STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675281	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottonwood Creek Healthcare Community	1111 W Shore 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents received adequate supervision and assistance devices to prevent accidents for 1 (Resident #1) of 4 residents reviewed for accidents. The facility did not ensure Resident # 1's smoking supplies were stored at Nurses' station on 05/01/25. This failure could place residents who require supervision, at risk for a decreased quality of life or injury that could lead to an unnecessary hospitalization. Findings included: Record review of Resident #1's face sheet dated 4/15/2025 indicated Resident #1 was [AGE] years old female and admitted on [DATE] diagnoses of unspecified schizophrenia (A mental disorder characterized by delusions, hallucinations, disorganized thoughts, speech and behavior), and Alzheimer's disease (a brain condition that slowly damages your memory, thinking, learning and organizing skills). Record review of Resident #1's MDS dated [DATE] revealed Resident #1's BIMS score of 14 (intact cognition). Observation conducted on 5/1/25 at 5:15 a.m. revealed Resident #1 was observed in the nursing facility unit sitting near the nurse's station in resident's wheelchair holding a pack of cigarettes. Interview with RN A on 05/01/25 at 5:30AM revealed the staff were aware of Resident #1 having the cigarettes but did not try to retrieve them because it would upset the resident. Observation and interview conducted on 05/01/25 at 6:18 AM revealed Resident #1 still had cigarette pack in her hand when she entered the conference room and asked surveyor to take her outside to smoke. A lighter was not observed in Resident #1's possession, and Resident #1 stated she did not have a lighter. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675281	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottonwood Creek Healthcare Community	1111 W Shore 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/1/25 at 4:43 p.m. with Administrator stated that the reason Resident#1 had a pack of cigarettes in her hand is that Resident #1 has a documented behavior of asking staff to take her outside to smoke. Administrator stated that when staff provide Resident #1 with a pack of cigarettes to hold, Resident #1 calms down. Administrator said that her expectation for staff was to not give residents cigarettes while in the facility but made an exception for Resident #1 due to her behaviors. When asked what could happen if Resident #1 obtained a lighter and cigarettes, the Administrator said Resident #1 could light herself on fire. Interview with Resident #1 on 05/01/25 was unsuccessful due to her inability to comprehend the questions. Her responses were gibberish or inappropriate statements. Record review on 05/01/25 at 7:00 AM of Resident #1's care plan initiated on 06/07/25 indicated Resident #1 has a behavior of sitting in front of the elevator (the entrance to the unit) and requesting cigarettes and lighters from any person who enters the facility. No documentation of allowing Resident #1 to hold her cigarette pack was noted on the care plan upon initial review. Intervention included was staff will redirect resident to her assigned room away from visitors, vendors as necessary. Record review of Resident #1's smoking assessment shows that Resident #1 requires staff supervision while smoking due to Resident #1's cognitive status. Follow up review of care plan on 05/01/25 at 4:30 PM revealed the behavior was added on the care plan after surveyor brought the issue to the administrator's attention. Intervention included Staff education (Resident #1 is allowed to have Cigarettes when she is exhibiting behaviors to calm her down. Retrieve the cigarettes when she finishes smoking. Record review of facility's policy titled Smoking Policy- Residents revised July 2017, reflected, Cigarettes, e-cigarettes, pipes, tobacco, and other smoking articles are kept secured at the nurse's station.; 14. Residents without independent smoking privileges may not have any smoking articles, including cigarettes, tobacco, etc., except when they are under direct supervision.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675281	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottonwood Creek Healthcare Community	1111 W Shore 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 observation, interview, and record review, the facility failed to ensure personnel handled, stored , processed and transported linens so as to prevent the spread of infection for one (Hall D) of four halls reviewed for infection control . The facility failed to ensure HK A did not leave bagged soiled linen on the floor in front of the facility laundry room on 05/01/2025. The facility failed to ensure HK A did not leave a bag of soiled gowns on top of the trash barrel on hall D on 05/01/2025. This failure could place residents at risk of cross-contamination and development of infections. Findings included: Observation on 05/01/2025 at 10:11 AM revealed one large transparent plastic bag containing soiled bed linens and one pillow on the floor in front of the laundry room door on Hall D. Observation on 05/01/2025 T 10:15 AM revealed one transparent plastic bag containing a soiled brown hospital gown on top of the lid of a trash barrel located on Hall D. In an interview on 05/01/2025 at 10:20 AM, the DON stated she did not know who left the bags on the Hall D. She stated the bags should not be there because it created an infection control issue and residents could contract an infectious disease. In an interview at 10:23 AM on 05/01/2025, the DON advised the surveyor HK A left the items in the transparent plastic bags on Hall D after deep cleaning a room on Hall D. In an interview on 05/01/2025 at 10:26 AM, HK A stated she left the bag of linen on the floor in front of the laundry room because the door was locked, and she did not have a key to the door. She left the bag of gowns on the lid of the trash can because there was no other barrel available. HK A stated she had been trained in the correct method to dispose of linens in the facility. She stated she knew the bags should have been placed inside the laundry room to prevent the spread of germs and that resident could get sick if they were exposed to any germs the linens may have been contaminated with. In an interview on 05/01//2025 at 10:36 AM, the HK Supervisor stated HK A should have immediately contacted her when she found the laundry room door locked. HK Supervisor stated the door should not have been locked. She stated the bag of linens should not have been left on the floor and the bag of gowns should not have been left on top of the barrel, they should have been placed inside of a new barrel with a lid on it to prevent the spread of germs. HK Supervisor stated HK A had been in-serviced on infection control practices related to transporting soiled linens but would initiate a new inservice for all her staff. The HK supervisor stated resident could be infected with germs if they are exposed to someone else's bodily fluids on the linens. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675281	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottonwood Creek Healthcare Community	1111 W Shore 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	Record review of inservice training dated 10/24/2024 and titled Cleanliness, Soiled linen, Wet floor signs, Lammico, Clocking in and out and scheduled lunch breaks directed at Housekeepers and Laundry Aides , revealed Education: All linen must be put away in a plastic bag before removed form a room , all soiled linen must be put in the laundry room only. No linen should be placed on the floor . HK A's signature was found on the sign in sheet for the inservice. Record review of the facility's policy, Department(Environmental Services)-Laundry and Linen undated, revealed , General Guidelines Bagging and Handling Soiled Linen 1. All soiled linen must be placed directly into a covered laundry hamper which can contain moisture .