

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  11/06/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>41781</p> <p>Based on interview and record review, the facility failed to ensure the resident had the right to exercise his or her rights as a resident of the facility and a citizen or resident of the United States for 5 of 8 residents (5 confidential residents) reviewed for resident rights.</p> <p>The facility failed to ensure the five confidential residents had the right to be able to vote in the current election cycle.</p> <p>This deficient practice could affect dependent residents and their families and contribute to feelings of shame and loss of dignity.</p> <p>Findings included:</p> <p>In a confidential group interview on 11/05/24 at 2:33 PM with five residents, they revealed they were never asked if they wanted to vote or informed on how they could vote in the upcoming Presidential election, while living in the facility. The five residents said they wanted to vote and knew that today was the last day to be able to do that for this election cycle but that no one had mentioned anything to them about their rights and ability or options to vote. The five residents expressed how important it was for them to be able to use their voice in the election cycle and it did not make them feel good to not be able to participate.</p> <p>Interview on 11/05/24 at 2:55 PM with the Activity Director revealed he had tried to get mail in ballots for the residents in the facility to use to be able to vote during this election cycle. The Activity Director said he also tried to find information on the resident's right to vote during this election cycle. The Activity Director said this was the first year he was responsible for ensuring residents were able to use their right to vote. The Activity Director said he had communicated once in October during a bingo activity with residents about the mail in ballots he had received. The Activity Director said he had no documentation as to how many residents, who the residents were that he talked to, or what date it was that he brought up voting during the bingo activity. The Activity Director said he did not want to hinder anyone from not being able to vote but he just was not sure on how exactly to assist the residents with their ballots. The Activity Director said he did mention voting by mail in ballot one other time to a resident who had asked and was able to mail their ballot off, but that was it. The Activity Director said he brought up the concern to the Operations Manager but he never followed-up with him about it .</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 11/05/24 at 3:16 PM with the Operations Manager revealed the Activity Director was responsible for ensuring residents used their right to vote in the election cycle this year. The Operations Manager said he went to each resident to ask if they were interested in voting and would have provided them a mail in ballot. The Operations Manager said he did not have a date or documentation of how many residents he spoke with regarding using their right to vote during this election cycle. The Operations Manager said he had only 2 residents who wanted to use the mail in ballot to vote from the conversations he had that day, though. The Operations Manager said yesterday (11/04/24) another resident had asked about being able to vote via mail in ballot, but he told the resident that window had closed to be able to vote that way. The Operations Manager said the facility made no plans to offer residents the right to vote in person at a polling location and only relied on the mail in ballots they had. The Operations Manager said he recognized he should have done a better job of helping the residents be able to vote during this election cycle. The Operations Manager said looking back he and the Activity Director only made initial attempts at providing the right to vote to the residents and did not have any follow-up. The Operations Manager said he wanted the residents to be able to exercise their right to vote. The Operations Manager said if residents did not have the right to vote that could lead to a lack of self-worth and not contributing to society as a whole and could have numerous repercussions.</p> <p>Review of the facility's Resident Rights and Responsibilities policy, dated January 2022, reflected it did not address what rights a resident had.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>41781</p> <p>Based on interviews and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week, for 7 of 61 days (11/05/23, 11/11/23, 11/12/23, 11/19/23, 12/10/23, 12/24/23, and 12/31/23) reviewed for staffing.</p> <p>The facility failed to have an RN for at least 8 consecutive hours for the following 7 days: 11/05/23, 11/11/23, 11/12/23, 11/19/23, 12/10/23, 12/24/23, and 12/31/23.</p> <p>This failure placed all residents at risk of not receiving adequate medical care and supervision of an RN.</p> <p>Findings included:</p> <p>The facility was unable to provide proof they had RN coverage for the following dates: 11/05/23, 11/11/23, 11/12/23, 11/19/23, 12/10/23, 12/24/23, and 12/31/23.</p> <p>Record review of the facility's CMS PBJ Staffing Data report for FY Quarter 1 2024 (October 1- December 31) reflected No RN Hours were triggered. Further review reflected Infraction Dates of: 11/05 (SU); 11/11 (SA); 11/12 (SU); 11/19 (SU); 12/10 (SU); 12/24 (SU); 12/31 (SU).