STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675109	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richardson Nursing and Rehabilitation	1111 Rockingham Dr Richardson, TX 75080

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the resident had the right to be treated with respect and dignity for 2 of 9 residents (Resident #1 and #7) reviewed for dignity. Resident #1 was observed lying in bed and his catheter bag could be observed hanging from his bed without a privacy cover. Resident #7 was observed sitting on his bed and his catheter bag could be observed laying on the floor without a privacy cover. These deficient practices could place residents at risk of not feeling as if they were being treated with dignity, privacy, and respect.Findings include: Record review of Resident #1's Face Sheet, dated 04/23/26, revealed a [AGE] year-old male admitted to the facility on [DATE]. Relevant diagnosis included Neuromuscular Dysfubction of Bladder (a condition where the nerves that carry messages between the brain and the bladder are damaged, causing a loss of bladder control) . Record review of Resident #1's active physician's order as of revealed the following orders: 1) Change catheter and bag once a month every day shift every Sunday for Neuromuscular Dysfunction of the bladder dated 10/27/2024, 2) Ensure dignity cover is in place and covering catheter bag every shift for Neuromuscular Dysfunction of the bladder dated 02/04/2023. Record review of Resident #1's comprehensive care plan dated 04/26/24 revealed a care plan for Suprapubic Catheter related to Neurogenic bladder, with intervention to Position catheter bag and tubing below the level of the bladder 2. Ensure catheter bag is covered to maintain dignity of Resident #1 Monitor and ensure that catheter securing device is in place to reduce excessive tension on tubing/facilitate urine flow. Record review of Resident #7's Face Sheet, dated 04/23/26, revealed a [AGE] year-old male admitted to the facility on [DATE]. Relevant diagnosis included Neuromuscular Dysfunction of Bladder (a condition where the nerves that carry messages between the brain and the bladder are damaged, causing a loss of bladder control). Record review of Resident #7's active physician's order as of 04/23/26 revealed the following order: Change suprapubic Catheter 24Fr (catheter size) every 10th of the month every night shift every 1 month(s) starting on the 10th for 1 day(s) for catheter care related to neuromuscular dysfunction of bladder, unspecified Record review of Resident #7's comprehensive care plan dated 07/26/24 revealed a care plan for a 24Fr suprapubic catheter related to neuromuscular dysfunction of bladder, unspecified and is at increased risk for complication During an interview and observation on 04/23/26 at 9:18 a.m., with Resident #1, revealed he was lying in his bed awake. His Foley catheter drainage bag was noted hanging on the bed frame without privacy cover on it. Resident #1 stated that the drainage bag was not usually covered and that it had always been that way and that no one told him it should be covered. He stated that it would be nice if it was covered. During an interview and observation on 04/23/26 at 9:43 a.m., with Resident #7, revealed his Foley catheter drainage bag was noted on the floor and without a privacy cover. He stated that he was about to get a shower and have the bag changed with the assistance of CNA M in a few minutes. He stated that the bag should not be lying on the floor to prevent infection, but that it would be changed today. During an interview on 04/23/26 at 10:51 a.m. with DON, she stated that that the foley catheter drainage bags should always be covered to maintain residents' dignity. She stated that most residents came from the hospital with no privacy (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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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	cover over the drainage bag and they changed them when the resident was admitted to the facility. She stated that if the drainage bags were not covered it would be a dignity and privacy issue and the residents could feel violated. During an interview on 04/23/26 at 11:28 a.m. with LVN H, she stated that the foley catheter bag should be covered and not touching the floor and should be placed below the waist level. She stated that the risk of not having the bags covered was that other residents could see what was going on with the residents without a catheter privacy cover and talking about them to others which would be a HIPAA violation. During an interview on 04/23/26 at 1:25 p.m. with CNA G, she stated that the foley catheter drainage bag should be covered at all times. She stated the risk of not having the catheter bag covered could result in a loss of dignity and the resident could be embarrassed and sad. Review of the facility's policy on Catheter care dated 05/02/2025 revealed: It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use 2. Privacy bags will be available and catheter drainage bags will be covered at all times while in use.3. Privacy bags will be changed out when soiled, with a catheter change or as needed.

