STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676464	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Las Brisas Rehabilitation and Wellness Suites	3421 W Story Rd Irving, TX 75038

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 27070 Based on observation, interview and record review, the facility failed to ensure it was free of a medication error rate of five percent (5%) or greater for 2 of 29 opportunities during medication pass resulting in an 6 percent (6%) error rate for two (Residents #13, and #65) of 6 residents observed for medication pass. 1. MA B failed to administer Resident #13's Cranberry tablets 500mg (for urine retention) due to not having the tablets available. 2. MA B failed to administer Resident #65's Solonpas (Central nervous system, anti-inflammatory agent, for pain) to bilateral knees one time a day. MA B provided the patches to the resident and left the room, not observing if the resident applied them to her knees correctly. These failures could place residents at risk for not receiving therapeutic dosages of their medications as ordered by the physician and a decreased health status. Findings included: Review of Resident #13's Physician's Order dated 10/01/24 and updated 10/01/24 reflected, Cranberry tablet 500mg to be given by mouth one tablet twice a day. Review of Resident #13's Medication Administration Record reflected there had not been any doses of the Cranberry 500mg tablet to give to Resident #13 for the past three days, prior to 10/01/2024. Observation on 10/01/24 at 8:45 a.m., revealed MA B did not administered the following medication to Resident 13 during morning medications. MA B did not provide the Cranberry 500mg BID to the resident, due to not having the medication available. Review of Resident #65's physician's order dated 08/12/24 reflected Solonpas adhesive patch 1 patch once a day apply to bilateral (both) knees (on for 12 hours and off for 12 hours). Observation on 10/01/24 at 8:45 a.m., revealed MA B administered the following medication to Resident #65 Solonpas patch to the bilateral knees for pain. MA B gave the Solanpas patch to Resident #65 , left the room and did not observe the resident placing the patches on her knees as ordered. (continued on next page)

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: 676464	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Las Brisas Rehabilitation and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 3421 W Story Rd Irving, TX 75038	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 10/01/24 at 9:00 a.m. with MA B, she stated you are supposed to let the nurse know if you do not have medication available to give, sometimes the medication room was checked to see if there were medications available. This resident (#13) sometimes will not take all her medication anyway and if the medication comes, she can have it at 5:00 p.m. this evening. The MA agreed that would have the resident missing a dose. The MA stated the resident could suffer harm if they did not get the medications the doctor had ordered correctly. The MA stated that the medications should be given using the three rules of dispensing, 1) look at the order on the MAR, 2) pull the medications and compare, 3) place in the cup and check one last time that you were giving the correct medication. Then you enter the room, explain to the resident what you were giving and stay with the resident while they take the medications and make sure they have taken them. The MA stated she was not sure why she does not do that with Resident #65, maybe because she was alert and there for rehabilitation. MA B stated she leaves the patches and the resident placed them on when she wants. The MA stated she did not really consider the patches a medication, she thought it was okay that the resident place her own patches on herself when she wants to. In an interview on 10/01/24 at 11:00 a.m. with Resident #65 revealed the resident was very happy at the facility and she was trying to leave to go home soon, but she had not done well with therapy, the facility thought she was not safe yet to go home. Resident #65 stated the care here was great and she loved the staff, they were all good to her. The resident stated the patches she had always used, and MA B did leave them for her if she was not interested in placing the patches on at the time. Resident # 65 stated she would always place them on her knees later. The resident stated the other staff would not let me keep them, they would insist on placing the patches on. In an interview on 10/01/24 at 4:45 p.m., the DON who had only been there a month, revealed the staff who administer medications should always practice best practices. The DON stated the best practice would be to follow the three basic rules prior to administering the medications, then the staff should stay while the resident takes the medications or applies the medications and then assure the resident had taken the meds. The DON stated the staff should never leave any type of medications in the room with the resident. The DON stated this was unsafe and something could happen, the resident could not take the medication or not apply the medication, this could cause possible harm to that resident as well as other residents that could take the medicine from the resident's room. The DON stated if the medication was not available, he needed to know. He can order the medication and had ordered the cranberry when he was informed that it was needed, and the resident could receive the medications as ordered. The DON stated he would see that the staff that administering medications had additional training, with follow-up for compliance. Review of the facility policy and procedure Medication Management Program revised May 2023 reflected, The facility implements a Medication Management program to meet the pharmaceutical needs of patients and residents, according to established standards for practice and regulatory requirements . Preparing for medication pass .4. D. the 8 Rights for administering medication: 1) The right Patient/Resident 2) The right Drug, 3) The right Dose, 4) The right time, 5) The right Route, 6) The right charting, .Administering medications .J. If applying a transdermal patch .The location of administration site must be documented, .10. The authorized staff member or licensed nurse must remain with the resident while the medication is swallowed. Never leave medication in a resident room without order to do so .15. If a medication is unavailable , contact the pharmacy and document accordingly. Notify physician for possible alternatives available in e-kits at time of discovery.