</p> <p>Interview on 11/06/24 at 10:47 AM with the DON revealed the facility did not have an RN working for the 7 dates the state surveyor had requested (11/05/23, 11/11/23, 11/12/23, 11/19/23, 12/10/23, 12/24/23, and 12/31/23). The DON said she checked the dates and saw that there was not an RN working in the building on those dates. The DON said usually she confirmed with the staffing coordinator that an RN had been scheduled for those dates, but she was not sure what happened. The DON said something must have been missed on those dates because only LVN's were working on those dates. The DON said usually an RN worked each day for at least 8 hours. The DON said if an RN was not in the building for 8 hours each day there could not be enough staff to complete a proper assessment that required an RN.</p> <p>Record review of the facility's current, undated Procedure and Guidance .483.35(b) reflected: .Facilities are responsible for ensuring they have an RN providing services at least 8 consecutive hours a day, 7 days a week.</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>41781</p> <p>Based on interview and record review, the facility failed to provide medically related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident for 5 of 8 residents (5 confidential residents) reviewed for medically related social services.</p> <p>The facility failed to obtain needed services from outside entities, including absentee ballots, to ensure 5 confidential residents had the right to be able to vote in the current election cycle.</p> <p>This deficient practice could place residents at risk for their mental and psychosocial needs not being met and a decreased quality of life.</p> <p>Findings included:</p> <p>In a confidential group interview on 11/05/24 at 2:33 PM with five residents, they revealed they were never asked if they wanted to vote or informed on how they could vote in the upcoming Presidential election, while living in the facility. The five residents said they wanted to vote and knew that today was the last day to be able to do that for this election cycle but that no one had mentioned anything to them about their rights and ability or options to vote. The five residents expressed how important it was for them to be able to use their voice in the election cycle and it did not make them feel good to not be able to participate.</p> <p>Interview on 11/05/24 at 2:55 PM with the Activity Director revealed he had tried to get mail in ballots for the residents in the facility to use to be able to vote during this election cycle. The Activity Director said he also tried to find information on the resident's right to vote during this election cycle. The Activity Director said this was the first year he was responsible for ensuring residents were able to use their right to vote. The Activity Director said he had communicated once in October during a bingo activity with residents about the mail in ballots he had received. The Activity Director said he had no documentation as to how many residents, who the residents were that he talked to, or what date it was that he brought up voting during the bingo activity. The Activity Director said he did not want to hinder anyone from not being able to vote but he just was not sure on how exactly to assist the residents with their ballots. The Activity Director said he did mention voting by mail in ballot one other time to a resident who had asked and was able to mail their ballot off, but that was it. The Activity Director said he brought up the concern to the Operations Manager but he never followed-up with him about it .</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 11/05/24 at 3:16 PM with the Operations Manager revealed the Activity Director was responsible for ensuring residents used their right to vote in the election cycle this year. The Operations Manager said he went to each resident to ask if they were interested in voting and would have provided them a mail in ballot. The Operations Manager said he did not have a date or documentation of how many residents he spoke with regarding using their right to vote during this election cycle. The Operations Manager said he had only 2 residents who wanted to use the mail in ballot to vote from the conversations he had that day, though. The Operations Manager said yesterday (11/04/24) another resident had asked about being able to vote via mail in ballot, but he told the resident that window had closed to be able to vote that way. The Operations Manager said the facility made no plans to offer residents the right to vote in person at a polling location and only relied on the mail in ballots they had. The Operations Manager said he recognized he should have done a better job of helping the residents be able to vote during this election cycle. The Operations Manager said looking back he and the Activity Director only made initial attempts at providing the right to vote to the residents and did not have any follow-up. The Operations Manager said he wanted the residents to be able to exercise their right to vote. The Operations Manager said if residents did not have the right to vote that could lead to a lack of self-worth and not contributing to society as a whole and could have numerous repercussions.</p> <p>Record review of the facility's Resident Rights and Responsibilities policy, dated January 2022, reflected it did not address what rights a resident had.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>44140</p> <p>Based on observations, interviews, and record review, the facility failed to ensure food was prepared in a form designed to meet individual needs for 1 or 2 meals (lunch) reviewed for food meeting residents' needs.</p> <p>The facility failed to prepare and serve pureed rosemary roast pork and pureed corn as a pudding consistency for residents who required pureed diets.</p> <p>This deficient practice could affect residents who received pureed meals from the kitchen by contributing to dissatisfaction, poor intake, choking, and/or weight loss.