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure receiving services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents for 4 of 9 residents (Residents #2, #3, #4 and #5) reviewed for the resident rights. The facility failed to ensure the call light system in Resident #2's room was in a position that was accessible to the resident. The facility failed to ensure the call light system in Resident #3's room was in a position that was accessible to the resident. The facility failed to ensure the call light system in Resident #4's room was in a position that was accessible to the resident. The facility failed to ensure the call light system in Resident #5's room was in a position that was accessible to the resident. This failure could place the residents at risk of being unable to obtain assistance when needed and help in the event of an emergency.Findings included: 1. Record review of Resident #2's Face Sheet, dated 04/23/26, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Diagnosis included History of Falling, and Repeated falls. Record review of Resident #2's Quarterly MDS assessment, dated 02/22/26, revealed the resident had a BIMS of 6 indicating severe cognitive impairment, history of falling. Record review of Resident #2's active care plan dated 01/08/26 revealed the resident is at risk for falls Deconditioning,Gait/balance problems, Vision/hearing problems with intervention to Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. It revealed the resident had an unwitnessed fall on 08/01/25. 2. Record review of Resident #3's Face Sheet, dated 04/23/26, revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Diagnosis included Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills), Fracture of left Acetabulum (a break in the socket portion of your left hip join), and Fracture of left Pubis (a break or crack in the bone located at the front of the pelvis (hip area) on the left side). Record review of Resident #3's Quarterly MDS assessment, dated 01/21/26, revealed the resident had a BIMS of 5 indicating severe cognitive impairment, lack of coordination (The inability of different parts of a system or body to work together effectively). Record review of Resident #3's active care plan dated 02/20/26 revealed the resident is at risk for falls with intervention to be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. 3. Record review of Resident #4's Face Sheet, dated 04/23/26, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Diagnosis included Alzheimer's disease, and unsteadiness on feet. Record review of Resident #4's Quarterly MDS assessment, dated 02/22/26, revealed the resident has a BIMS of 3 indicating severe cognitive impairment, diagnosis of Alzheimer's disease and unsteadiness on feet. Record review of Resident #4's active care plan dated 01/08/26 revealed the resident is at risk for falls confusion, deconditioning,Gait/balance problems, incontinence, psychoactive drug use, unaware of safety needs with intervention to be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. It revealed the resident had a fall with injury on 02/17/23 and fall with no injury on 03/08/24. 4. Record review of Resident #5's Face Sheet, dated 04/23/26, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Diagnosis included Chronic Obstructive Pulmonary Disease - COPD (a progressive, long-term lung disease that makes it hard to breathe), Lack of coordination (The inability of different parts of a system or body to work together effectively), Abnormalities of gait and mobility (an unusual or irregular way of walking), and Osteoporosis (a disease that makes bones weak, thin, and brittle, significantly increasing the risk of fractures). Record review of Resident #5's Quarterly MDS assessment, dated 02/22/26, revealed the resident had a BIMS of 15 (cognitively intact), lack of coordination (The inability of different parts of a system or body to work together (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	effectively), muscle weakness (a noticeable lack of strength where your muscles do not respond the way they are supposed to). Record review of Resident #5's active physician's orders evealed active orders for: 1) Administer oxygen 2.0 liter/min via nasal cannula as needed for shortness of breath as needed for SOB dated 1210/2024 and Oxygen tubing change weekly label each componentwith date and initials. every night shift every Sunday Label each component with date and initials dated 01/10/2025. Record review of Resident #5's active care plan dated 01/08/26 revealed 1) The resident is at risk for falls Gait/balance problems, hx of falls, difficulty in walking, muscle weakness, osteoporosis with intervention to Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. 