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	676464	A. Building B. Wing	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Las Brisas Rehabilitation and Wellness Suites	3421 W Story Rd Irving, TX 75038

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 50222 Based on observation, interview, and record review, the facility failed to provide a locked and permanently affixed compartment for storage of all controlled drugs for 1 of 1 medication rooms reviewed for medication storage. The facility failed to ensure the lockbox in the medication room refrigerator was locked that contained eight syringes of Ativan Benadryl cream (schedule IV, controlled medication). This failure could place residents receiving medication at risk for drug diversion or misuse of medications. Findings included: During an observation of the medication room on 10/01/24 at 4:03 p.m., with ADON C present there was an unlocked lockbox in the only medication refrigerator. Eight syringes of Ativan Benadryl cream (schedule IV, controlled medication) were located in the unlocked lockbox. In an interview on 10/01/24 at 4:03 p.m., ADON C stated the lockbox should always be locked, was unaware why it was unlocked, and the lockbox was monitored by the ADONs and DON. ADON C did not describe how often or how the lockbox was monitored. ADON C reported that the risk of not having controlled substances properly secured was that the wrong staff could have accessed the medications, and medications could have went missing. ADON C also stated that all controlled medications were counted at every shift change by the off-going and on-coming nurse. In an interview on 10/01/24 at 4:20 p.m., the DON stated the DON and ADONs were responsible for monitoring the lockboxes and ensure medications were stored properly. The DON did not state how often it was being monitored or when the last time it was checked. DON reported the risk for medications not being secured properly was the resident's medications could go missing. Record review of the facility's policy titled Pharmacy Services Policies and Procedures, with a revision date of 4/17/2024, stated 3. All controlled medications must be maintained in separately locked, permanently-affixed compartments.

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(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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46525 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 main kitchen reviewed for food safety. 1. The facility failed to ensure ice machine #1 and #2's filters and vents were free from dirt and dust. 2.The facility failed to ensure food items in the refrigerator, freezer and dry storage room were labeled and stored in accordance with the professional standards for food service. 3. The facility failed to discard items stored in refrigerator, freezers or dry storage that were not properly labeled or past the 'best buy', discard by or expiration dates. 4. The facility failed to ensure Handwashing sink #1's garbage receptacle contained only paper towels. 5. The facility failed to have Dietary staff wash hands or change gloves when they touched other surfaces while handling food or upon re-entering the kitchen. 6. The facility failed to ensure there were no pest around the food items in the kitchen. These failures could place residents at risk for food-borne illness and cross contamination. Findings Included: Observation of the Kitchen on [DATE] at 10:23 AM revealed the following: -On prep table, to the left of the walk-in refrigerator, there was an extra-large metal pan containing uncooked broccoli. It was uncovered, no label of item description, no prep date and no discard by date. -Under this prep table were 3 extra-large bins with clear lids. The bin on the left side contained flour; it had a sticker that read use by [DATE]. There was no label of item description and no opened date. -The middle extra-large bin with lid containing rice had a sticker that read use by [DATE]. There was no item of label description, no opened date. -On top of the bin containing the rice was a fruit fly (small dark-colored winged insect). -The bin on the right side contained granulated sugar; it had a sticker that read use by [DATE]. There was no item of label description, no opened date. