

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455731	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Advanced Health & Rehab Center of Garland		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Colonel Drive Garland, TX 75043	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect the resident's right to be free from types of abuse: mental abuse/verbal abuse/physical abuse/sexual abuse/deprivation of goods and services by facility staff for 1 resident (Resident #5) out of 10 residents reviewed for abuse and neglect. The facility failed to ensure Resident #5 was free from abuse when CNA-C spanked him twice on his bottom while he was lying on the floor on 3/13/2025. This failure could place residents at risk of being physically or emotionally abused. Record Review of Resident #5's face sheet revealed he was an [AGE] year-old male and was admitted on [DATE] and readmitted [DATE]. His diagnoses included: Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions), Difficulty in Walking, Major Depressive Disorder (characterized by a persistent, intense, and low mood, along with a loss of interest in activities), Repeated falls, Abnormalities of Gait and Mobility, Adjustment Disorder (stress-related mental health condition which causes emotional or behavioral symptoms that are disproportionate to the stressor) and Cognitive Communication Deficit (impairment in communication caused by underlying disruptions in cognitive processes). Record Review of Resident #5's Quarterly MDS dated [DATE] revealed he was unable to complete a cognitive assessment which gave him no score for BIMS, which meant he was severely cognitively impaired. Resident #5's MDS revealed he rarely/never made himself understood or understood others. The MDS revealed Resident #5 had short- and long-term memory problems. Resident #5's MDS revealed he was dependent for toileting, shower hygiene and needed substantial assistance with dressing. Record Review of Resident #5's Care Plan dated 7/7/25 revealed the following care areas: *Impaired cognition and was at risk for further decline in cognition and functional abilities. *Behavior problems as evidenced by him urinating in dresser drawers, closets, trash cans, sinks, corners, and common areas. *Behaviors of pushing on exit or egress doors and was difficult to redirect *Behavior of continuing to remove personal clothing when dressed by staff. *Behavior of sitting on the floor as a refusal mechanism. *Resistant to care as he would refuse to shower. Further review revealed the facility's intervention for these behaviors was to Approach resident in a calm manner, call by name, speak slowly, and maintain eye contact. Talk while providing care, allow time for a response and do no rush. Interview on 2/3/26 at 10:11 a.m. Resident #5 stated he thought the facility was pretty good. He stated he was comfortable with the temperature in his room, had no falls, got his brief changed as often as he needed and had no concerns with the facility or staff. Interview on 2/3/26 at 11:15 a.m. LVN-A stated they did abuse/neglect trainings often with the last time being about two weeks ago. He stated Resident #5 had been there for three or four years. His family had five cameras in his room. LVN-A stated the family complained all the time. He stated if he saw any abuse, he would report it to the Admin and complete an incident report. A telephone interview on 2/3/26 at 4:33 p.m. the NP stated Resident #5 was her patient and she did not have any concerns for him. She had talked to Resident #5's FM in the past</p> <p>(continued on next page)</p>

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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