

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455962	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Kaufman Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 S Houston St Kaufman, TX 75142	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to 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 3 staff (Treatment Nurse) observed for infection control. The facility failed to ensure the Treatment Nurse wore a gown when providing wound care to Resident #1. This failure could place residents and staff at risk for MDROs, cross-contamination, spread of infection and could potentially affect all others in the building. Findings Include: 1. Record review of the face sheet dated 2/9/26 indicated Resident #1 was [AGE] year-old male that was admitted to the facility on [DATE] with diagnoses including stage IV pressure ulcer (severe, full-thickness wound extending through the skin to expose muscle, bone, tendon, or fascia and high infection risk), diabetes, osteoarthritis (chronic degenerative joint disease where the cartilage breaks down, causing pain, stiffness, and reduced-mobility), and coronary atherosclerosis (hardening of the coronary arteries due to plaque build-up). Record review of the MDS dated [DATE] indicated Resident #1 usually understood others and was usually understood by others. The MDS indicated Resident #1 had a BIMS of 11 and was moderately cognitively impaired. The MDS indicated Resident #1 had 1 stage IV pressure ulcer that was present on admission. Record review of the undated care plan indicated Resident #1 had a stage IV pressure ulcer to his left calf that was present on admission. The care plan indicated Resident #1 was on EBP, and staff must use a gown and gloves during high-contact resident care activities that could possibly result in transfer of MDROs to hand and clothing of staff. During an observation on 2/9/26 at 10:33 a.m. the Treatment Nurse performed wound care on Resident #1. PPE for EBP observed outside Resident #1's door. Treatment Nurse knocked on Resident #1's door, explained she was there to perform wound care, performed hand hygiene, opened supplies, put on clean gloves, and did not put on a gown. The Treatment Nurse removed dressing from Resident #1's wound to his left lateral calf, changed gloves, and performed hand hygiene. The Treatment Nurse cleansed the wound to Resident #1's left lateral calf, changed gloves, and performed hand hygiene. The Treatment Nurse applied Xeroform (a sterile, non-adhering, petroleum-based gauze dressing) to Resident #1's left lateral calf wound, covered with a clean dressing, disposed of trash, removed gloves, and performed hand hygiene. During an interview on 2/9/26 at 10:40 a.m. the Treatment Nurse said residents with wounds required EBP including gowns and gloves. The Treatment Nurse said she did not wear appropriate PPE (a gown) during Resident #1's wound care because it slipped her mind. The Treatment Nurse said the importance of adhering to the proper EBP was for infection control and to prevent spreading infection or germs to other residents. During an interview on 2/9/26 at 1:52 p.m., the DON said EBP was required for residents with indwelling medical devices and chronic wounds. The DON said EBP for wound care included PPE of a gown and gloves always and goggles or face shield if there was a risk for splashing of exudate (drainage that seeps out of wounds). The DON said the importance of EBP was to prevent the spread</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 455962	Facility ID: 455962 If continuation sheet Page 1 of 2

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>of MDROs and to protect the residents from infections. Record review of the facility's Enhanced Barrier Precautions policy revised February 2025 indicated, Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident activities.</p>