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Across from receiving side of the steam table, a long prep table: -Ice Machine #1 plastic vents, located on the left and right side of the machine, the vent slats and filters had dust on them. -On the bottom shelf of the prep table was a 2-drawer clear bin with the 2nd bin being labeled Tea. The drawer was left opened, revealing a large clear plastic bag containing two extra-large tea bags, left opened to air. There was no opened date and no discard by date. -At the end of the receiving side of the steam table: Ice Machine#2-on the left side of the machine, just above the ice chest compartment, there was a dried white calcified/hardened substance along the side of the machine. -Ice Machine#2: the 2 vents on the front-facing top portion of the machine were dusty. The filters behind each vent slid out easily and were noted to be dirty and dusty as well as the front of the machine had streaks and greasy/residue smudges. Observations of the reach-in refrigerator #2 on [DATE] at 10:31 AM revealed the following: -Unit had a top vent that had dust and fibers on it. -Right side: Top shelf- Large clear plastic drink dispenser with a spout contained a light brown liquid there was no label of item description, no prep date, and no discard by date. -2nd shelf from top: extra-large clear plastic container with spout with dark colored purple liquid and ice, there was no label of item description, no prep date and no discard by date. -Bottom shelf: ,d+[DATE].34 gal. box with approximately 15 -4 oz vanilla shakes and ,d+[DATE]oz strawberry shakes. There was no label for the strawberry shakes inside, no opened date and no discard by date. -Left side, top shelf: ,d+[DATE] oz white carton of vanilla nutritional drink opened [DATE], manufacturer's expiration date [DATE], there was no facility discard by date. -,d+[DATE] oz carton of Prune juice, previously opened, manufacturer's expiration date [DATE]. There was no opened date and no discard by date. -,d+[DATE].7 oz. Hazelnut coffee creamer, previously opened, dated [DATE]. There was no discard by date. -Bottom shelf: ,d+[DATE].34 gal box of approximately ,d+[DATE] oz strawberry shakes. There was no discard by date or no manufacturer's expiration date. Observations of the walk-in refrigerator on [DATE] at 10:54 AM revealed the following: -Left side, 2nd shelf from top:1 small clear container covered with plastic wrap, containing cooked light-colored meat, there was no label of item description, no prep date; it was dated use by [DATE]. (continued on next page)

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(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 - Many	-1 medium clear square container covered with plastic wrap with cooked light-colored meat, there was no label of item description, no prep date; it was dated (facility sticker) use by [DATE]. -,d+[DATE] oz plastic container with lid of chicken flavored base, previously opened, no open date and no discard by date. ,d+[DATE] oz container with lid of plain cream cheese, previously opened, dated [DATE], manufacturer expiration date [DATE], there was no facility discard by date. -,d+[DATE] oz Honey vanilla Greek yogurt in a plastic container with lid dated [DATE], previously opened, manufacturer's expiration date [DATE], there was no facility discard by date. -,d+[DATE] oz. chopped garlic in a plastic container with lid, previously opened, no opened date, manufacturer's expiration date [DATE]. - On the 3rd shelf from the top: 1 tray labeled (with facility sticker) use by[DATE]. The tray contained six plastic bowls, five were covered with foil and on with a plastic lid, they contained oatmeal. There was no label of item description, no prep date. -On Bottom shelf: 1 extra large zip top bag with thawed raw chicken, dated [DATE]. There was no label of item description, no pulled date label, no clear discard by date, no pan beneath to catch any drippings of fluid from the bag of meat. -On the 2nd shelf, 2nd row down from top: 1- large zip top bag with yellow sliced cheese dated [DATE], there was no label of item description, no opened date. -1 Large zip top bag with cubed yellow cheese dated [DATE], there was not label of item description, no discard by date, no clear opened date. -In the middle of the room (refrigerator space): 1-tray with 77 plastic bowls with lids that contained pineapple pieces and in some bowls fruit cocktail. There was no label of item descriptions, no prep date, no discard by date. -On the Right side:1 extra-large clear square container covered with plastic wrap contained cooked beans in liquid, dated use by [DATE]. There was not label of item description, no prep date. -1 small square clear container covered with plastic wrap, previously opened, contained darked colored/purple jelly, dated use by [DATE]. There was no opened date, no label of item description. -1 Large zip top bag with a half of a cantaloupe (previously cut), dated use by[DATE], there was no label of item description, no prep date. -1 large zip top bag with previously diced green bell peppers, that had begun to release liquid, dated use by [DATE], there was no label of item description, no prep date. In the left lower corner was a small area where the bell peppers had started turning brown and soggy/mushy. -1 Large zip top bag with approximately eight corndogs dated use by [DATE], there was no label of item description, no prep date. