STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455494	A. Building B. Wing	05/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenview Wellness & Rehabilitation	7625 Glenview Dr North Richland Hills, TX 76180

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 (Resident #1 and Resident #2) of 6 residents observed for infection control. The facility failed to clean up blood on the door frame of Resident #1 and Resident #2 bathroom. This failure could place residents at risk for healthcare associated cross contamination and blood borne infections.Findings included: Record review of Resident #1 quarterly MDS assessment, dated 05/03/2026, reflected a [AGE] year-old female admitted to the facility on [DATE]. BIMS was not indicated. Her diagnoses included Unspecified Dementia with behavioral disturbance (changes in the brain that can cause forgetfulness, limited social skills, impaired thinking, irritability, and extreme mood swings), Hypertension (a condition in which the blood against the artery wall is too high), and (a mood disorder that causes a persistent feeling of sadness and loss of interest). Record review of Resident #1 Care Plan, dated 03/09/2026, reflected:03/15/2026 The resident has actual impairment to skin integrity (scab nose, healing/scab over bilateral arms). Resident will be free from injury.03/28/2026 The resident requires enhanced barrier precautions r/t dialysis. Resident will reduce transmission of pathogens. Observation on 05/10/2026 at 12:30pm of Resident #1 and Resident #2 bathroom, revealed dried blood on the door, the substance appeared dark red brown in color and was located on the right side of the door frame with no signage or indication of ongoing cleaning or isolation precaution observed at the time. Interview on 5/10/2026 at 1:15pm with Housekeeper A revealed he was unaware of blood on the door frame and confirmed that high touch surfaces including door frames were expected to be cleaned daily. Housekeeper A stated the risk of anyone coming in contact with blood or bodily fluids was bloodborne pathogens. During an interview on 5/10/2026 at 2:15pm with Housekeeper B revealed he was unaware of blood on the door frame and stated rooms were to be cleaned daily and wiped down. Housekeeper B stated the risk of encountering blood or bodily fluids was infections. Record review of Resident #2 quarterly MDS assessment, dated 05/04/2026, reflected a [AGE] year-old female admitted to the facility on [DATE]. Resident had a BIMS of 15 indicating the resident had intact cognition. Her diagnoses included Adjustment Disorder with Mixed Anxiety and Depressed Mood (a strong reaction to stress or trauma), Unspecified Lack of Coordination (a condition that impairs the body's ability to coordinate movements, affecting balance, walking, and fine motor skills), Anxiety Disorder (disorder characterized by feelings of worry, anxiety, or fear that are enough to interfere with one's daily activities). Record review of Resident #2 Care Plan, dated 02/17/2025, reflected:03/28/2026 The resident is at increased risk for impaired skin integrity and additional skin breakdown due to impaired ability to move and the resident being mostly incontinent of bowel and bladder. Interview on 05/10/2026 at 3:05pm with Resident #2 family member revealed the blood on the door frame had been there for 2 days and not cleaned by staff. Interview on 05/10 2026 at 3:10pm with Resident #2 revealed she and Resident #1 had been roommates since March 2026. Resident #2 stated their room does not get cleaned on the weekends. Resident #2 stated she had been able to use the bathroom but would be careful not to touch the door frame with the blood (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on it. Resident #2 stated she did not notify staff that blood was on the door. Interview on 05/10/2026 at 3:20pm with the DON revealed Resident #2's family had not voiced concerns about Resident #1 and Resident #2 being roommates. The DON stated Resident #2 or family members did not report to anyone about cleanliness of bathroom until today. The DON stated Resident #1 picks at her skin which causes bleeding and has sores on her body. The DON stated that the risk of coming in contact with blood depends on what that blood contains, but there's always a risk of infection. The DON stated in-services on infection control were done weekly. Interview on 05/10/2026 at 3:50pm with the Administrator revealed she was not aware of blood on the door frame of Resident #1 and Resident #2 bathroom prior to today. The Administrator stated Resident #2 had not voiced any concerns about Resident #1 or issues with room. The Administrator stated in-services on infection control had been completed and Resident #1 and Resident #2's room had been cleaned and disinfected. Review of the Infection Prevention and Control Program policy revised 10/24/2025 reflected:Infection Control Committee C. Duties and Responsibilities xi. Provide guidance for maintaining the Facility in a sanitary condition.xviii. Help housekeeping staff review cleaning procedures, agents, and schedules and recommend any major changes in cleaning products or techniques.xix. Monitor findings from any resident care quality assessment activities that relate to infection control. Infection Control Policies and ProceduresC. Objectivesi. Prevent, detect, investigate, and control infections in the Facilityii. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public.iii. Identify an individual to whom possible incidents of communicable disease or infections can be reported.iv. Establish guidelines for implementing isolation precautions, including standard and transmission-based precautions.vii. Provide guidelines for the safe cleaning and reprocessing of reusable resident care equipment.