</p> <p>The findings included:</p> <p>Record review of Week 4 Tuesday menu revealed the menu for the lunch service was [NAME] Roast Post, corn pudding .</p> <p>Observation on 11/05/24 at 11:49 AM of [NAME] A pureed corn with a hand blender, then proceeded to place it on the steam table. Then [NAME] A pureed the rosemary roasted pork with the hand blender then placed it on the steam table. [NAME] A did not check the consistency or ensure it was all blended to have a pudding consistency.</p> <p>Observation of test tray on 11/05/24 beginning at 1:00 PM, the test tray included the regular textured menu items and the pureed menu items. Pureed roasted pork and corn did not have a smooth/pudding consistency. The roasted pork had pieces of the pork and the corn had pieces of the corn and corn skin.</p> <p>Interview on 11/05/24 at 1:11 PM with [NAME] A revealed pureed food should be a pudding consistency. She stated she used the hand blender to blend the puree food, she stated she always used it. She stated depending on the meat she would also use the robot blender. She stated the facility had 5 residents who were on a pureed diet. She stated she normally tried the food to ensure it had a smooth consistency; however, today (11/05/24) she tried the food after trays were served. She stated when she tried it, she did not get any pieces of food. She stated it was her responsibility to cook and prepare resident food. She stated the risk if everything was not completely pureed, was the resident could choke.</p> <p>Interview on 11/05/24 at 1:24 PM with Dietary Manager revealed his expectation was for pureed food to have a smooth/ pudding consistency. He stated it was the responsibility of the cooks to puree food and it was his responsibility to ensure it was completed correctly. He stated [NAME] A informed him that she made a mistake, she grabbed the gravy from the regular texture, and placed it on top of the puree food. He stated that was how the chunks of pork were in the pureed meal. He stated the potential harm to residents was the possibility of choking or aspirating.</p> <p>Record review of facility Pureed Diet policy, revised July 2022, reflected:</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Need to follow a pureed diet if [you] have trouble chewing, swallowing, or fully breaking down (digesting) solid foods. Pureed means that all food has a been ground, pressed, and/or strained to a soft, smooth consistency, like a pudding.</p> <p>Pureed Foods do not need chewing. They are completely smooth with no lumps, skins, strings or seeds.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42859</b></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 2 of 5 residents (Residents #41 and #46) reviewed for infection control.</p> <ol style="list-style-type: none"> <li>The facility failed to ensure LVN L put on appropriate PPE (gown) before entering Resident #46's room to administer medications via gastronomy tube to Resident #46, who was on enhanced barrier precautions.</li> <li>The facility failed to ensure LVN D changed soiled gloves and performed hand hygiene during wound care for Resident #41.</li> </ol> <p>These failures placed residents at risk of cross contamination and the spread of infection.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>Record review of Resident #46's Quarterly MDS assessment dated [DATE] reflected the resident was a [AGE] year-old male, who admitted to the facility on [DATE]. The resident had moderate cognitive impairment with a BIMS score of 12, and his diagnoses included gastrostomy tube (a feeding tube placed through the skin and stomach wall), and the MDS reflected he had a feeding tube for nutrition.</li> </ol> <p>Record review of Resident #46's care plan dated 01/19/24 reflected: Focus: [Resident #46] requires tube feeding. Goal: [Resident #46] will remain adequate nutritional and hydration status through the next review date. Interventions: Enhanced barrier precaution: PPE required for high resident contact care activities. Indication wounds and gastronomy tube.</p> <p>Record review of Resident #46's physician order dated 04/14/24 reflected: Enhanced barrier precautions: PPE required for high contact care activities. Indication: wounds, indwelling medical device, infection, and MDRO status every shift.</p> <p>Observation on 11/05/24 at 12:16 PM revealed LVN L was preparing to provide Resident #46 medications. Resident #46's door had the following sign: Stop, enhanced barrier precautions -providers and staff must also wear Gown and Gloves. There was PPE inside the room. LVN L performed hand hygiene and donned a pair of gloves. Without donning a gown, LVN L then provided Resident #46 medication Norco 10/325mgs 1 tablet via his gastrostomy tube and then administered Jevity 237mls.</p> <p>Interview on 11/05/24 at 12:36 PM, LVN L stated she was the nurse assigned to Resident #46. LVN L stated she saw the PPE post at the door, but she was not aware Resident #46 was on enhanced barrier precautions. She stated she was not aware that PPE was supposed to be worn during care for Resident#46. She stated the risk of not donning PPE was that it could lead to the spread of infection. She stated she had done training on enhanced barrier precautions during COVID time, and she knew only those on isolation that required PPE she did not know about those on gastronomy tube. She stated she has not been using the gown on residents with a g-tube.</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 - Some</p>	<p>2. Record review of Resident #41's Entry MDS assessment dated [DATE] reflected the resident was [AGE] year-old female who admitted to the facility on [DATE]. The resident's cognition was moderately impaired. She had BIMS score of 11, and she had diagnoses of hypertension (high blood pressure) and a pressure ulcer.