

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Allegiant Wellness and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 724 W. Rendon Crowley Road Crowley, TX 76036	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48177</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 safety in the facility's only kitchen observed for:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure food items, placed in the refrigerator were properly sealed, dated, and labeled. 2. The facility failed to ensure food items, placed in the dry storage area, were sealed and kept off of the floor. <p>This failure could affect residents by placing them at risk for food-borne illness.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. In an observation on [DATE], at 8:50 AM, of the facility's only walk-in refrigerator, revealed an unsealed bag of sliced cheese exposed to air. In an observation on [DATE], at 8:53 AM, of the facility's only free-standing refrigerator, revealed 2 glasses of milk and 3 glasses of juice, undated and unlabeled. 2. In an observation on [DATE], at 8:57 AM, of the facility's only kitchen pantry area, revealed used seasoning containers of onion, lemon, and garlic powder on the floor, an unsealed bag of potato chips, an unsealed container of breadcrumbs, and an unsealed box of tea bags. <p>In an interview with Dietary Aide A on [DATE], at 9:00 AM, it was conveyed that the Dietary Manager was on vacation and would return to the facility the next day. Dietary Aide A stated the risk to residents having food not sealed in refrigerators, not having dates and/or labels in refrigerators, foods not being kept off floors, and foods, in the dry storage area, not being sealed, was the food could get stale and insects could get into the food.</p> <p>In an interview with [NAME] B on [DATE] at 9:15 AM, [NAME] B said the concern to residents for not keeping food or drinks dated and labeled was no one would know how long the food had been in a refrigerator and someone could have gotten sick.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Allegiant Wellness and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 724 W. Rendon Crowley Road Crowley, TX 76036	
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>In an interview with the Dietary Manager on [DATE], at 10:25 AM, it was stated everyone who worked in the kitchen was responsible for ensuring food was kept off the floor, food packages were kept sealed, and food and drinks, in the refrigerator, were dated and labeled. The Dietary Manager stated her expectations were for these things to be done daily. The Dietary Manager stated the concern for these areas was that food could have expired, bugs could get into foods, and residents could have gotten sick.</p> <p>In an interview with the Dietician on [DATE] at 10:41 AM, it was revealed that the Administrator was on vacation. The Dietician said food and drinks should be dated, labeled, and food storage containers should be closed. The Dietician stated the dry storage bins should be sealed to prevent pest from getting in the food and to maintain freshness. The dating of foods was important to protect freshness, prevent spoilage, and to make sure the foods are used within the correct timeframe. The Dietician stated it was her expectation for these things to be done in the kitchen and the facility used the Texas Food Establishment Rules as their policy for food storage.</p> <p>Record review of the facility's food storage policy entitled; Texas Food Establishment Rules dated [DATE] stated:</p> <p>S229.164 (c)(5) Package integrity. 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>S229.164 (h)(1) Food Storage.</p> <p>(A) Except as specified in subparagraphs (B) and (C) of this paragraph,</p> <p>food shall be protected from contamination by storing the food:</p> <p>(i) in a clean, dry location;</p> <p>(ii) where it is not exposed to splash, dust, or other contamination;</p> <p>and (iii) at least 15 cm (6 inches) above the floor.</p> <p>S229.164 (o)(B) When placed in cooling or cold holding equipment, food containers in</p> <p>which food is being cooled shall be: . (7) Ready-to-eat, potentially hazardous food, date marking. (A) Except as specified in subparagraphs (D)-(F) of this paragraph refrigerated, ready-to-eat, potentially hazardous food prepared and held in a food establishment for more than 24 hours shall be clearly marked using calendar dates, days of the week, color coded marks, or other effective means to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified below. The day of preparation shall be counted as Day 1.</p> <p>Review of the U.S. Public Health Service Food Code, dated 2022, reflected:</p> <p>.d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Allegiant Wellness and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 724 W. Rendon Crowley Road Crowley, TX 76036	
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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S ,d+[DATE].12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1; and (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) A refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD ingredient or a portion of a refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is subsequently combined with additional ingredients or portions of FOOD shall retain the date marking of the earliest prepared or first-prepared ingredient. (D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: (1) Using a method approved by the regulatory authority for refrigerated, ready-to-eat time/temperature control for safety food that is frequently rewrapped, such as lunchmeat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine; (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; or (4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods, provided that the marking system is disclosed to the REGULATORY AUTHORITY upon request .		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Allegiant Wellness and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 724 W. Rendon Crowley Road Crowley, TX 76036	

