

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745060	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER St. Juanita Retirement and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 3215 Ymca Drive San Angelo, TX 76904	
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	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen sanitation. The facility failed to prevent dishes and utensils from being stored face up (open to air contamination). The facility failed to remove potatoes in the dry storage when they were beginning to show signs of rot. These failures could place residents who received prepared meals from the kitchen at risk of food borne illness and cross-contamination. The findings included: During the initial tour of the kitchen on 12/23/25 at 8:15 AM the following observations were revealed: The top plate in the plate warmer faced up and was not covered. Cooking and serving utensils hanging above a food preparation table were not covered. Silverware in bins was not covered. A plastic container of red potatoes had sprouting potatoes in it. A food grater was on a shelf and not covered. In an interview with the Dietary Manager (DM) on 12/23/25 at 5:16 PM, the DM said a cover for the plate warmer has been ordered. The DM said she was not aware of the need for utensils to be covered. The DM said she will remove the red potatoes with sprouts. She said the facility has not used them due to having only three residents in the facility. The DM said these things could cause the residents to get sick and could prevent the facility from becoming certified. In an interview on 12/23/25 at 5:30 PM, the administrator said the builder was experienced in building nursing facilities and knew the state and federal requirements. The administrator said the racks for hanging the cooking and serving utensils were installed by the builder. The administrator said he assumed the racks met government requirements and followed facility policy. The administrator agreed that the sprouting potatoes should not be used and should have been removed to prevent resident illness. Review of facility policy Food Storage, dated 2023, revealed, in part, Racks and other storage services should be clean and protected from splashes, overhead pipes or other contamination (ceiling sprinklers sewer/waste disposal pipes, vents, etc.). Review of Food Code 2022 Recommendations of the United States Public Health Service Food and Drug Administration revision date 01/18/2023 revealed, in part: 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles. (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: (1) In a clean, dry location; (2) Where they are not exposed to splash, dust, or other contamination.		

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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(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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals used in the facility were labeled with currently accepted professional principles, and included the appropriate accessory and cautionary instructions, and the expiration date when applicable for 1 of 1 med rooms. that had Tuberculosis solution that was not labeled with an open date. The facility failed to ensure one Tuberculosis solution was labeled with the open date in Medication room [ROOM NUMBER]. This failure could place residents at risk of adverse medication reactions. Findings included: Observation on 12/23/2025 at 10:30 AM revealed the refrigerator in Medication room [ROOM NUMBER] had the following opened medications with no open date labeled: 1. Aplisol Tuberculin solution Interview on 12/23/25 at 10:31 AM with DON, she said once Tuberculosis solution was opened, they need to be dated with open dates. She stated tuberculosis solutions are good for 28 days after opening. She stated the risk of not having an open date was that they would not be able to know when they expire, and they will not be effective. Interview on 12/23/25 at 12:36 PM with the DON revealed she said tuberculosis solution when opened should be dated. She stated it was the responsibility of nursing management to check and audit the carts and medication rooms after the nurses. The DON said the nurses were responsible for dating the medication when opened. She stated tuberculosis solution was good for 28 days and should be dated once the vial was opened. Record review of the Recommended Medication Storage policy, undated, reflected the following: Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial.		