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

Printed: 06/07/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675433	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2022		
NAME OF PROVIDER OR SUPPLIER  Focused Care at Huntsville		STREET ADDRESS, CITY, STATE, ZIP CODE  1302 Nottingham St  Huntsville, TX 77340			
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 DEFIC (Each deficiency must be preceded by	STATEMENT OF DEFICIENCIES  ncy 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.  ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43994  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 facility failed to ensure a bag of red potatoes was stored off the floor.  The facility did not label or date frozen chicken strips, peanut butter cookies, lasagna and cheese pizza that were not in their original packaging.  The facility did not remove an expired jar of mayonnaise from the refrigerator dated [DATE].  These failures could place residents at risk for food-borne illnesses.  Findings included:  During an observation on [DATE] from 1:45 PM-1:50 PM in the kitchen, the dry storage area revealed a large bag of red potatoes that was sitting on the floor, opened. The freezer had a package of frozen chicken strips, a small, clear plastic bag of peanut butter cookies, a plastic bag of hushpuppies, a large aluminum pan of lasagna, and a large pizza that were not labeled or dated. The refrigerator contained a small jar of mayonnaise with an expiration date of [DATE].  During an interview on [DATE] at 1:50 PM, the [NAME] said food was delivered to the facility on Tuesday's and Friday's. She said everyone who worked in the kitchen was responsible for ensuring foods were labeled and dated properly. She said food should not be stored on the floor.  During an interview on [DATE] at 2:05 PM, the DM said whoever put up the foods that were delivered on the truck was supposed to label and date the food items with the date received, and if opened note the contents in the package. She said if twould be dated demanded they cooked or used the foods that were not labeled or dated. She said it could make a resident sick. She said the jar of mayonnaise that was found in the refrigerator probably belonged to a staff mem				

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: 675433

If continuation sheet Page 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675433	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2022
NAME OF PROVIDER OR SUPPLIER  Focused Care at Huntsville		STREET ADDRESS, CITY, STATE, ZIP CODE  1302 Nottingham St Huntsville, TX 77340	
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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	A facility policy titled Food Storage with a revised date of [DATE] indicated, .4. Foods are stored at least 6 inches off the floor, 6. Food removed from its original packaging will be labeled with the following: a. receive date, b. open date, c. contents in the package, 18. Employee beverages and food will be in a closed container stored in a designated employee area away from food area.		
Residents Affected - Some	department adopts by reference the and the Supplement to the 2017 For be stored, . A. FOOD shall be prote (2) Where it is not exposed to splass the floor. (B) FOOD in packages ar floor on case lot handling EQUIPM Storage Containers, Identified with they are removed from their original The mistaken use of an ingredient,	e Texas Food Establishment Rules (Te U.S. Food and Drug Administration (ood Code. Chapter ,d+[DATE].11 Food exted from contamination by storing the sh, dust, or other contamination; and (3 nd working containers may be stored le ENT as specified under S ,d+[DATE].1 Common Name of Food. Certain food all packaging. Consumers may be allerg when the consumer has specifically rences. The mistaken use of food from units of the store of t	FDA) Food Code 2017 (Food Code) I Storage indicated how food shall be FOOD: (1) In a clean, dry location; B) At least 15 cm (6 inches) above the sest than 15 cm (6 inches) above the I22. Chapter ,d+[DATE].12 Food is may be difficult to identify after gic to certain foods or ingredients.