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-1 Large zip top bag with approximately 11 previously sliced red tomatoes dated [DATE] and use by [DATE]. The tomatoes had started to produced there own liquid in the bag, darkened in color and were soft (easily squished between fingers) to touch. Observations of the Walk-in freezer on [DATE] at 11:15 AM revealed the following: -1 Extra-large clear plastic bag, previously opened, tied closed, contained approximately 15 biscuits. There was no label of item description and no opened date. -1 Large clear plastic bag with approximately 8 hot dogs buns, sitting on two bags of ice (a portion of each bag of ice underneath the buns). There was no label of item description and a small amount of ice crystals had formed inside the bag. -1 Large clear plastic bag with shredded white cheese, dated use by [DATE]. There was no label of item description and ice crystal had formed on the inside right side of the bag on the cheese. *Also, frozen cheese when thawed can be dry, changed in texture and not melt properly. Observations of the Dry Storage on [DATE] at 11:18 AM revealed the following: -On left side, top shelf: ,d+[DATE] lbs. plastic container with lid contained creamy peanut butter, previously opened. The date written was illegible and the manufacturer's expiration date had been smudged off. There was no open date and no discard by date. 1-medium box of black tea bags, torn opened, left opened to air. There was no opened date and no discard by date. -,d+[DATE] oz. bottle of chocolate syrup, previously opened, there was no opened date, no discard by date. -1- Extra-large zip top bag with a previously opened package of uncooked linguine noodles. There was no open date, no discard by date. -1 Extra-large bag of uncooked noodles, previously opened, wrapped in plastic wrap, there was no opened date, no label of item description and no discard by date. Observations of the Kitchen on [DATE] at 11:52 AM revealed the following: -A fruit fly noted flying over and landing in iced/condiment area on the end of the steam table where a salad (covered in plastic wrap), fruit and cartons of shakes and milk were kept during service -Dietary Manager came back into kitchen from the dining room, he was not noted washing his hands or donned new gloves. He stood at the end of the steam table then went over to the prep table with the microwave on it and grabbed some meal tickets. -The Dietary manger was not to go on the other side of the steam table (receiving side) came back into the kitchen (on the serving side) and was not noted to wash his hands or donned new gloves. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview on [DATE] at 11:40 AM with the Dietary Manager, he stated he had been there since [DATE]. He was unsure if the kitchen maintained the emergency water but later confirmed he ordered the water if it got low or expired. The Dietary Manager stated they kept leftovers in the refrigerator for 3 days. He stated opened dairy products were kept ,d+[DATE] days in the refrigerator, cheese was kept once opened, up to 30 days. In an interview on [DATE] at 12:50 PM with the Dietary Manager, he stated they used the use by sticker to show when the item should be used by. When asked about the raw chicken at the bottom the refrigerator, he stated it was supposed to be thawed in the refrigerator for 2 days but he could not say when the item was pulled because it did not have a pull date, and it was already thawed. He stated it had to be pulled before today, [DATE] since it was thawed and should have only been in there 2 days before use, well before the dated stick of [DATE]. He stated some dates on the items were the dates the item was received, some dates were the date it was opened but he could to answer why it was not identified so you know which date was for what. He stated they cleaned the vents & filters frequently then he was shown the state of the filter in the free-standing ice machine. He did not reply. He stated his staff know they were supposed to date items and now they will have to have an in-service on the items brought to his attention. He stated he washed his hands when asked why he was not noted washing his hands or putting on new gloves. He sated he went back twice to wash his hands. Review of the facility's Nutrition Services Policy & Procedures Food Safety Receiving and Storage dated 2020: Revision ,d+[DATE], reflected Policy: Food will be received ad stored by methods to minimize contamination and bacteria growth. Procedure: . 3. Keep receiving area clean and well lighted. 4. Compare delivery invoices against products ordered and products delivered. 