2) Resident is at risk for shortness of breath, respiratory distress, increased anxiety due to DX of COPD with interventions to a) Encourage and remind resident to use call light to ask for and provide assistance as needed, b) Observe for SOB, respiratory distress, wheezing, fatigue, increased anxiety and implement appropriate ordered interventions and notify MD if interventions are notEffective, c) Provide O2 as ordered and indicated. During an observation on 04/23/26 at 9:27 a.m., Residents #2 and #3 were observed lying in their beds. Resident #2's call light was observed on the floor lying on the left side of her oxygen concentrator, and Resident #3's call light was observed hanging on to the headboard, out of reach of resident.During an observation and interview on 04/23/26 at 9:31 a.m., Residents #4 and #5 were observed lying in their beds. Resident #4's call light was observed wrapped and hanging off the wall on the left side of the resident's bed; Resident #5's call light was observed on the floor, lying behind the headboard. Resident #5 stated she was very independent and would usually go to the nurses station if her call bell was not answered in a timely manner to ask for help.During an interview on 04/23/26 at 10:51 a.m., with DON, she stated that the call light should be within reach of every resident and readily available for them to call for help. She stated that the risk of not having the call bell within reach was a risk of falls, the resident may not be able to call for hydration when needed and if they are needing to use the restroom. During an interview on 04/23/26 at 11:28 a.m. with LVN H, she stated that the call light should be within reach of all residents and clipped to their beds with the provided clip to keep it secured. She stated that the risk of not having the call bell within reach is that the residents will not be able to call if they are having an emergency. During an interview on 04/23/26 at 1:25 p.m. with CNA G, she stated that the call bell should always be within reach for all residents. She stated that the risk of not having the call bell within reach could be bad, she stated that resident will not get assistance in a timely manner and could result in them falling if they try to act independently without assistance. A record review of the facilities Call light: Accessibility and Timely Response dated 05/16/2025: Revealed: Policy: The purpose of this policy is to assure the facility is adequately equipped with a call light at eachresidents' bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights willdirectly relay to a staff member or centralized location to ensure appropriate response. Policy Explanation and Compliance Guidelines:1. All staff will be educated on the proper use of the resident call system, including how the systemworks and ensuring resident access to the call light.5. Staff will ensure the call light is within reach of resident and secured, as needed.6. The call system will be accessible to residents while in their bed or other sleeping accommodationswithin the resident's room.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that residents, who needed respiratory care, were provided such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 2 of 8 residents (Resident s#5 and #6) reviewed for respiratory care. The facility failed to ensure Resident #5's nasal cannula connected to the oxygen concentrator (medical device that extracts oxygen from room air by filtering out or separating the nitrogen from the oxygen) was properly stored. The facility failed to ensure Resident #6's nasal cannula connected to the oxygen concentrator was properly stored. These failures could place the residents at risk of respiratory infection and not having their respiratory needs met. Findings included: 1. Record review of Resident #6's Face Sheet, dated 04/23/26, revealed a [AGE] year-old male who was admitted to the facility on [DATE]. Diagnosis included Chronic Obstructive Pulmonary Disease - COPD (a progressive, long-term lung disease that makes it hard to breathe), SOB, Lack of coordination (The inability of different parts of a system or body to work together effectively), and Dependence on supplemental oxygen. Record review of Resident #6's active physician's orders date 05/28/2025 revealed active orders for: Oxygen at 2 liters per nasal cannula every shift and Change oxygen tubing every night shift every 7 day(s). Record review of Resident #6's Quarterly MDS assessment, dated 02/22/26, revealed the resident had a BIMS of 15 (cognitively intact). Record review of Resident #6's active care plan dated 01/08/26 revealed 1) Noted behaviors such as removing nasalcannula from face with intervention to Document behaviors in the clinical record. 2) Requires supplemental oxygen forcardo/pulmonary (refers to the combined, interdependent functions of the heart and lungs) health/respiratory condition related to COPD with interventions to a) Monitor for complications related to oxygen use (ears, nose, dry mucous membranes)follow up with preventative measures as ordered by physician, b) Oxygen tubing changed per facility protocol. 2. Record review of Resident #5's Face Sheet, dated 04/23/26, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Diagnosis included Chronic Obstructive Pulmonary Disease - COPD (a progressive, long-term lung disease that makes it hard to breathe), Lack of coordination (The inability of different parts of a system or body to work together effectively), Abnormalities of gait and mobility (an unusual or irregular way of walking), and Osteoporosis (a disease that makes bones weak, thin, and brittle, significantly increasing the risk of fractures). Record review of Resident #5's active physician's orders dated 12/10/2024 revealed active orders for: Administer oxygen 2.0 liter/min via nasal cannula as needed for shortness of breath as needed for SOB and Oxygen tubing change weekly Label each componentwith date and initials every night shift every Sunday Label each component with date and initials. Record review of Resident #5's Quarterly MDS assessment, dated 02/22/26, revealed the resident had a BIMS of 15 (cognitively intact). Record review of Resident #5's active care plan dated 01/08/26 revealed 1) The resident is at risk for falls Gait/balance problems, hx of falls, difficulty in walking, muscle weakness, osteoporosis with intervention to Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. 