

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Cedar Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 230 S Clark Rd Cedar Hill, TX 75104	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48520</p> <p>Based on observation, interview, and record review the facility failed to ensure each resident had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences for three of seven residents (Residents #2, #3, and #4) reviewed for accommodation of needs, in that:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure Resident #2's, and Resident #4's call lights were placed within their reach on 03/05/25. 2. The facility failed to ensure Resident #3's call light string was not obstructed by a mechanical lift sling which was placed on top of the call light string preventing Resident #3 to pull the string to activate the call light on 03/05/25. <p>This failure could place residents at risk of injuries and unmet needs.</p> <p>Findings included:</p> <p>Resident #2</p> <p>Review of Resident #2's Admission Record dated 03/05/25 revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included Parkinson's disease (a progressive nervous system disorder, which affects the ability to move muscles), speech and language difficulty following stroke, pain in left knee and foot, chronic pain, type 2 diabetes (uncontrolled blood sugar), schizoaffective disorder (this is a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). Resident #2 was her own responsible party.</p> <p>Record review of Resident #2's quarterly MDS dated [DATE], reflected a BIMS (a standardized assessment to measure long and short-term memory) score of 4 out of 15, which suggested severe cognitive impairment. Continued review showed Resident #2 required partial/moderate assistance with staff doing less than half the effort for personal hygiene. Resident #2 was independent for toileting hygiene.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Cedar Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 230 S Clark Rd Cedar Hill, TX 75104	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #2's care plan dated 03/05/25 revealed Resident #2 had impaired visual function (difficulty seeing). The goal was for Resident #2 to have no indications of acute (immediate) eye problems. Her interventions were: Tell me where you have placed my items. Be consistent with location. Do not move my furniture or belongings unless requested and do not leave without telling me where things are located. Make sure that I have the call device (SPECIFY: pendant, pull cord, call light) within easy reach before leaving the room.</p> <p>Further review of Resident #2's care plan revealed Resident #2 was at risk for falls related to unawareness of safety needs. Her goal was to be free of falls through the review date. Her interventions were to be sure that Resident #2's call light was within reach and encourage the resident to use it for assistance as needed. The resident needed a prompt response to all requests for assistance.</p> <p>During an observation and interview with Resident #2 on 03/05/25 at 09:57 AM, a string attached to a call switch dangled near bed B. The string had no clip to attach it to Resident #2's bed/bedding. Resident #2 was walking from the bathroom with her walker to her bed. Resident #2 was in bed A. She sat on her bed and stated she did not feel good. She said, my stomach hurts can you please reach the call light over there for me (pointing near bed B). Resident #2 stated she always had to get out of bed to reach the call light because it was never within reach from her bed. She stated she did not have the strength to get up from her bed to walk near bed B to activate the call light. She stated she knew how to use the call light and had used it many times by pulling the string to activate it. She stated it was nonsense having to get out of her bed to reach the call light.</p> <p>Resident #3</p> <p>Review of Resident #3's admission record, dated 03/05/25, revealed a [AGE] year-old female with an original admitted [DATE] and readmitted on [DATE]. Resident #3's diagnoses included hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following unspecified cerebrovascular disease (conditions that affect blood flow to the brain) affecting right dominant side.</p> <p>Review of Resident #3's quarterly MDS dated [DATE] revealed a BIMS score of 13 indicating intact cognition. Further review of the MDS revealed Resident #3 was dependent for bed mobility, transfers, toileting and personal hygiene.</p> <p>Review of Resident #3s careplan, dated 06/28/22, reflected she was resistive to care, including refusing to get out of bed for anything besides showers, and that she refused incontinence care. Her care plans dated 09/14/22 reflected she had chronic pain, and that she was a risk for falls related to gait/balance problems. A careplan dated 09/13/22 reflected Resident #3 had bladder incontinence.</p> <p>Review of Resident #3s careplan, dated 06/28/22, reflected she was resistive to care, including refusing to get out of bed for anything besides showers, and that she refused incontinence care. Her care plans dated 09/14/22 reflected she had chronic pain, and that she was a risk for falls related to gait/balance problems. A careplan dated 09/13/22 reflected Resident #3 had bladder incontinence.</p> <p>Observation on 03/05/25 at 9:58 AM, Resident #3's call light was within reach on the Resident's right side. Resident #3 attempted to pull the string and was not able to turn the light on. A mechanical lift sling was observed folded up on top of the string which was lying across the nightstand. Resident #3 stated she could not turn the light on.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Cedar Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 230 S Clark Rd Cedar Hill, TX 75104	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #4</p> <p>Review of Resident #4's admission record, dated 03/05/25, revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #4's diagnoses included unspecified dementia (cognitive decline), type 2 diabetes (uncontrolled blood sugar disorder), glaucoma (this is an eye disease that causes vision loss).</p> <p>Review of Resident #4's admission MDS dated [DATE] revealed a BIMS score of 10 out of 15, indicating Resident #4 had moderate cognitive impairment. Resident#4 could understand others and others could understand her. Further review of MDS revealed Resident #4 required extensive assistance with staff doing half the effort for toileting and bed mobility (turning left to right in bed and getting out of bed).