

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Cottonwood Creek Healthcare Community		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45055</b></p> <p>Based on observations, interviews, and record review the facility failed to provide a safe, clean, comfortable, and homelike environment including but not limited to receiving treatment and supports for daily living safely for 8 (room [ROOM NUMBER], #204, #205, #206, #286, #288, #290, and #291) of 14 resident rooms and the facility's high traffic areas reviewed for cleanliness and sanitization.</p> <p>The facility failed to ensure that Resident Rooms #202, #204, #205, #206, #286, #288, #290, and #291 were thoroughly cleaned and sanitized.</p> <p>The facility failed to ensure all handrails of the hallways throughout the facility, were thoroughly cleaned and sanitized.</p> <p>These deficient practices could place residents at risk of living in an unclean and unsanitary environment which could lead to a decreased quality of life.</p> <p>Findings included:</p> <p>An observation on 07/28/24 at 10:42 AM of the facility hallways revealed areas of the halls where the handrails had long streaks of a dark thick brownish stain going down the length of the handrails.</p> <p>An observation on 07/28/24 at 10:46 AM of Resident room [ROOM NUMBER] reflected the corners of the floor in the resident bathroom had dirt particles and built-up dirt stains. The shower floor had dark stains in the corners and the drain cover had dark greenish stains covering it. The air vent in the ceiling had thick dust and dirt on the air filter and the vent cover. The soap tray attached to the shower, had bluish stains all over the top of it. The showerhead had bluish stains all over the sprayer. The trashcans in both the resident room and bathroom did not have a trash bag and some trash was observed in one of the trashcans.</p> <p>An observation on 07/28/24 at 10:52 AM of Resident room [ROOM NUMBER] reflected the soap tray attached to the shower, had bluish stains all over the top of it. The showerhead had bluish stains all over the sprayer. The corners and near the resident door of the resident room floor had thick dirt particles.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 675281	If continuation sheet Page 1 of 11

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on 07/28/24 at 11:00 AM of Resident room [ROOM NUMBER] reflected the soap tray attached to the shower, had bluish stains all over the top of it. The showerhead had bluish stains all over the sprayer. The corners and near the resident door of the resident room floor had thick dirt particles.</p> <p>An observation on 07/28/24 at 11:03 AM of Resident room [ROOM NUMBER] reflected the soap tray attached to the shower, had bluish stains all over the top of it. The showerhead had bluish stains all over the sprayer. The inside of the resident bathroom door had black marks along the lower portion of the door panel.</p> <p>An observation on 07/28/24 at 11:09 AM of Resident room [ROOM NUMBER] reflected the resident room floor and bathroom floor had black build-up dirt along the walls and corners of both areas. The resident room door had a dark yellow stain going down the length of the inside door frame.</p> <p>An observation on 07/28/24 at 11:15 AM of Resident room [ROOM NUMBER] reflected the resident room floor and bathroom floor had black build-up dirt along the walls and corners of both areas.</p> <p>An observation on 07/28/24 at 11:18 AM of Resident room [ROOM NUMBER] reflected the resident room floor and bathroom floor had black build-up dirt along the walls and corners of both areas. The shower floor had dark stains in the corners and the drain cover had dark greenish stains covering it. The air vent in the ceiling had thick dust and dirt on the air filter and the vent cover.</p> <p>An observation on 07/28/24 at 11:27 AM of Resident room [ROOM NUMBER] reflected the resident room floor and bathroom floor had black build-up dirt along the walls and corners of both areas. The top of the mini fridge in the resident's room had food crumbs and white stains. The air vent in the ceiling had thick dust and dirt on the air filter and the vent cover.</p> <p>In an interview on 07/25/24 at 12:13 PM, Housekeeping D stated she had been at the facility for 5 months. She stated they were trained to clean the bathrooms, sweep the floors, and mop. She stated they were supposed to wipe down the bedside tables if they had food on them, and basically anything they could touch. She was shown the pictures of the concerns observed in resident room [ROOM NUMBER], #204, #205, #206, #286, #288, #290, and #291, and she stated that they were to try to clean the hard areas themselves or notify maintenance, but she was not sure if she had notified them of any of the concerns observed. She stated the risk to the resident if these areas are not cleaned was that they could get sick.