2) Resident is at risk for shortness of breath, respiratory distress, increased anxiety due to DX of COPD with interventions to a) Encourage and remind resident to use call light to ask for and provide assistance as needed, b) Observe for SOB, respiratory distress, wheezing, fatigue, increased anxiety and implement appropriate ordered interventions and notify MD if interventions are notEffective, c) Provide O2 as ordered and indicated. During an observation on 04/23/26 at 9:38 a.m., revealed Resident #6's nasal cannula connected to oxygen concentrator was observed lying on the floor, under his bed, while he was in bed. During an observation and interview on 04/23/26 at 12:34 p.m. Residents #5's nasal cannula connected to oxygen concentrator was observed hanging on her concentrator while the resident was sitting on her bed. The resident stated that she used her oxygen (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	at night only. She stated she took the oxygen off in the morning. She stated she was told the oxygen tube should be bagged. She stated the staff came to check to make sure it was bagged but they had not come around yet. She stated that it should be bagged to keep it clean. During an interview on 04/23/26 at 10:51 a.m. with DON, she stated when not in use the nasal cannula should be stored in a bag and dated. She stated the CNAs and nurses during their rounds are responsible for making sure of placement on the residents' nostrils when in use and were bagged and dated when not in use. She stated if the nasal cannula was not bagged, it could become a risk for infection and airway complications. During an interview on 04/23/26 at 11:28 a.m. with LVN H, she stated that the nasal cannula should always be bagged to keep it clean and prevent the risk of any infection. During an interview on 04/23/26 at 1:25 p.m. with CNA G, she stated that the nasal cannula should be bagged when not in use to prevent risk of contamination. She stated that the risk of not having it bagged could lead to contamination which could cause infection to the residents. During a record review of the Facility's Oxygen Administration Policy Dated 05/16/2025 it revealed: Policy:Oxygen is administered to residents who need it, consistent with professional standards of practice, thecomprehensive person-centered care plans, and the resident's goals and preferences. Policy Explanation and Compliance Guidelines:4. The resident's care plan shall identify the interventions for oxygen therapy, based upon the resident'sassessment and orders, such as, but not limited to:e. Keep delivery devices covered in plastic bag when not in use.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure, in accordance with State and Federal laws, all drugs and biologicals were stored in locked compartments under proper temperature controls and permitted only authorized personnel to have access to the keys for 1 of 8 (Residents #8) reviewed for medication storage. The facility failed to ensure that Resident #8 did not have zinc oxide in his room. The failure could place residents at risk of accidental overdose, misuse of medications, and possible adverse reactions. Findings included: 1. Record review of Resident #8's Face Sheet, dated 04/23/2026, revealed a [AGE] year-old male, admitted [DATE]. The resident has diagnosed that included Allergic Rhinitis commonly known as hay fever or allergies, is a reaction that causes sneezing, a runny or stuffed-up nose, and itchy eyes or throat), and Hypertension (high blood pressure) Record review of Resident #8's physician's order, dated 02/20/2026, revealed an order for: Zinc Oxide External Ointment 20 % (Zinc Oxide (Topical)) Apply to buttocks topically every 24 hours as needed for Redness Record review of Resident #8's Comprehensive MDS Assessment, dated 03/05/2026, revealed that the resident has a BIMS score of 15 (cognitively intact). Record review of Resident #8's Comprehensive Care Plan, dated 04/23/2026, revealed the resident expresses desire to keeppersonal cream at bedside for frequent with the following interventions: 1) Educate resident on proper use, frequency , and potential risk (overuse, skin irritation, infection), 2) Ensure proper hand hygiene before and after application, 3) Evaluate resident's cognitive status and ability to safely self-administer. During an observation and interview on 04/23/26 at 9:48 a.m., Resident #8 was in her bed, awake. A tube of zinc oxide cream was observed on resident's bedside table. The resident stated that it was part of his ordered medications. He stated it was originally ordered for the rash on his face. He stated he now used it for the rash in his groin area, scrotum, belly and his buttocks. He stated the nurse knew he had it and the staff used it when they cleaned him. During an interview on 04/23/26 at 10:51 a.m. with the DON, she stated that no medication should be in the resident's room. She stated it could be a hazard risk to the resident if not supervised by a qualified nurse. The DON stated that they will assess Resident #8 for possible ability to self-administer his Zinc Oxide. During an interview on 04/23/26 at 11:28 a.m. with LVN H, she stated that she was not aware the resident had the zinc oxide in his possession. She stated that all medications should be stored in the medication cart unless the resident has been assessed