

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Heritage Gardens Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2135 N Denton Dr Carrollton, TX 75006	

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>37028</p> <p>Based on observations, interviews, 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 (Resident #1) of three residents, reviewed for infection control.</p> <p>1. The facility failed to ensure CNA A changed gloves and performed hand hygiene during incontinence care for Resident #1.</p> <p>This failure placed residents at risk for healthcare associated cross contamination and infections.</p> <p>Findings included:</p> <p>1. Review of Resident #1's Quarterly MDS Assessment, dated 02/25/25, reflected the resident had a BIMs score of 1 and was severely cognitively impaired. The resident had diagnoses which included stroke and non-Alzheimer's dementia. The resident was occasionally incontinent of bowel and bladder. The functional abilities of the resident was not documented.</p> <p>Review of Resident #1's Comprehensive Care Plan, dated 11/01/24, reflected the resident had an activities of daily living selfcare performance deficit related to dementia and decreased mobility.</p> <p>Facility interventions included: Encourage resident to participate to the fullest extent possible.</p> <p>An observation on 04/09/25 at 3:05 PM revealed Resident #1 was in bed. She was awake, alert, and confused. CNA A prepared to perform incontinence care for the resident. The resident's brief was wet. CNA A performed peri-care and cleaned the buttocks. CNA A did not change her gloves or perform hand hygiene. CNA A put a clean brief on the resident and covered her with the linens.</p> <p>An interview on 04/09/25 at 3:15 PM revealed CNA A knew that she was supposed to change gloves and perform hand hygiene but did not want to because the resident played with the water in the sink.</p> <p>An interview on 04/09/25 at 4:10 PM with the Infection Preventionist revealed staff were supposed to clean a resident, change gloves, perform hand hygiene, and then put a clean brief on the resident. The Infection Preventionist said failure to change gloves and perform hand hygiene could cause issues with infection control.</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
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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>An interview with the DON on 04/09/25 at 5:20 PM revealed staff were supposed to change their gloves and perform hand hygiene after cleaning a resident. The DON said failure to do so could cause infection.</p> <p>Review of the facility policy, Handwashing, dated July 2021, reflected:</p> <p>It is the policy of this facility to cleanse hands to prevent transmission of possible infectious material and to provide clean, healthy environment for residents and staff.</p>		