</p> <p>Record review of Resident #41's care plan dated 09/13/24 reflected: Focus: Resident#46 has pressure ulcer on sacrum rule out immobility. Goal: Pressure ulcer will show signs of healing and remain free from infection by/through review date. Interventions: Administer treatments as ordered and monitor for effectiveness.</p> <p>Record review of Resident #41's wound care orders, dated 09/18/24, reflected: Cleanse sacrum wound with normal saline or wound cleanser. Dry, apply collagen powder, apply calcium alginate, and cover with dry dressing daily and as needed if soiled or dislodged every day and as needed.</p> <p>Observation on 11/06/24 at 12:00 PM revealed LVN D did not change her gloves after removing the old dressing on Resident #41's wound. She went directly from removing the old dressing on the wound to cleansing the wound with clean gauze soaked with normal [NAME]. She then applied collagen and applied calcium alginate without changing the gloves or performing hand hygiene. She removed the gloves and the gown, she did not wash hands, put on new gloves, labeled the dressing, and then removed the gloves and the gown and washed her hands.</p> <p>Interview on 11/06/24 at 12:20 PM with LVN D revealed she did not change gloves and perform hand hygiene after removing the old dressing, and after cleansing the wound. LVN D stated she was not directed to perform hand hygiene between the procedure but before and after the procedure. LVN D stated she knew it was best standard of practice to remove dirty gloves and wash hands after removing the old dressing, but she forgot she, was nervous. LVN D stated changing gloves and performing hand hygiene during wound care would prevent contamination of the wound which could cause infection. She stated she had done training on infection control but not on wound care.</p> <p>Interview on 11/06/24 at 12:25 PM with the ADON who was helping LVN D perform wound care on Resident #41 revealed her expectation was for the nurse to remove gloves and perform hand hygiene after the removal of an old dressing and with contamination. The ADON stated the nurse was supposed to wash her hands after removing the old dressing and her gloves, and then again after cleansing the wound, the nurse was supposed to change her gloves and perform hand hygiene. The ADON stated LVN D failed to change gloves and wash hands. The risk of not changing gloves and performing hand hygiene during the wound care was that it would lead to cross contamination of the wound and then infection. She stated she had done trainings on wound care, and she will be doing training again with LVN D.</p> <p>Interview on 11/06/24 at 12:30 PM, the DON stated she expected staff to put on PPE when providing care to a resident who had a wound, catheter, or a g-tube. She stated residents who were on enhanced barrier precautions had signs on their doors to indicate the resident was on enhanced barrier precautions. The DON stated Resident #46 was on enhanced barrier precautions due to having a g-tube, and staff should put on PPE before providing any type of care. She stated the potential risk of not putting on PPE would be spread of infection. She stated the facility had done trainings on infection control and enhanced barrier precautions.</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 - Some</p>	<p>Interview on 11/06/24 at 4:00 PM with the DON revealed her expectation was for the nurses to perform hand hygiene after removal of an old dressing and with contamination. The DON stated the nurse was supposed to wash her hands after removing the old dressing and her gloves, and then again between the procedure because she did not want the nurse to move from dirty to clean. The DON stated it was her responsibility to ensure staff were observing infection control protocols. The risk of not changing gloves and performing hand hygiene during the wound care was that it would lead to cross contamination of the wound and then infection. She stated she had done trainings on wound care and LVN D was assessed on skills, but no documentation was presented. The DON stated the person that did the skills assessment with LVN D was the resource personnel.</p> <p>Record review of training on enhanced barrier precautions, dated 04/24/24, reflected LVN L attended.</p> <p>Record review of Training on wound care, dated 06/06/24, reflected LVN D was in attendance.</p> <p>Record review of the facility's Infection Control policy, revised March 2024, reflected:</p> <p>.b. Personal protective equipment:</p> <p>1. Wear gown and gloves for all interactions that may involve contact with the patient or the patient's environment.</p> <p>.3. Enhanced barrier precautions (EBP) are used in conjunction with standard precautions and expand the use of PPE through the use of gown and gloves and gloves during high contact resident care activities that provide opportunities for indirect transfer of MDROs to staff hands and clothing then indirectly transferred to residents or from resident to resident.(e.g., resident with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs (multi-drug resistant organism).</p> <p>Record review of the facility's Dressing Change, Clean Technique policy, dated September 2007, reflected:</p> <p>.1. Wash hands</p> <p>.5. [NAME] gloves</p> <p>6. Use normal saline to soak dried dressings prior to removal</p> <p>7. Remove old dry dressing and discards according to facility policy</p> <p>8. Removes gloves and washes hands</p> <p>.11. clean wound according to physician's order moving from cleanest to dirtiest area</p> <p>.13. Apply dressings.</p>		