</p> <p>In an interview on 07/30/24 at 11:39 AM, the Housekeeping Supervisor stated she had been at the facility for 8 months. She stated she had six years of experience as a housekeeping supervisor. She stated she trained her team to clean the high touched areas daily, such as the handrails throughout the day. She stated resident rooms were cleaned daily and the handrails in the hallways were cleaned every two hours. She stated maintenance was responsible for cleaning the air filters on the ceiling and she would notify them. She stated she was unsure how frequently the resident rooms were deep cleaned, but when they do deep cleaning, they check for the cleanliness of the air filters. She was advised of the concerns observed in the resident rooms #202, #204, #205, #206, #286, #288, #290, and #291 and the handrails in the halls and she stated that the areas observed should have been cleaned. She stated the risk of the areas not being thoroughly cleaned could result in residents getting sick.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 07/30/24 at 12:40 PM, the Administrator stated she had not been made aware of the concerns observed in the resident rooms and the hallway handrails. She was shown pictures of the concerns observed in resident rooms #202, #204, #205, #206, #286, #288, #290, and #291. She stated that she would follow-up with the housekeeping supervisor and ensure these concerns were addressed. She stated her expectation was for housekeeping to ensure that they are thoroughly cleaning rooms and the commons areas of the facility. She stated the risk of not thoroughly cleaning resident rooms and common areas of the facility, could result in infections and it was not good because it is their home.</p> <p>Review of the facility's policy on Cleaning and Disinfecting of Environmental Surfaces (Revised 2009) reflected Environmental surfaces will be cleaned and disinfected according to the current CDC recommendations for disinfection of healthcare facilities and the OSHA Blood-borne Pathogens standards.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44405</b></p> <p>Based on observations, interviews and records review the facility failed to develop and implement comprehensive person-centered care plans that include measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs, and describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 3 of 4 (Resident #14, Resident #237, and Resident #18) resident's care plans reviewed.</p> <p>The facility failed to develop a comprehensive person-centered, measurable, and time-based care plan to address specialized services and interventions to address PASARR recommendations, as appropriate for Resident #14 including problems, goals, and interventions.</p> <p>The facility failed to develop a comprehensive person-centered, measurable, and time-based care plan to address Hospice for Resident #237 including problems, goals, and interventions.</p> <p>The facility failed to implement care plan interventions across all shifts (6A - 2P; 2P - 10P; and 10P - 6A) in a 24-hour period, as reflected in Resident #18's care plan related to risk for falls.</p> <p>These failures could negatively impact the resident's quality of life, as well as the quality of care and services received if care planning is not complete or is inadequate.</p> <p>Findings included:</p> <p><b>RESIDENT #14</b></p> <p>A record review of Resident #14's Annual MDS assessment dated [DATE] revealed a [AGE] year-old male admitted on [DATE]. Resident #14 had diagnoses of Traumatic Spinal Cord Dysfunction (when an external physical impact acutely damages the spinal cord), Paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease), Anxiety, Depression, Bipolar Disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration), and Schizophrenia (a serious mental health condition that affects how people think, feel, and behave). Resident #14's BIMS score was 15, which indicated intact cognition. The Annual MDS assessment indicated Resident #14 did not have mental illness considered by the state level II Preadmission Screening and Resident Review (PASRR).</p> <p>Record review of Resident #14's PASRR Level 1 Screening, dated 06/25/24, reflected Yes there was evidence or an indicator that Resident #14 had a Mental Illness.</p> <p>Record review of Resident #14's PASRR Evaluation (PE), dated 06/26/24, revealed Resident #14 met the PASRR definition of mental illness based on the Qualified Mental Health Professional (QMHP) assessment.</p> <p>Record review of Resident #14's care plan initiated 04/26/24 did not reflect or identify PASRR needs or services provided.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>RESIDENT #237</b></p> <p>A record review of Resident #237's Admission MDS assessment dated [DATE] revealed a [AGE] year-old male admitted on [DATE]. Resident #237 had diagnoses of Medically Complex Conditions, Colon Cancer, BPH (age-associated prostate gland enlargement that can cause urination difficulty), Unspecified Kidney Failure, and CVA (Damage to the brain from interruption of its blood supply). The Admission MDS indicated Resident #237's cognition was severely impaired per staff assessment for mental status.</p> <p>Record review of Resident #237's uploaded documents revealed a signed and dated Facility Notification of Admission to admit Resident #237 to Hospice on 07/09/24.</p> <p>Record review of Resident #237's care plan initiated 07/01/24 did not reflect or identify Hospice needs or services provided.