STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455840	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Arbors Healthcare and Rehabilitation Center	1884 Loop 343 West Rusk, TX 75785

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 6 residents (Resident #6) and 1 of 2 staff (CNA A) reviewed for infection control. The facility failed to ensure CNA A performed hand hygiene between glove changes while performing incontinent care for Resident #6 on 4/6/26. This failure could place residents at risk of exposure to infectious diseases.Findings included: Record review of a facility face sheet dated 4/6/26 for Resident #6 indicated she was an [AGE] year-old female admitted to the facility on [DATE] with diagnosis of dementia. Record review of a comprehensive MDS assessment dated [DATE] for Resident #6 indicated a BIMS score of 15, which indicated she had intact cognition. She required moderate assistance with toileting hygiene. She was always incontinent with bladder and frequently incontinent with bowels. Record review of a comprehensive care plan dated 3/24/26 for Resident #6 indicated she had an ADL self-care performance deficit and had an intervention required 2 staff members for toilet use. During an observation on 4/6/26 at 2:00 pm, CNA A and CNA B were observed to provide incontinent care on Resident #6. Both CNAs were observed to wash their hands upon entrance to room. CNA A provided care and CNA B helped with resident positioning. During care, CNA A was observed to clean the front perineal area appropriately, and then Resident #6 was rolled over on her left side for CNA A to perform care on her bottom. CNA A was then observed to remove her gloves and put on clean gloves without sanitizing or washing her hands. She was then observed to clean the rectal area, after which she changed gloves again without sanitizing or washing hands. She then applied the clean brief to Resident #6. During an interview on 4/6/26 at 2:30 pm, CNA A said she knew she was supposed to wash or sanitize her hands when changing her gloves, she said she just forgot. She said it was an infection risk to the residents if hand hygiene was not performed appropriately. During an interview on 4/6/26 at 2:35 pm, the Administrator said she expected staff to wash hands or sanitize hands between glove changes. She said it could cause an increase in infection risk for the residents. During an interview on 4/6/26 at 2:45 pm, RN C said she expected CNAs to perform hand hygiene between glove changes. She said residents could be at increased risk of infections if hand hygiene was not performed. The DON was not in facility and was unavailable for interview. Record review of a facility policy titled Fundamentals of Infection Control Precautions, undated, read: .Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene: .*after removing gloves or aprons.

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