5. Inspect food when it is delivered to the facility and prior to storage for signs of contamination. Food packages shall be in good condition to protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants. Examples of signs of contamination include: A. Cans with badly swollen sides or ends, flawed seals or seams, rust, dents, or leaks. B. Frozen foods that are partially thawed. Foods that have been thawed and then refrozen can be contaminated; check for large ice crystals, solid areas of ice, discolored or dried-out food, or misshapen items. C. Signs of insects in fresh produce. D. Dried fruits and vegetables, cereals and other grain products, sugar, flour, and rice received in wet or broken packaging. Dampness or mold can be signs of spoilage or bacterial growth. Holes or tears can be signs of pest infestation. E. Inappropriate odors, colors, or textures in cold foods. 6. Check expiration dates and use-by dates to assure the dates are within acceptable parameters. 7. Refuse contaminated food and return to the vendor for credit. If the food cannot be returned immediately, store it away from other food and supplies to prevent contamination. Dented cans are stored in a designated location (labeled dented cans) until they can be returned to the vendor. 9. When adding newly delivered food into current inventory, use the FIFO (First In, First Out) method (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	so old stock is rotated to the front and utilized first. General Food Storage Guidelines: 1. Store food in a manner to allow air circulation around food. 2. Store food in its original packaging if the packaging is clean, dry, and intact. 3. Place food that is repackaged in a leak-proof, pest-proof, non-absorbent, sanitary container with a tight-fitting lid. Label both the container and its lid with the common name of the contents, the date it was transferred to the new container, and the discard date. It is recommended that food stored in bins (e.g. flour or sugar) be removed from its original packaging. Dry Storage Guidelines: . 2. Tightly seal opened packages to prevent contamination or place food in covered containers. 3. Containers holding food or food ingredients that are removed from their original packages such as cooking oils, flour, sugar, herbs, and spices are identified with the common name of the food. 5. Dry storage areas are well ventilated and pest free. Refrigerated Storage Guidelines: . 9. Prevent meat and poultry juices from getting into other foods. 12. Refrigerated, ready to eat Time/Temperature Control for Safety Foods (TCS) are properly covered, labeled, dated with a use-by date, and refrigerated immediately. [NAME] them clearly to indicate the date by which the food shall be consumed or discarded. The day of preparation or day original container is opened shall be considered day 1. Follow USDA guidelines for food storage. 13. In the case of commercially processed food, the date marked by the facility may not exceed a manufacturer's use-by date. 14. Refrigerated condiments and salad dressings are properly covered, labeled, and clearly marked to indicate a use by date two months from the date opened. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the U.S. FDA Food Code 2022 reflected: Chapter 2 . section ,d+[DATE] Hands and Arms. , d+[DATE].11 Clean Condition. Food Employees shall keep their hand and exposed portions of their arms clean. ,d+[DATE].12 Cleaning Procedure. (C). To avoid recontaminating their hands or surrogate prosthetic devices, food employees may use disposable paper towels or similar clean barriers when touching surfaces such as manually operated faucet handles on a Handwashing Sink or the handle of a restroom door. , d+[DATE].14 When to Wash. Food Employees shall clean their hands and exposed portions of their arms as specified under section ,d+[DATE].12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single service and single-use articles. and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (B) After using the toilet room; (C) After caring for or handling service animals or aquatic animals as specified in , d+[DATE].11(B); (D) Except as specified in ,d+[DATE].11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco products, eating, or drinking; (E) After handling soiled equipment or utensils; (F) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (G) When switching between working with raw food and working with ready-to-eat food; (H) Before donning gloves to initiate a task that involves working with food; and (I) After engaging in other activities that contaminate the hands. Section ,d+[DATE].15 Where to Wash. Food Employees shall clean their hands in a Handwashing Sink or approved automatic handwashing facility and may not clean their hands in a sink used for food preparation or ware washing, or in a service sink or a curbed cleaning facility used for the disposal of mop water and similar liquid waste. Chapter 3 . section , d+[DATE].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 ,d+[DATE].18. Section ,d+[DATE].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 , d+[DATE].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. Chapter 5 . Section ,d+[DATE].11 Using a Handwashing Sink (A) A Handwashing Sink shall be maintained so that it is accessible at all times for Employee use. Section ,d+[DATE].16 Storage Areas, Rooms, and Receptacles, Capacity and Availability . (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. (C) If disposable towels are used at handwashing lavatories, a waste receptacle shall be located at each lavatory or group of adjacent lavatories