</p> <p>Observation and interview with Resident #4 on 03/05/25 at 10:25 AM, revealed Resident #4's call light string was too far away from her bed, and she could not reach it. Resident #4 stated sometimes she had to holler (yell) out to the hallway to get a nurse or an aide to come and help her. She stated it was very inconvenient not having the call light within reach, which leads to her to not use it as often. She stated she would like for staff to check on her every 2 hours without having to wait for someone to pass by the room to call for help.</p> <p>In an interview with CNA C on 03/05/25 at 10:20 AM, she stated Resident #2 knew how to use the call light and had used it multiple times in the past. She stated she did not know who did not tie the call light string to Resident #2's overhead light string. CNA C stated it was hers and all nursing staffs' responsibility to make sure that the call lights were within reach for all residents. She stated the risk to the resident was not getting assistance when they needed it. She stated she would notify the nurses of Resident #2's stomach pain.</p> <p>In an interview with LVN D on 03/05/25 at 3:41 PM, it was revealed Resident #2 was one of the residents that used the call light for assistance on the unit. He stated he always made sure that he left her call light within reach by clipping it to her bedding or pillow when she was in her bed. He stated Resident #2 was independent, but she always called if she needed assistance. He stated Resident #2's call light string had a clip on it, but he did not know what happened to it. He stated it was hard on the unit to keep things intact because other residents removed items in other residents' rooms. He stated the risk of Resident #2 not having her call light with reach was delayed care.</p> <p>In an interview with the DON on 03/05/25 at 4:45 PM, she stated call lights in the unit were at times a safety hazard because a resident could wrap themselves and hurt themselves. She stated all residents in the secure units were independent and ambulatory and if they became bed bound and required a call light when in bed, then they are moved to another unit. She stated because the residents are constantly moving in the unit, they did not need a call light attached to their bed unless they were in bed. She stated the expectation was that if a resident was cognitive enough to use the call light while in bed then the expectation was that they should have a call light within reach. She stated all call lights should have a clip to help keep the call light in place by clipping it to the bedding or pillow. She stated the call light was important for safety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Cedar Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 230 S Clark Rd Cedar Hill, TX 75104	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 03/05/25 at 5:88 PM with the ADM she stated her expectation was for call lights to be reachable to the residents. If it was not within reach, the risk to the resident was they may not be able to get help as quickly as they would otherwise. She stated it was everyone's responsibility to answer call lights and when rounding to make sure that residents' call lights when in bed were within reach.</p> <p>Record Review of the facility policy titled, Call lights: Accessibility and Timely Response revision date 05/01/24 reflected, in part , The purpose of this policy is to ensure the facility is adequately equipped with a call light to allow residents to call for assistance each resident will be evaluated for unique needs and preferences to determine any special accommodations that may be needed in order for the resident to utilize the call system Staff will ensure the call light is within reach of resident and secured, as needed .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Cedar Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 230 S Clark Rd Cedar Hill, TX 75104	
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** 51047</p> <p>Based on observations, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 1 (Resident #1) resident reviewed for infection control.</p> <p>CNA A did not perform hand hygiene after providing incontinent care for Resident #1.</p> <p>This deficient practice could place residents and nursing staff at risk of transmission of communicable diseases and infections.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet, dated 3/5/2025, revealed that Resident #1 was a [AGE] year-old female admitted on [DATE] with diagnoses of dementia, muscle wasting and atrophy (thinning of muscle mass), and convulsions (seizures).</p> <p>Review of Resident #1's care plan, dated 4/23/2024 , revealed that the goal for Resident #1 was to not have any signs and symptoms of infection through the target date of 3/21/2025.</p> <p>In an observation on 3/5/2025 at 10:30am, CNA A and CNA B entered Resident #1's room to provide incontinent care for the resident. Both staff performed hand hygiene upon entering the room, and put on gowns and gloves. CNA B assisted CNA A by turning Resident #1 to her side while CNA A wiped her bottom and changed her brief. After providing incontinent care to Resident #1, CNA B left the room to take the soiled linen to the linen room. CNA A was observed removing soiled gloves and discarded them in the trash but she did not perform hand hygiene after removing the gloves. She went in another resident's room to assist him because he was asking for a nurse. CNA A went down the hall to get the nurse to assist the resident. CNA A did not perform hand hygiene after providing incontinent care and in between resident's rooms.</p> <p>In an interview on 3/5/2025 at 10:45am, CNA A stated that she was trained to perform hand hygiene after providing incontinent care to a resident. She stated she got distracted with helping another resident and forgot to perform hand hygiene. She stated the risk of not practicing hand hygiene was the spread of infection to staff and other residents.</p> <p>In an interview on 3/5/2025 at 1:30pm, the DON stated that staff has to perform hand hygiene after providing care to residents, especially incontinent care when they have touched soiled linens and briefs. She stated the purpose of that is to prevent infection. She stated she usually provided hand hygiene in-services when a concern occurs with infection control.</p> <p>Review of facility's Hand hygiene policy, dated 6/13/2024, revealed that all staff should perform hand hygiene between resident contacts, before applying and after removing personal protective equipment (PPE), and before and after handling clean or soiled dressings, linens.</p>		