

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2020
NAME OF PROVIDER OF SUPPLIER IMMANUEL'S HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 4515 VILLAGE CREEK RD FORT WORTH, TX 76119	
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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety for the facility's only kitchen. The facility failed to ensure seven heating/air conditioning vents and three intake vents in the kitchen were free from debris and foreign substances. This failure placed residents at risk of harm from foreign substances falling into food served from the kitchen. Findings included: Observation on 09/23/20 at 4:30 p.m. of the kitchen revealed four vents approximately 18 inches square, in the main kitchen area, and three vents of the same size above the dishwashing area. Also observed were three air intake vents measuring approximately three feet long by one foot wide in the main kitchen area. All of the vents were covered with a buildup of a thin black substance. Observation on 09/24/20 at 11:40 a.m. of the kitchen revealed a black substance buildup still covered each of the vents. Interview with the Administrator on 09/24/20 at 12:00 p.m. revealed he was unaware of the buildup on the vents in the kitchen. He stated it was definitely a health hazard and stated he would have the vents cleaned immediately. Review of the Food and Drug Administration Food Code, 2017, reflected the following: 4-602.13 Nonfood-Contact Surfaces. Non food-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.		

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.