Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675004	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McKinney Healthcare and Rehabilitation Center	253 Enterprise Dr McKinney, TX 75069

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** 50444 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 one of six (Resident #5) residents reviewed for infection control. 1. The facility failed to ensure CNA B changed her gloves and performed hand hygiene while providing incontinent care to Resident #5 on 03/06/2025. This failure could place residents at risk of cross-contamination and development of infections. The findings included: 1. Record review of Resident #5's Face Sheet, dated 03/06/2025, reflected the resident was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #5 had diagnoses which included urinary tract infection (infection in any part of the urinary system) and the need for assistance with personal care. Record review of Resident #5's Quarterly MDS (assessment used to determine functional capabilities and health needs) Assessment, dated 03/02/2025, reflected a BIMS (screening tool used to assess cognitive status) assessment was not completed for the resident. Section H reflected Resident #5 was always incontinent of bowel and bladder. Record review of Resident #5's Comprehensive Care Plan, dated 02/26/2025, reflected a potential for pressure ulcer development related to hypertension (high blood pressure), the use of pain medication, and the need for assistance with ADLs (collective term for all the basic skills needed in regular daily life) and personal care. One intervention was notify nurse immediately of any new areas of skin breakdown: Redness, Blisters, Bruises, discoloration noted during bath or daily care. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER McKinney Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Enterprise Dr McKinney, TX 75069	

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(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	On 03/06/2025 at 1:40 PM, CNA B was observed providing incontinence care for Resident #5. There were wipes, gloves, and a clean brief on Resident #5's bedside table. CNA B washed her hands in the resident's restroom. CNA B pulled the privacy curtain around Resident #5's bed and told the resident she was going to change her brief. CNA B put on clean gloves, pulled back the sheet and blanket to uncover Resident #5, and unfastened the tabs on the sides of the brief. CNA B used wipes to clean the front of the resident, wiping from the top down. CNA B dropped the wipes into the wastebasket next to her. CNA B removed the wet brief, dropped it into the wastebasket, and changed her gloves. CNA B did not use hand sanitizer or wash her hands when changing gloves. CNA wiped the residents bottom with a clean wipe and dropped it into the wastebasket. The CNA changed gloves, picked up a clean wipe, and wiped the resident's bottom again. CNA B kept the hand she used to wipe the resident's bottom to her side and did not touch anything with that hand. She used the other gloved hand to place the clean brief under Resident #5. The resident rolled to her back and CNA B secured the brief on each side. CNA B removed her gloves and used hand sanitizer from a pump on the wall near Resident #5's bathroom. CNA B took a pair of clean gloves from a box near the resident's door. CNA B put on the gloves and then put a pair of pants on Resident #5. CNA B removed her gloves and used hand sanitizer from the pump on the wall to clean her hands. CNA B carried the bag of trash out of Resident #5's room and disposed of it. During an interview on 03/06/2025 at 1:55 PM, CNA B stated she should have used hand sanitizer or washed her hands each time she changed her gloves. CNA B stated it was important for infection control and she did not want to transmit urine to other surfaces. CNA B stated she usually had a small container of hand sanitizer on the bedside table with the other supplies. When asked about facility training, CNA B stated the facility provided in-services often about handwashing and the use of hand sanitizer when caring for residents. She stated it wasn't long ago staff was in-serviced about hand hygiene. CNA B stated she wasn't sure how often to change her gloves when a brief just had urine and not stool on it and ran out of gloves before she put the clean brief on. She stated she was nervous about being watched and missed steps. During an interview on 03/06/2025 at 2:10 PM, the DON stated CNA B should have used hand sanitizer or washed her hands each time she changed gloves. The DON stated CNA B had worked in the facility for several years and knew how to provide incontinence care properly. The DON stated CNA B was nervous while being observed providing incontinence care. The DON stated CNA B probably changed gloves too frequently when cleaning the resident and used all her gloves before putting on the clean brief. The DON stated she would in-service staff immediately. Review of the facility's policy Perineal Care, revised 05/2007, reflected steps to wash, rinse, and thoroughly dry the resident's skin. The policy did not reflect the use of gloves while providing perineal care. Review of the facility's policy Infection Control, revised 10/2022, reflected Facility personnel will wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.