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Las Brisas Rehabilitation and Wellness Suites	3421 W Story Rd Irving, TX 75038

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the USDA website reflected: The United States Department of Agriculture's Food Safety and Inspection Service inspects only meat, poultry and egg products. The United States Food and Drug Administration inspects other foods. Yogurt can be stored in the refrigerator (40 F) one to two weeks or frozen (0 F) for one to two months. Soft cheeses such as cottage cheese, ricotta or Brie can be refrigerated one week but they don't freeze well. Hard cheeses such as cheddar, Swiss and Parmesan can be stored in the refrigerator six months before opening the package and three to four weeks after opening. It can also be frozen six months. Processed cheese slices don't freeze well but can be kept in the refrigerator one to two months. Milk can be refrigerated seven days; buttermilk, about two weeks. Milk or buttermilk may be frozen for about three months. Sour cream is safe in the refrigerator about one to three weeks but doesn't freeze well www. askusda.gov

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27070 Based on observation, interview, and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 of 3 (LVN A, and MA B) staff members and 4 of 6 residents (Residents #13, #28, #40, and #72) reviewed for infection control procedures. LVN A failed to disinfect the blood pressure cuff (machine used for checking blood pressure) in between blood pressure checks for Residents #28, and #72. MA B failed to disinfect the blood pressure cuff in between blood pressure checks for Residents #13 and #40. This failure could place residents at risk for cross contamination and infections. Findings included: Record review of Resident #72's admission MDS assessment, dated 08/20/24, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #72 had diagnoses which included: Hypertension (high blood pressure), and bipolar disorder (mental illness). Resident #72 was cognitive and able to make decisions and required assistance of one staff for activities of daily living. Record review of Resident #72's physician orders dated 08/20/24 reflected, amlodipine (high blood pressure) 5mg give one tab by mouth one time a day and to obtain blood pressure one time a day on each shift. Record review of Resident #28's other payment MDS Assessment, dated 08/15/24, revealed a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #28 had diagnoses which included: diabetes (increased blood sugar), hypertension (increased blood pressure), and dizziness. Resident #28's was cognitively able make all decisions for himself and required one staff for assistance with activities of daily living. Record review of Resident #28's physician orders dated 10/19/23 (open ended) reflected, Metoprolol tartrate (high blood pressure) 25 mg give one tab by mouth two times a day, and to obtain blood pressure one time a day on each shift. Record review of Resident #40's other payment MDS Assessment, dated 08/20/20, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #40 had diagnoses which included: Hypertension (increased blood pressure), atrial fibrillation (heart rate), and chronic kidney disease (kidneys work slower). Resident #40 was cognitively able to make decisions and required one staff for assistance with activities of daily living. Record review of Resident #40's physician orders dated 05/16/24 (open ended order) reflected, metoprolol succinate (high blood pressure) 50mg give one tab by mouth one time a day and to obtain blood pressure one time a day on each shift. