STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455618	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eden Home	631 Lakeview Blvd New Braunfels, TX 78130

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 observation, interview, and record review, 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 1 of 5 residents (Residents #1) reviewed for infection prevention measures. CNA A provided care for Resident #1 who had a need for an indwelling urinary catheter and was under Enhanced Barrier Precautions (EBP, an infection control measure in nursing homes requiring staff to wear gowns and gloves during high-contact care for residents at risk of spreading multidrug-resistant organisms) and did not wear any Personal Protection Equipment (PPE). This failure could place residents at risk for infections. Findings included: A record review of Resident #1s admission record, dated 4/30/2026, revealed an admission date of 1/1/2026 with diagnoses including chronic kidney disease (a long-term, progressive condition where kidneys are damaged and cannot effectively filter blood. It is characterized by persistent kidney damage for at least 3 months, often leading to waste buildup) and Urinary tract infections. A record review of Resident #1's admission MDS assessment, dated 1/7/2026 revealed Resident #1 was a [AGE] year-old female admitted for LTC and assessed with a need for an indwelling urinary catheter. A record review of Resident #1's physicians orders, dated 4/30/2026, revealed, upon admission, the physician prescribed for Resident #1 to have an indwelling urinary catheter and for staff to care for the catheter, which included cleansing, draining the collection bag, securing the drainage line. A record review of Resident #1's care plan, dated 4/30/2026, revealed, ADLs (activities of daily life) President has potential for self-care deficit . personal hygiene: requires assistance of one staff. The resident has indwelling catheter. The resident will show no signs or symptoms of urinary infection through the review date July 8th, 2026. During an observation and interview on 4/30/2026 at 3:14 p.m., Resident #1's room had signage posted which stated, STOP - Enhanced Barrier Precautions - EVERYONE MUST: Clean their hands, including before entering and when leaving the room. Providers and staff must also: wear gloves and a gown for the following high contact resident care activities: dressing, bathing showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use; central line, urinary catheter, feeding tube, tracheostomy, wound care; any skin opening requiring a dressing. Do not wear the same gown and gloves for the care of more than one person. During an observation and interview on 4/30/2026 at 3:15 p.m., revealed Resident #1 in her room in the bathroom seated on the toilet with CNA A waiting for her. CNA A was observed not wearing any PPE. CNA A stated Resident #1 was receiving patient care, was seated on the toilet, and he was awaiting her to complete her bowel movement, and he would assist Resident #1 with cleansing and dressing. During an interview on 4/30/2026 at 3:30 p.m., LVN B stated she was the charge nurse for Resident #1 and CNA A. LVN B stated Resident #1 needed an indwelling urinary catheter and enhanced barrier precautions related to the catheter. LVN B stated her delegation for CNA care for residents with a need for EBP was for CNA's to wear EBP PPE which included hand hygiene, the donning (the practice of applying PPE) of a gown and gloves, provide the care, and upon completion of the care the CNA was expected to doff (the practice of removing PPE) the PPE provide hand hygiene and exit the room. LVN B stated her (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	CNA was CNA A and if he was providing care for Resident #1, CNA A should have donned (the practice of applying PPE) PPE to include gowns and gloves and should have continued with the gown and gloves until the care was completed. LVN B stated the failure to wear PPE for residents who had a need for EBP could be the spread of infections. During an interview on 4/30/2026 at 3:38 p.m., LVN Staff Educator stated she was the facility nurse educator and provided training, which included PPE EBP training, for CNAs. LVN Staff Educator stated Resident #1 needed an indwelling urinary catheter and enhanced barrier precautions related to the catheter. LVN Staff Educator stated her training for CNAs' care for residents with EBP was for CNAs to wear EBP PPE which included hand hygiene, the donning of a gown and gloves, provide the care, and upon completion of the care the CNA was expected to doff the PPE provide hand hygiene and exit the room. LVN Staff Educator stated she trained CNA A when providing care for Resident #1 CNA A should have donned PPE to include gowns and gloves and should have continued with the gown and gloves until the care was completed. LVN Staff Educator stated the failure to wear PPE for residents who had a need for EBP could be the spread of infections. A record review of the facility's Personal Protective Equipment policy, dated 8/29/2019, revealed, The facility promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to residents, visitors, and other staff. Policy explanation and compliance guidelines: all staff who have contact with residents and or their environments must wear personal protective equipment as appropriate during resident care activities and at other times in which exposure to blood, body fluids, or potentially infectious materials is likely. Personal protective equipment will be utilized as part of standard precautions regardless of a resident's suspected or confirmed infectious status. Multiple factors determine the appropriate selection of personal protective equipment for a particular task: the type of exposure anticipated for example splash, spray versus touch. The volume of fluid or tissue to which there is a potential exposure. The likelihood of exposure. The probable route of exposure; for example, direct contact versus inhalation. The need for transmission-based precautions. Indications considerations for personal protective equipment use: gloves, . gowns, . face protection, . respiratory protection, . Sequence of donning removing personal protective equipment when using multiple types: put on personal protective equipment in this order: gown, mask or respirator, goggles or face shield; then gloves.