

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676442</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROLLINGBROOK REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>750 ROLLINGBROOK DR BAYTOWN, TX 77521</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on observation, interview and record review, the facility failed to store, distribute and serve food in accordance with professional standards of food service safety, in that: A delivery man was observed entering the walk-in cooler without a hairnet. a bag of meat products were not labeled, dated or sealed properly. a bag of vegetables and a bag cheese were not labeled or dated. a bag of unidentified yellow food was mislabeled as bread. The can opener was observed with black grime on the blade. Pureed peas and roasted potatoes below the required serving temperature were served for lunch. These failures put all residents who ate meals served by the kitchen at risk for food borne illness. Findings include: Observation and interview of the kitchen on 3/4/20 at 8:45AM, revealed a delivery man with short hair and a beard, entering the kitchen and the walk-in cooler without a hairnet to store away milk cartons. In an interview with Cook A at this time, she revealed they do not keep hairnets at the entrance way by which the delivery man used to enter the kitchen. She stated they used to keep hairnets above the fire alarm on the side of the door until they were told that it was hazard and since then, they have not consistently offered hairnets to delivery service personnel. Further observation and interview on 3/4/20 at 8:45AM, revealed in the walk-in cooler, a bag of meat, a bag of vegetables and a bag of cheese were not labeled or dated. A bag of unidentified yellow food was mislabeled as bread. In the kitchen, the industrial can opener was observed to have black grime on the blade. In an interview with Cook A at this time, she stated the bags of unidentified food were supposed to have dates and labels written on them, and the bag of yellow food did not look like bread to her. She also stated they clean the can opener in the dishwasher daily. Observation on 3/4/20 at 11:20AM revealed Cook A documenting temperatures of lunch items on the line. Pureed peas that were placed on the stove in a pan of boiling water and roasted potatoes on the line were both temped at 130F. After checking the temperatures, Cook A stated she was done with temperatures and proceeded to serve the food. In an interview with the Dietary Manager on 3/4/20 at 1:05PM, she revealed the foods that were served at the of temperature 130F should have been warmed up to at least 135F prior to serving the food. Record review of the Food Handling policy, dated July 2014, stated, potentially hazardous foods held in the 'danger zone' (41F to 135F) for more than 4 hours . will be discarded. Record review of the Resident Nutrition Services policy, dated July 2017, it stated, nursing personnel or feeding assistants will inspect food trays as they are delivered to ensure that the . food appears palatable and attractive, and it is served at a safe and appetizing temperature.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.