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #13's other payment MDS Assessment, dated 09/06/24, revealed a [AGE] year-old female who admitted to the facility on [DATE]. Resident #13 had diagnoses which included: Cerebral infarction (stroke), Hemiplegia (cannot use her right arm or leg), and Aphasia (unable to speak). Resident #13 was moderately cognitively impaired and unable to make decisions and required assistance of one staff for activities of daily living. Record review of Resident #13's physician orders dated 10/02/23 (open ended order) reflected, amlodipine (high blood pressure) 5mg give one tab by mouth two times a day and to obtain blood pressure one time a day on each shift. Observation on 09/30/24 at 10:25 a.m., revealed LVN A performing morning medication pass, during which time she checked the blood pressure on Resident #72. LVN A failed to sanitize the blood pressure cuff before or after using it on Resident #72. Observation on 09/30/24 at 10:45 a.m., revealed LVN A performing morning medication pass, during which time she checked the blood pressure, on Resident #28, used the same blood pressure cuff used on Resident #72. LVN A failed to sanitize the blood pressure cuff before or after using it on Resident #28. Observation on 10/01/24 at 8:30 a.m., revealed MA B performing morning medication pass, during which time she checked the blood pressure on Resident #40. MA B failed to sanitize the blood pressure cuff before or after using it on Resident #40. Observation on 10/01/24 at 9:00 a.m., revealed MA B performing morning medication pass, during which time she checked the blood pressure on Resident #13, used the same blood pressure cuff used on Resident #40. MA B failed to sanitize the blood pressure cuff before or after using it on Resident #13. An interview on 09/30/24 at 10:55 a.m., LVN A stated she did not think about cleaning the blood pressure cuff between usage, she had forgotten. LVN A stated she wore gloves between each usage when she took the blood pressure and used hand sanitizer. LVN A stated if the cuff was on the residents and then not cleaned it could spread germs to others. An interview on 10/01/24 at 8:55 a.m., MA B revealed the MA did not know she was supposed to clean the blood pressure cuff between use. The MA stated she did use her hand sanitizer and she thought that was enough. The MA stated that makes sense to her because if another resident had an infection it could spread to another resident from the blood pressure cuff. An interview with the DON, who was the infection control preventionist on 10/01/24 at 4:45 p.m., revealed the DON had only been at the facility for one month. The DON stated that all direct care staff must clean equipment, including blood pressure cuffs after having contact with each resident. The DON stated, the staff has available the disinfectant wipes that will kill all germs. The DON stated the staff would be in-serviced on infection control and he would perform teaching concerning infection control. If they do not clean the blood pressure cuffs appropriately, they could spread germs to themselves and the residents. Record review of an in-service log dated 05/31/24 revealed LVN A, had received cleaning and properly storing equipment after each use and MA B had not received the training. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the Facility's Policy titled Infection control dated May 2023, reflected: Purpose: To establish a facility wide program that incorporates a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases. The program covers all resident, staff 3. the infection control Prevention and control Program is administered by an Infection Preventionist who is qualified by education and special training . 6. Staff development E. Staff is provided with information and training on .6) proper handling of linens, waste, equipment and supplies .10) Cleaning , disinfecting, and sanitation procedures . Record review of the Facility's Policy titled Infection control-Cleaning and Disinfecting Resident Care items and Equipment dated May 2023 reflected: It is the policy of this home to clean and disinfect resident-care equipment, including reusable items and durable medical equipment . non critical items are those that come in contact with intact skin but not mucous membranes . non-critical resident-care items include bedpans, blood pressure, cuffs

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27070 Based on observations, interviews, and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests for five (two unused halls) of three halls (Halls 400, 500, and 600) and the nurse's station, private dining room, kitchen, the unused dining room next to private dining room, and main dining room reviewed for pest control program. The facility had live fruit flies in areas of the facility including the nurse's station, Halls 400, 500, 600, nurse's station, private dining home, unused dining room next to the private dining room, lobby, and the main dining room. This failure could place residents at risk for spread of infection, cross-contamination, and decreased quality of life. Findings included: An observation on 09/30/24 at 9:00 a.m., revealed in the private dining room there were three live fruit flies flying around the private dining area. An observation on 09/30/24 at 9:15 a.m., revealed a group of 5-10 live fruit flies flying around in the dining area, not being used at this time, next to the private dining area, where survey team was working. An observation on 09/30/24 at 9:30 a.m., revealed 7-10 live