hose splashed behind the counter and dish machine and got the floor wet. He stated the staff were supposed to mop the floor and keep it dry. Small fruit flies/gnats were moving around the area beneath the dish machine and sprayer sink counter. Dietary Aide D stated there had been gnats off and on and they got rid of them and then they came back. He stated the gnats were bad right now and seemed to be everywhere. He stated they were more in the dish machine area than the food service side of the satellite kitchen.</p> <p>4. Observation and interviews during a return visit to the main kitchen on 6/21/24 at 10:00 AM revealed the following:</p> <ul style="list-style-type: none"> <li>- cardboard boxes had been unpacked and folded and were on the floor after grocery delivery earlier in the morning;</li> <li>- pans and cooking utensils remained hanging from the frame above the 3 compartment sink with their sanitized food surfaces exposed to contaminants in the air;</li> <li>- live flies were moving throughout the main kitchen and food preparation areas.</li> </ul> <p>In an interview on 6/21/24 at 11:00 AM, [NAME] E stated there were always flies in the building due to people coming in and going out, but the flies were worse on grocery delivery days. She stated groceries were delivered earlier that morning.</p> <p>During an interview and record review on 6/21/24 at 11:15 AM, [NAME] F stated the staff cleaned every day and used cleaning schedules. She opened a binder notebook with daily cleaning schedule forms and stated the last form used was signed and dated 6/19/24. [NAME] F stated she needed to add more forms to the notebook binder.</p> <p>5. Observation and interview during a return visit to the satellite kitchen in the health care center on 6/21/24 at 11:30 AM revealed the following:</p> <ul style="list-style-type: none"> <li>- Dietary Aide D used a digital thermometer and measured the food temperatures on the steam table; the fried fish were measured at 133 degrees F; he stated the fish had been at 147 degrees F in the main kitchen prior to transporting them to the satellite kitchen in the health care facility. He covered the pan with a stainless-steel lid to keep the fish warm.</li> <li>- Dietary Manager A measured the holding temperature of apricots with jello at 52 degrees F. He stated there was not enough room in the small refrigerator in the satellite kitchen to place the trays with desserts. The trays with dessert bowls were on the shelves in a Cambro cart (enclosed insulated plastic cart with shelves) with a pan of ice beneath them.</li> </ul> <p>The facility provided an Administrative Policy Manual - Assisted Living, not dated, and a copy of a CMS Memo, S&amp;C 14-34-NH, dated May 20, 2014 that included an Advance Copy of Revised F371; Interpretive guidance and Procedures for Sanitary Conditions, Preparation of Eggs in Nursing Homes for review.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676203  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>06/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Rolling Meadows  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3006 McNiel<br>Wichita Falls, TX 76309 |  |
| 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<br>(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>Facility policies and procedures for food storage and cleaning schedules were not provided.</p> <p>The Food and Drug Administration Food Code 2022 specified [in part]:</p> <p>Chapter 3 Food</p> <p>3-202.15 Package Integrity.</p> <p>FOOD packages shall be in good condition and protect the integrity of the contents so that the FOOD is not exposed to ADULTERATION or potential contaminants.</p> <p>Chapter 4 Equipment, Utensils, and Linens</p> <p>4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles.</p> <p>(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:</p> <p>(1) In a clean, dry location;</p> <p>(2) Where they are not exposed to splash, dust, or other contamination;</p> <p>and</p> <p>(3) At least 15 cm (6 inches) above the floor.</p> <p>(B) Clean EQUIPMENT and UTENSILS shall be stored as specified under (A) of this section and shall be stored:</p> <p>(1) In a self-draining position that allows air drying; and</p> <p>(2) Covered or inverted.</p> |   |  |