and an order written by a physician for self-administration. She stated that the risk of self-administration was possible allergic reaction and improper administration. During an interview on 04/23/26 at 1:25 p.m. with CNA G, she stated that the residents should not have medications on them. She stated that if she found any medication in the resident's room, she took it to the charge nurse. She stated that the residents having medications on them, unsupervised, could cause a risk of the residents not using them as prescribed and to other residents who could walk in and use it, they could get sick from using medications not meant for them. Record review of the facility's Medication storage policy dated 06/15/25 revealed: Policy:It is the policy of this facility to ensure all medications housed on our premises will be stored in thepharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient toensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Policy Explanation and Compliance Guidelines1. General Guidelines:a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts,cabinets, drawers, refrigerators, medication rooms) under proper temperature controls.b. Only authorized personnel will have access to the keys to locked compartments.c. During a medication pass, medications must be under the direct observation of the personadministering medications or locked in the medication storage area/cart.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to have complete and accurately documented medical records for one of eight Resident (Resident #9) whose clinical record was reviewed for accuracy. The facility failed to record on the TAR wound care provided to the resident on 04/17/26, 04/18/26, 04/19/26, 04/20/26, and 04/21/26. This failure could affect all residents at risk for inaccurate or incomplete clinical records and place residents at risk for her wound care not being done as ordered.Findings included: Record review of Resident #9's Face Sheet, dated 04/23/2026, revealed a [AGE] year-old female, admitted [DATE]. The resident has diagnosed that included Diabetes ((high blood sugar levels) and Peripheral vascular disease (a slow, progressive circulation disorder that occurs when blood vessels outside of the heart and brain become narrowed, blocked, or spasm). Record review of Resident #9's physician's order, dated 04/21/2026, revealed an order for: Povidone-Iodine Solution 10 % Apply to sacrum (a large, triangular-shaped bone located at the very base of the spine, just above the tailbone (coccyx) and between the two hip bones) topically every day shift for treatment cleanse with saline or wound cleanser, pat dry apply betadine and calcium alginate with dry dressing. Record review of Resident #'9s active initial care plan date 04/16/2026 reflected no care plan problem goals, or intervention related to the resident's wound care. Record review of Resident #'9s MDS dated [DATE] reflected no problem goals, or intervention related to the resident's wound care Record review of Resident #9's progress dated 04/16/26 revealed that the wound to the sacrum was present on admission. Record review of Resident #9's TAR for April 2026 revealed no documented evidence that wound care was provided for April 17th, 18th, 19th, 20th and 21st. During an observation and interview on 04/23/26 at 1:35 p.m. with Resident #9 and the Wound Nurse, it was observed that the old wound dressing was not dated and initialed for the date wound care was performed, the dressing was soiled with brownish discharge. The Wound Nurse stated that the wound care was performed last night by the night nurse and that the night nurse sent her a text to let her know the wound care was done. She stated that the wound care was scheduled for the 6 a.m. to 2 p.m. shift. She stated that the wound dressing should be dated and initialed by the nurse at the time it was done. She stated that the risk of not dating the wound dressing could result in not having the wound care performed as scheduled and could lead to worsening of the wound and possible infection. During an interview on 04/23/26 at 2:13 p.m. with the DON, she stated that the wound dressing should always be dated with every dressing change. She stated if the dressing was not dated it could result in skipped wound care and possible infection or make already existing infection worse. During a record review of the facilities Wound Treatment Management dated 05/15/2025 revealed: Policy:To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-basedtreatments in accordance with current standards of practice and physician orders. Treatment selection will considerwound etiology, condition, resident preferences, and risk factors. Policy Explanation and Compliance Guidelines:1. Wound treatments will be provided in accordance with physician orders, including the cleansing method, type ofdressing, and frequency of dressing change.3. Dressing changes may be provided outside the frequency parameters in certain situations:a. Feces has seeped underneath the dressing.b. The dressing has dislodged.c. The dressing is soiled otherwise, or is wet.6. Guidelines for dressing selection may be utilized in obtaining physician orders (See Wound Treatment Guidelines).c. The facility will follow specific physician orders for providing wound care.7. Treatments will be documented on the Treatment Administration Record or in the electronic health record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675109	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richardson Nursing and Rehabilitation	1111 Rockingham Dr Richardson, TX 75080