</p> <p><b>RESIDENT #18</b></p> <p>A record review of Resident #18's Quarterly MDS assessment dated [DATE] revealed a [AGE] year-old female admitted on [DATE]. Resident #18 had diagnoses of Non-Traumatic Brain Dysfunction (causes damage to the brain by internal factors), Alzheimer's Disease, Anxiety, Depression, and Schizophrenia (a serious mental health condition that affects how people think, feel, and behave). The Admission MDS indicated Resident #18's cognition was severely impaired per staff assessment for mental status.</p> <p>Record review of Resident #18's comprehensive care plan reflected a Risk for Falls last revised on 07/09/24. The goal indicated Resident #18 would be free of falls with major injuries through review period (Initiated: 09/20/22; Revised 03/21/24; Target: 09/10/24). Interventions included Low bed and mats incorporated.</p> <p>Record review of an incident report dated and signed on 07/08/24 at 7:51 AM by the DON reflected [the DON] was notified by the ADON that Resident #18 had a fall-related raised area and discoloration to the left forehead. The incident report reflected immediate action taken by nursing staff. The incident report did not indicate if fall interventions were in place at the time of Resident #18's fall.</p> <p>Observation on 07/28/24 at 10:30 AM, Resident #18 was not present in the room. Resident #18's room did not reveal a fall mat at bedside or visibly stored anywhere in the room.</p> <p>Observation on 07/28/24 at 4:11 PM revealed Resident #18 lying in bed. The bed was in the lowest position. The call light was on the bedside dresser, not within Resident #18's reach. A fall mat was not placed at bedside or anywhere in the room.</p> <p>Observation on 07/29/24 at 2:30 PM, Resident #18 was not present in the room. Resident #18's room did not reveal a fall mat at bedside or visibly stored anywhere in the room.</p> <p>Observation on 07/30/24 at 7:15 AM, Resident #18 was not present in the room. Resident #18's room revealed a fall mat at Resident #18's bedside.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/28/24, the DON disclosed that LVN A was no longer employed by the facility. On 07/29/24 at 6:00 PM an outbound call was placed to LVN A that was unanswered. On 07/30/24 at 11:00 AM an outbound call was placed to LVN A that was unanswered.</p> <p>During an interview on 07/30/24 at 7:39 AM, the ADON stated that the MDS nurse was responsible for preparing and updating care plans. The ADON said that she assisted with updating care plans in the absence of a facility MDS nurse but was not solely responsible for updating care plans. The ADON indicated the purpose of care plans was to inform direct care staff about resident care needs and preferences. The ADON said that the risk to Resident #14 was the failure to receive PASRR related services; the risk to Resident #237 was the failure to receive care and services provided by Hospice; and the risk to Resident #18 was the injury sustained from a fall without the fall mat in place.</p> <p>During an interview 07/30/24 at 8:23 AM, the DON stated that it was a collaborative effort with the Regional MDS nurse to implement and update care plans. The DON said that the interdisciplinary team reviewed the 24-hour report and reviewed care plans following an acute incident to ensure the care plan was consistent with the resident's disease process, risks, needs, preferences, and behaviors. The DON said the Regional MDS nurse took on the responsibilities until a facility MDS nurse was hired. The DON said the vacant MDS position placed the facility at risk for the care plan concerns identified. The DON said that she conducted surveillance daily of the environment and resident rooms to ensure clean, safe environments and that appropriate precautions were in place. The DON indicated that during walking rounds (07/30/24 at 7:00 AM) observed Resident #18 did not have a fall mat at the bedside. The DON said that she retrieved a fall mat from the storage area and placed at Resident #18's bedside and educated staff about fall precautions. The DON said that she was unaware that Resident #14's care plan did not reflect PASRR recommendations or that Resident #237's care plan did not reflect Hospice services. The DON indicated that care plans should be person-centered, developed, and implemented to meet the preferences and goals of the resident.</p> <p>During an interview on 07/30/24 at 8:46 AM, the LSW stated that Resident #14 refused PASRR services during the PE meeting on 07/08/24. The LSW said that PASRR services and evaluator recommendations would be discussed during care plan meetings and the person responsible for care plans would update accordingly. The LSW could not identify the responsible person to develop and update care plans. The LSW said that she was not sure if PASRR should reflect on the care plan if the resident refused services.</p> <p>Record review of the facility's Care Plans, Comprehensive Person-Centered policy, revised March 2022 reflected, . care plan includes but is not limited to initial goals of the resident; a summary of the resident's medications and dietary instructions; any services and treatments to be administered by the facility; and consistent with the resident's rights and will incorporate resident-centered goals and wishes about their care, activities, and lifestyle to include measurable short-term and long-term objectives and time frames. The resident's goals for admission and desired outcomes.