fruit flies flying down the service hallway. This hallway had the laundry, a training classroom, the employee break room, and the entrance to the kitchen. An observation on 09/30/24 at 10:00 a.m., revealed three live fruit flies in the three-compartment sink drain, in the kitchen. There were three live fruit flies flying around the steam table. An observation on 09/30/24 at 10:20 a.m., revealed a live fruit fly crawling across the overbed table in room [ROOM NUMBER]. Resident #1 stated these little flies were bad. Resident #1 stated she had told several staff members, but the little flies continued to be here. Resident #1 stated that any food you had the little flies would just swarm around it. The resident stated she had been seeing the little flies for about a month, and she did not recall seeing any pest control workers here. An observation on 09/30/24 at 11:30 a.m., revealed in the main dining room, six different resident's tables had fruit flies crawling on the tables. There had been no food served at this time, one table had a cold cup of coffee sitting on it with two dead fruit flies floating in it. An observation on 09/30/24 at 11:45 a.m., revealed a live fruit fly on the wall of Hall 400, outside of room [ROOM NUMBER], there were no residents in the room at the time. An observation on 09/30/24 at 1:00 p.m., revealed three live fruit flies crawling on the only used nurses station in the facility. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation and interview on 09/30/24 at 1:15 p.m., revealed three live fruit flies swarming around a linen barrel, that had a lid on it. The barrel was sitting outside the laundry room door. An observation on 10/01/24 at 8:00 a.m., revealed a swarm of live fruit flies flying down the service hallway. An observation on 10/01/24 at 8:10 a.m., revealed a swarm of live fruit flies flying around the head of the MA B administering medications on Hall 400. The MA stated these little flies are bad. MA B said she told the maintenance man about the little Pest, about 2 weeks ago, but nothing has changed, the flies were still here. She had not seen any pest control at the facility and now the maintenance man was out of the country. MA B stated she did not know what the process was for reporting the flies, she just told the maintenance man. An observation on 10/01/24 at 8:15 a.m., revealed a bag of trash that had been left from the day before in the private dining room. The Surveyor had to tie up the trash bags, there were more than fifteen live fruit flies in the room. The live fruit flies remained in the room for the rest of the day. An observation on 10/01/24 at 11:00 a.m., revealed two live fruit flies crawling across the top of the medication cart on Hall 500. An observation on 10/01/24 at 2:00 p.m., revealed a swarm live fruit flies flying down Hall 600. An observation on 10/01/24 at 2:30 p.m. revealed the surveyor had conducted a phone interview in the smaller dining room that was adjacent to the private dining room . During the interview a live fruit fly attempted to fly up the nose of the surveyor, causing her to gag and cough. An interview on 10/01/24 at 4:30 p.m., with the Administrator revealed he was not aware that the facility had pest of any kind. The Administrator stated he would contact his pest control company and tell them. The Administrator was not sure of the process for the staff or anyone to report pest problems. The Administrator stated that if the bugs were not killed they could spread germs, because bugs have germs. Record review of the pest control book, located at the nurse station reflected a log with no notations of flies. Record review of facility provided pest control visits revealed, in part, dates and treatments as follows: Treatment dates and services performed: -09-24-2024-after inspection . no verification of fruit flies . preventative treatment for cockroaches and rodents -08-29-2024-after inspection . no verification of fruit flies . preventative treatment for cockroaches and rodents (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-07-26-2024-after inspection . no verification of fruit flies . preventative treatment for cockroaches and rodents -06-17-2024-after inspection . no verification of fruit flies . preventative treatment for cockroaches and rodents Record review of the facility's policy revised, June 2023 and titled Pest control Program reflected Facility will maintain and effective pest control program to prevent or eliminate infestation of pests and rodents .1. Contracted pest elimination service will provide monthly service for the most common pests such as rodents, cockroaches, and other crawling invaders .2. Facility staff will: A. Note and report any evidence of pest activity . B. Report sighting of live pest immediately . C. make notes of the exact location of where the pest sighting occurred and inform .