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. Based on observations, interviews, 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 of eight (resident #7) residing on two of four halls (Hall 100 and 200) reviewed for infection control.The facility failed to ensure personal items were not stored on the medication carts located on hall 100 The facility failed to ensure that CNA M had on PPE when providing high contact care for Resident #7. This failure could place the residents at risk of an infection during medication administration and care. Findings included: During an interview and observation on 04/23/26 at 9:20 a.m., MA B was observed with a personal phone, 2 portable fans and deodorant spray on top of the medication cart on 100 hall. She stated the phone was her personal phone for her to see who was calling. She stated the fans were to keep her cool as she passes medications and that the deodorant spray was for when it smells bad on the hallways. She stated she was not sure of the facility policy for personal items on the medication cart. She stated she guessed it should not be on the cart due to risk of infection to the residents. During an interview and observation on 04/23/26 at 9:49 a.m. CNA M was observed providing care for Resident #7 who had an EBP signage on his room door alone. She stated that she was new and in training. She stated that she should have the proper PPE such as gloves and a protective gown. She stated that not having the proper PPE could result in transmitting infection from one resident to another and to herself. During an interview on 04/23/26 at 10:51 a.m. with DON she stated that all staff providing care should have the proper PPE for all residents on EBP and observe standard precautions for all others, she stated that now donning the proper PPE will result in transmission of infection to the residents in the facility. She stated that no personal items are allowed on the cart due to the risk of infection to the residents. During an interview on 04/23/26 at 10:53 a.m. with ADON, she stated that a protective gown, gloves and a mask should be worn when providing high contact care for residents on EBP by all staff providing care. She stated the risk of not having the proper PPE on would result in transmitting infection from resident to resident. During an interview on 04/23/26 at 11:26 a.m. with LVN A, she stated that personal items were not allowed in or on the medication carts. She stated personal items should be stored in designated staff areas. She stated that the risk of having personal items on the cart could result in infection transmission since no one knew where the items had been. During an interview on 04/23/26 at 11:28 a.m. with LVN H, she stated that all staff providing personal care to residents on EBP should have the proper PPE as directed to reduce the spread of infections. During an interview on 04/23/26 at 1:25 p.m. with CNA G, she stated that proper PPE should be worn by staff providing high contact care for all residents that have EBP sign outside their rooms. She stated that not having the proper PPE on would result in a spread of infection to the residents. During a record review of the facility's Infection Prevention and Control Program dated 04/11/25 revealed: Policy:This facility has established and maintains an infection prevention and control program designed to provide a safe,sanitary, and comfortable environment and to help prevent the development and transmission of communicablediseases and infections as per accepted national standards and guidelines.Definitions: Staff includes all facility staff (direct and indirect care functions), contracted staff, consultants, volunteers, otherswho provide care and services to residents on behalf of the facility, and students in the facility's nurse aide trainingprograms or from affiliated academic institutions.Policy Explanation and Compliance Guidelines:2. All staff are responsible for following all policies and procedures related to the program.4. Standard Precautions:a. All staff shall assume that all residents are potentially infected or colonized with an organism that couldbe transmitted during the course of providing resident care services.b. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures.c. All staff shall use personal protective equipment (PPE) according to established facility policygoverning the use of PPE.10. Equipment Protocol:a. All reusable items and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675109	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richardson Nursing and Rehabilitation	1111 Rockingham Dr Richardson, TX 75080

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	equipment requiring special cleaning, disinfection, or sterilization shall becleaned in accordance with our current procedures governing the cleaning and sterilization of soiled orcontaminated equipment. d. Staff will decontaminate equipment with a germicidal detergent prior to storing for reuse.11. Supplies Protocol:16. Staff Education:a. All staff shall receive training, relevant to their specific roles and responsibilities, regarding thefacility's infection prevention and control program, including policies and procedures related to theirjob function.b. All staff shall demonstrate competence in relevant infection control practices.c. Direct care staff shall demonstrate competence in resident care procedures established by our facility.