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

Printed: 05/21/2025 Form Approved OMB No. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2024
NAME OF PROVIDER OR SUPPLIER Jacksonville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 305 Bonita St Jacksonville, TX 75766	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - 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** 27140 Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food under sanitary conditions in the facility's only kitchen. The dietary staff did not accurately test the dish machine for chlorine sanitizing with the correct test strips from 02/27/24 until 03/11/24. This failure could place residents who ate food from the kitchen at risk of foodborne illness. Findings included: During an observation and interview in the kitchen on 03/11/2024 at 09:45 AM, DA A was going to demonstrate checking the sanitizing on the dish machine and she had a container of testing strips on top of the machine. She said she had not tested the machine yet this morning. She was finished with washing the breakfast dishes. She ran the machine and took a test strip from the container and tested the water containing the sanitizer. The test strip was a yellow color and had no reaction. Observation of the label on the container of strips indicated the strips were for use on QAC (quaternary ammonium compounds) sanitizer and not chlorine sanitizer. DA A said she had been using those strips to test the dish washing machine since the RD told them they could use the QAC strips. She said those were the only test strips she had to use and not the purple ones. A review of a Facility Dish Machine Temperature and Sanitizing Log dated March 2024 and posted on the wall by the dish machine indicated the sanitizer had been tested every day from 03/01/24 to 03/11/24 three times a day and test results for sanitizing were noted at 50 ppm when using strips that were unable to test for the presence of chlorine. During an observation and interview on 03/11/24 at 11:25 AM DA A said she found some chlorine test strips on a shelf in the kitchen. She demonstrated checking the sani		

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 675011

If continuation sheet Page 1 of 2

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During an interview on 03/12/24 at sanitation quality review and dining machine since that date. She said t dishes would be washed. She said the log sheet. She said the service check and the machine was sanitized 3:45 PM to bring chlorine testing streamitizing. A review of information posted on T quaternary solution was used primal indicated sanitizing was occurring with the sanitizer should have a compropriate chemical test kits. The concentration and pH of the sanitizer	03:30 PM the DM said the RD came in observations. She said she had been he machine should be tested 3 times a she had no written policy regarding whe vendor came to the facility on [DATE] and groperly on that day. She said the sing properly on that day. She said the sings and did a full maintenance check a fexas Health and Human Services weberily for three compartment sinks and to when the solution was testing at 200-40 and at FDA.gov indicated Low temperate concentration between 50 ppm and 100 effectiveness of chemical sanitizers is er solution. Therefore, a test kit is necessive.	on 02/27/24 and did a kitchen using the quaternary strips on the day, once for each meal where then to test the machine other than and did a routine maintenance service vendor came on 03/11/24 at at that time and the machine was usite, viewed 03/14/24, indicated test strips for quaternary compounds to ppm. The machines using chlorine as a ppm and be measured using the determined primarily by the	
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