

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455994	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Desoto Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 N Hampton Rd Desoto, TX 75115	

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. (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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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that each resident has the right to privacy for 1 of 4 residents (Resident #1) reviewed for privacy and confidentiality: The facility failed to ensure CNA A provided privacy when providing Resident #1 with incontinent care. The door was left open to the hallway, and the privacy curtains were not closed properly. as CNA A began to uncover Resident #1, exposing his body to the open hallway. This failure could place residents at risk for a loss of privacy, emotional distress, and low self-esteem. Findings included: Record review of Resident #1's quarterly MDS dated [DATE] revealed a [AGE] year-old male who was initially admitted to the facility on [DATE]. Diagnoses included: Post traumatic stress disorder (mood disorder), hypertension (high blood pressure), Diabetes Mellitus (high blood sugar), and renal insufficiency (kidneys are slow to work). Resident #1 was alert and oriented and able to make decisions. Record review of Resident #1's care plan dated 09/03/2025 reflected the resident had incontinence of bowel and bladder. Required the assistance of one staff for incontinence and two staff for transfer using a mechanical lift. An observation on 10/07/2025 at 9:15 a.m., CNA A entered Resident #1's room and without closing the door removed the covers from the resident exposing his body to the hallway. CNA A preceded to talk to the resident, informing him she was going to perform incontinent care for a bowel movement he had and then get him up and take him to the shower. An observation on 10/07/2025 at 9:20 a.m. revealed CNA A was assisting to take the gown off Resident #1, exposing his entire body to the hallway, at which time the CNA looked up and saw the surveyor partially closed the door to the hallway. The surveyor knocked on the partially closed door and entered the room, at which time the CNA informed the surveyor she was performing patient care and completely shut the door. During an interview on 10/07/2025 at 9:35 a.m., Resident #1 stated he did not notice if the door and privacy curtain were not closed properly. He said he would be visible to others if the door and the curtain were not closed properly. Resident #1 did comment when asked about the open door when CNA A removed his gown, he stated he did not want others to see this old broken-down body. During an interview on 10/07/2025 at 11:35 a.m. with CNA A stated, by not closing the door and the curtain, the privacy and dignity of Resident #1 was compromised as anyone passed by the room could see the care provided. When asked about the training she received on resident's rights, CNA A stated she was fully aware of resident's right to have privacy, dignity, and respect and received in-service on resident's rights at least once a year. During an interview 10/07/2025 at 1:00 p.m., the DON stated privacy and dignity must be provided during nursing care and the door and privacy curtain to Resident #1 and room should have been closed completely by CNA A. The DON stated the training was an ongoing process and resident rights was one of the in-services given annually. During an interview on 04/17/24 at 4:30 p.m., the Administrator stated the residents' rights at the facility should be maintained during nursing care. She said staff was expected to respect privacy and dignity by making sure doors to rooms were closed, privacy curtains fully drawn, and the window blinds were shut properly. Review of the facility's policy Resident Rights undated, reflected: The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside our facility, including those specified in the policy. A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life. We protect and promote the following rights of each resident. Privacy and Confidentiality-The resident has a right to personal privacy and confidentiality. 1. Privacy includes accommodations, medical treatment, personal care.</p>		

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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>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

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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>**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 one (CNA A) of two staff observed for infection control. CNA A failed to change their soiled gloves and wash hands during incontinent care to Resident #1. This failure could place residents at risk of the spread of infection through cross-contamination. Findings included: Record review of Resident #1's quarterly MDS dated [DATE] revealed a [AGE] year-old male who was initially admitted to the facility on [DATE]. Diagnoses included: Post traumatic stress disorder (mood disorder), hypertension (high blood pressure), Diabetes Mellitus (high blood sugar), and renal insufficiency (kidneys are slow to work). Resident #1 was alert and oriented and able to make decisions. Record review of Resident #1's care plan dated 09/03/2025 reflected the resident had incontinence of bowel and bladder. Required the assistance of one staff for incontinence care and two staff for transfer using a mechanical lift. Observation of incontinence care on 10/07/2025 at 09:30 a.m. revealed CNA A used hand gel in the hallway and donned (placed gloves on hands) clean gloves. CNA A entered the room; Resident #1 was lying on his back. CNA A unfastened the resident's brief tabs and wiped the pubic area with a disposable wipe, discarding the wipe in the trash bag. CNA A wiped the genitals, discarding the wipe in the trash bag. CNA A wiped the shaft of the penis and discarding the wipe in the trash bag and then cleaned the head of the penis and discarding the wipe in the trash bag. CNA A positioned Resident #1 on his left side with the help of Resident #1. CNA A wiped the rectal area that was soiled with bowel movement and discarded the wipe, using another wipe CNA A completed cleaning the rectal area of bowel movement, discarding the wipe. CNA A wiped the left buttocks, which were soiled with urine, discarding the wipe. Repositioning Resident #1 with her soiled gloves to his right side, CNA A cleaned the right buttocks, which was soiled with urine, discarding the wipe. CNA A assisted, with her soiled gloves, the other staff member to reposition Resident #1 on his back. CNA A pulled the clean brief up underneath him with the soiled gloves and fastened the brief, removing the soiled brief placing it in the trash. CNA A then left Resident #1 with his clean gown in the bed, to be transferred to the shower bed. CNA A removed her dirty gloves and used hand sanitizer when she came outside in the hallway. CNA A obtained the mechanical lift and assisting staff brought the shower bed into the room, preparing for transfer of Resident #1. In an interview on 10/07/2025 at 11:35 a.m., CNA A said she was to perform hand hygiene before and after the procedure and between changes of gloves. The glove changes should occur at the beginning and at the end of the incontinent care. She said she did not do it this time because she was nervous and talking. She stated the risk would be spread of infection. In an interview on 10/07/2025 at 1:00 p.m., the DON stated the expectation was to perform hand hygiene and glove changes before and after any care, and any time after removing dirty gloves. If your hands are visibly soiled clean with soap and water, otherwise can use hand sanitizer. The DON stated the risk is not performing hand hygiene, would be cross contamination. The DON stated she would be doing in-servicing concerning handwashing and the changing of gloves starting today. Review of in-services reflected an in-service performed by the DON on 07/2025 covering hand hygiene and incontinent care. CNA A was reflected as having attended the in-service. Review of the facility's policy Perineal Care dated May 2022, revealed, Policy Statement This procedure aims to maintain the resident's dignity and self-worth and reduce embarrassment by providing cleanliness and comfort to the resident, preventing infections and skin irritation, and observing the resident's skin condition. procedure content: 10) perform hand hygiene 11) don gloves.24) doff gloves 25) perform hand hygiene.26) provide resident comfort and safety by re-clothing (if applicable-incontinence pads(s) and briefs, . 31) perform hand hygiene . Review of the facility' policy Infection Control Guidelines for all Nursing Procedures undated reflected, A variety of infection control measures are used for decreasing the risk of transmission of microorganisms in the facility. The measures make up the fundamental for infection control precautions.1. Hand hygiene: hand hygiene continues to be the primary means of preventing the transmission of infection. Wearing gloves does not replace the need for hand washing because gloves may have small inapparent defects or be torn during use, and hands can become contaminated during removal of gloves. failure to change gloves, and wash hands between resident contacts is an infection control hazard.</p>		