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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>48177</p> <p>Based on observation, interview, and record review, the facility failed to keep garbage storage receptacles in a sanitary condition according to professional standards for 1 of 1 kitchen for kitchen sanitation and failed to ensure the facility's only garbage storage dumpster was maintained in a sanitary condition to prevent the harborage and feeding of pest.</p> <ol style="list-style-type: none"> The facility failed to ensure trash receptacles in the kitchen were closed with a lid. The failed to ensure the trash dumpster's door outside of the kitchen was closed and failed to ensure trash was not left outside of the dumpster. <p>This failure could place residents at risk of contracting disease by attracting pest and disease carrying rodents.</p> <p>Findings included:</p> <ol style="list-style-type: none"> During an observation on 6-18-2024 at 8:55 AM, a large trash receptacle had trash contents inside, without a lid, in the facility's only kitchen. The trash can was observed to not be in use. During an observation on 6-18-2024 at 9:03 AM, the facility's only trash dumpster was observed to have its door open, with a trash bag full of trash, hanging out the door. <p>In an interview on 6-18-2024 at 9:05 AM, Dietary Aide A stated trash can lids should be covering trash cans in the kitchen unless they were in use. Dietary Aide A said the concern for the trash cans not being covered was that it could attract flies.</p> <p>In an interview on 6-18-2024 at 9:15 with [NAME] B, it was stated the trash dumpster door should remain closed and trash should not be hanging out of the door because it could attract pest to the area. [NAME] B stated staff were in-serviced on this issue. [NAME] B said the trash cans, in the kitchen, should have lids on them when not in use. [NAME] B stated the trash cans could attract bugs if not covered.</p> <p>In an interview on 6-19-2024 at 10:25 AM, the Dietary Manager stated the doors to the trash cans in the kitchen should be sealed with a lid unless being used. It was everyone's responsibility, in the kitchen, to ensure that happens. The Dietary Manager stated it is her responsibility to ensure the trash dumpster doors stay closed and trash wasn't hanging outside the doors. The Dietary Manager stated the concern for the trash dumpster not staying closed and having a trash bag hanging out of the door, is that it can attract pests' odors and rodents.</p> <p>In an interview on 6-20-2024 at 10:41 AM, the Dietitian stated, it was revealed that the Administrator was on vacation. She stated when she was at the facility, she ensured the trash cans in the kitchen area were closed with lids, and the dumpster outside stayed closed with its doors. The Dietician's expectation was for trash cans in the kitchen area, unless they were being used, to have a lid on them and for the trash dumpster, outside the kitchen, to stay closed unless being used.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Allegiant Wellness and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 724 W. Rendon Crowley Road Crowley, TX 76036	
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's Garbage Containment and Disposal Policy entitled; Texas Food Establishment Rules dated 3-16-2006 stated:</p> <p>S229.166(k) (l) Storage facilities on the premises.</p> <p>(1) Indoor storage area. If located within the food establishment, a storage area for refuse, recyclables, and returnables shall meet the requirements specified under S229.167(a), (c)(1) - (8), (d)(5) and (6) of this title (relating to Physical Facilities).</p> <p>(4) Receptacles.</p> <p>(A) Except as specified in subparagraph (B) of this paragraph, receptacles and waste handling units for refuse, recyclables, and returnables and for use with materials containing food residue shall be durable, cleanable, insect and rodent-resistant, leakproof, and nonabsorbent.</p> <p>(6) Outside receptacles.</p> <p>(A) Receptacles and waste handling units for refuse, recyclables, and returnables used with materials containing food residue and used outside the food establishment shall be designed and constructed to have tight-fitting lids, doors, or covers.</p> <p>S229.166(l)</p> <p>(A) An inside storage room and area and outside storage area and enclosure, and receptacles shall be of sufficient capacity to hold refuse, recyclables, and returnables that accumulate.</p> <p>(B) A receptacle shall be provided in each area of the food establishment or premises where refuse is generated or commonly discarded, or where recyclables or returnables are placed .</p> <p>(11) Storing refuse, recyclables, and returnables. Refuse, recyclables, and returnables shall be stored in receptacles or waste handling units so that they are inaccessible to insects and rodents .</p> <p>(14) Covering receptacles. Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered:</p> <p>(A) inside the food establishment if the receptacles and units:</p> <p>(i) contain food residue and are not in continuous use; or</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Allegiant Wellness and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 724 W. Rendon Crowley Road Crowley, TX 76036	

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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(ii) after they are filled; and</p> <p>(B) with tight-fitting lids or doors if kept outside the food establishment.</p>