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>44405</p> <p>Based on observation, interview, and record review the facility failed to provide pharmaceutical services to ensure the accurate acquiring, receiving, dispensing, administering, and securing of medications for 2 (medication cart #1 and medication cart #2) of 2 medication carts reviewed for pharmacy services in that:</p> <p>The facility failed to ensure controlled medications in unsecure containers were immediately removed from medication cart #1 and medication cart #2.</p> <p>These failures could place residents at risk of not having the medication available due to possible drug diversion and at risk of not receiving the intended therapeutic benefit of the medication.</p> <p>Findings Included:</p> <p>During an interview, observation, and record review of medication cart #1 on 07/29/24 at 11:45 AM revealed a pill blister packaging card filled with Tramadol 50 mg tablets (controlled medication used for pain). The seals that secured 2 pill blisters (#8 and #21) were not intact. A white, round tablet was noted inside each blister. There were 25 pills remaining. The narcotic log count sheet reflected the appropriate count. During a continued observation of medication cart #1, a full pill blister packaging card (30 pills) filled with Hydrocodone-Acetaminophen 10 mg-325 mg (controlled medication used for pain) had 1 seal (#12) that was not intact. A white, oblong tablet was inside the blister. The narcotic log count sheet reflected the appropriate count. During an interview, LVN B indicated that controlled medications were counted at the beginning and at the end of shift. LVN B said that controlled medications must be secured in a separately locked compartment within the medication cart. LVN B said that she was a new hire and was not sure what the specific protocol was at the facility but would report to the DON to determine what actions to take when the seal of a blister pack was broken, torn, or ripped. LVN B said that best practice would be to discard the pill with a second nurse. LVN B said the risk of an exposed pill was exposure, cross-contamination, the pill could be stolen, or replaced with a similar looking pill.</p> <p>During an interview, observation, and record review of medication cart #2 on 07/29/24 at 12:20 PM revealed a pill blister packaging card filled with Lorazepam 0.5 mg (a controlled substance used to relieve anxiety) with 1 seal (#16) not intact. A white, round tablet was noted inside the blister. There were 23 pills remaining. The narcotic log count sheet reflected the appropriate count. During an interview LVN C stated she was unaware that the blister seal was broken or when it happened. LVN C stated the risk of a damaged blister would be a potential for drug diversion. LVN C stated the nurses were responsible to check the medication blister packs for broken seals during the count of narcotics during the change of the shift. LVN C stated the count was done at shift change and the count was correct. LVN C stated she did not see the broken blisters during the count. LVN C stated when a broken seal was observed, two nurses should discard the medication.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 07/29/24 at 3:30 PM revealed the disposal method of the controlled medications into an authorized collection receptacle with LVN B and LVN C. The pills were verified by the identifiers printed on the blister packaging card before destroyed. Both nurses signed the appropriate narcotic count sheet, entered the date, time, amount destroyed and amount remaining.</p> <p>During an interview on 07/30/24 at 8:23 AM, the DON said that nurses were responsible for following the medication rights (the right resident, right medication, right dose, right form, right time) and review expiration dates. The DON said if a nurse discovered the seal of a medication was altered (opened, torn, ripped) then the nurse should notify [the DON] and discard the pill with a second nurse. The DON said that the second nurse witnessed the pill disposal of controlled medications as a secure and safe method to prevent diversion.</p> <p>Review of the facility's policy Storage of Medications, revised April 2019 reflected the following: . 4. Drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing. 5. Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45055</b></p> <p>Based on observation, interviews, and record reviews the facility failed to ensure food was stored, prepared, distributed, and served in accordance with professional standards for food service safety for the facility's only kitchen, reviewed for food storage, labeling, dating, and kitchen sanitation.</p> <ol style="list-style-type: none"> <li>1. The facility failed to ensure food in the facility's refrigerator was labeled and dated according to guidelines.</li> <li>2. The facility failed to ensure the ice machine in the kitchen area was thoroughly cleaned.</li> <li>3. The facility failed to ensure food in the facility's freezer was labeled and dated according to U.S. Food and Drug Administration guidelines.</li> <li>4. The facility failed to ensure the kitchen floor and the ice machine in the kitchen area were thoroughly cleaned.</li> <li>5. The facility failed to ensure expired foods in the facility's refrigerator and freezer were discarded according to guidelines.</li> <li>6. The facility failed to ensure foods in the refrigerator and freezer were properly sealed from air-borne contaminations.</li> <li>7. The facility failed to clean the drain cover in the dry food storage area.</li> </ol> <p>These failures could place residents at risk for cross contamination and other air-borne illnesses.</p> <p>Findings included:</p> <p>Observations on [DATE] from 09:15 AM to 09:35 AM in the facility's only kitchen reflected:</p> <p>One zip locked bag block of cream cheese, located in the refrigerator, had dates that were not legible.</p> <p>One large box of frozen hamburger patties was unsealed and exposed to air-borne contaminants.</p> <p>One large box of frozen fried eggs was unsealed and exposed to air-borne contaminants.</p> <p>One zip locked bag of frozen sliced zucchinis was dated [DATE] and [DATE].</p> <p>One frozen bag of tortellini was dated [DATE] and another date with a line through it of [DATE].</p> <p>One zip locked bag of frozen sliced zucchinis was dated [DATE] and [DATE].</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>One large zip locked bag of frozen cooked pasta was dated [DATE] (expired) and the bag was unsealed and exposed to air-borne contaminants.</p> <p>One large bag of frozen fries was unsealed and exposed to air-borne contaminants.</p> <p>One blue bag of frozen corn was unsealed and exposed to air-borne contaminants.</p> <p>The floors in the dry food storage area had dirt stains and some dark stains along the wall of the floor and under the shelves.</p> <p>The drain cover in the dry food storage area had green stains and other dirt stains.</p> <p>The ice machine had dust and dirt particles along the outside of the unit. The inside of the unit had light dirt stains along the inside panel of the unit, which touched the ice. The upper inside of the door had a black substance on a metal bar that stretched horizontally along the inside door.</p> <p>In an interview on [DATE] at 10:17 AM, Dietary [NAME] S stated she had been at the facility over a year. She stated the cooks store the food when the truck brings in products. She stated they were supposed to label and date the food also. She stated cooks are also responsible for ensuring they go through the freezer, refrigerator, and dry food area and remove any expired food. She stated everyone cleans the kitchen and everyone had a job assignment to do. She stated her role is to clean the steam tables. She was shown pictures of the concerns observed in the kitchen and she stated she had observed the concerns and had made the corrections. She stated it was everyone in the kitchen's role to ensure all these concerns do not happen. She stated the risk of these concerns not being addressed could made the residents sick.</p> <p>In an interview on [DATE] at 10:40 AM, the Dietary Manager stated she had been at the facility for six months. She stated the entire kitchen was responsible for storing food as shipment comes in, which included labeling and dating the food. She stated she trained her staff to include the month, day, and year the items were stored. She stated the zucchini in the zip locked bag should have been discarded. She stated the kitchen was responsible for checking for any expired food every two days. She stated she audited if this was being done at the end of each month. She stated the entire staff are responsible for cleaning the kitchen and should be cleaning as they go. She stated they last conducted a deep cleaning two months ago in [DATE]. She stated the risk to the residents was that it could make them sick.</p> <p>In an interview on [DATE] at 12:40 PM, the Administrator stated she had not been made aware of the concerns observed in the kitchen area. She was advised of the concerns that were observed in the kitchen and she stated that she expects the kitchen area to meet all guidelines and comply with state and federal regulations. She stated the risk of the concerns not being addressed could result in food contamination.</p> <p>Record Review of the Facility's policy on Food Storage dated [DATE], revealed To ensure all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal, and U.S Food Codes and HACCP guidelines.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Cottonwood Creek Healthcare Community		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record Review of the Facility's policy on General Kitchen Sanitation, dated [DATE], reflected The facility recognizes that food-borne illness has the potential to harm elderly and frail residents. All nutrition &amp; food service employees will maintain clean, sanitary kitchen facilities in accordance with state and U.S food codes in order to minimize the risk of infection and food-borne illness.</p> <p>Review of the U.S. Food and Drug Administration (FDA) Code (2022) revealed, PACKAGED FOOD shall be labeled as specified in LAW, including 21 CFR 101 FOOD Labeling, 9 CFR 317 Labeling, Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S ,d+[DATE].18. FOOD shall be protected from contamination that may result from a factor or source not specified under Subparts ,d+[DATE] - ,d+[DATE].</p>		