

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 08/22/2025
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)
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. (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: 675281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as possible for one (Resident #36) of four residents reviewed for adequate supervision to prevent accidents. The facility failed to ensure resident safety, as evidenced by: The door of the miscellaneous supply closet, that had a light switch cover missing and wires hanging out of the light switch, contained supply products for kitchen and activities: three large wire racks with four shelves, not adhered to the wall, with two boxes of storiform cups, four boxes of plastic, spoons, forks, and knives, one case of gloves, various cooking pans, various types of decorations for different holidays, two Robo copes (food processors) with three sets of blades, large popcorn machine, two wheelchairs, a broken portion of a stem table, and various brackets to place in a hot service food stand, located in the main dining was open and accessible to residents. Resident #36, a confused resident, was in close proximity to the supply closet, with no staff within line of sight of the supply closet. These deficient practices could place residents at risk for obtaining the products, the unsecured shelving, fall, and exposure to skin tears that could be detrimental to his or her health, resulting in illness or hospitalization. Findings included: Record review of the Face Sheet for Resident #36 dated 08/22/2025 revealed she was a [AGE] year-old female originally admitted to the facility on [DATE]. Diagnoses included, but were not limited to, Alzheimer's, dementia, schizophrenia, and hypertension. Record review of the quarterly MDS assessment dated [DATE] revealed Resident #36 scored 13 of 15 on the BIMS, indicative of intact cognitive function and retained information for a short period of time. The MDS reflected the resident exhibited delusions and hallucinations. The MDS reflected Resident #36 was able to propel her wheelchair. Resident #36 did have functional limited range of motion of both lower extremities. Record review of the Care Plan for Resident #36 (edited 08/22/2025) revealed the resident could propel her wheelchair without the assist of staff with goals and approaches to include wheelchair mobility for locomotion. The Care Plan reflected, Resident #36 had impaired cognitive function/dementia, with impaired thought processing. The resident was at risk for delirium or an acute confusional episodes, and at risk for falls secondary to cognitive deficits. The 'Goal' read, in part, . Resident will maintain highest level of functioning within the limits of awareness . Resident will be free of signs/symptoms of delirium changes in behaviors, moods, cognitive abilities. Resident will not sustain serious bodily injury related to falling. The 'Approach' read, in part, . monitor for new onset of delirium, altered mental status, wide variation of cognitive function thought the day, disorientation, hallucinations. Ensure resident's areas are free of hazards. Observation on 08/20/2025 at 10:00 a.m. revealed the door to the supply closet in the main dining room was open. Further observation revealed, the door of the miscellaneous supply closet, that had a light switch cover missing and wires hanging out of the light switch, contained supply products for kitchen and activities: three large wire racks with four shelves, not adhered to the wall, with two boxes of Styrofoam cups, four boxes of plastic, spoons, forks, and knives, one case of gloves, various cooking pans, various types of decorations for different holidays, two food processors with three sets of blades, large popcorn machine, two wheelchairs, a broken portion of a stem table, and various brackets to place in a hot service food stand, located in the main dining room was open and accessible to residents. Observation on 08/20/2025 at 11:30 a.m., revealed the door of the supply closet in the main dining room was half way open. Resident #36 was going up to door of the supply room and opening the door. The resident was observed pulling the door of the supply room closed partially and stating, well I will have to look in there later, since the meal is being served soon. Resident #36 was observed in the dining room in her wheelchair. She was independently propelling her wheelchair. There was no staff within view of the supply room for Resident #36. Observation on 08/20/2025 at 11:45 a.m., revealed staff walked by the open-door during meal service. The staff did not attempt to close and lock the door, and they continued to serve the lunch meal. Further observation after meal service revealed the staff cleaning up the main dining area. CNA E stated she did not know what was in the supply closet. The CNA stated she had seen the door open multiple times, but she had not looked in the room, nor did she attempt to close the door. CNA E stated there were some residents that could go into the room and the items that were in there, could cause them to get hurt. Observation on 08/20/2025 at 1:00 p.m. revealed the door was still unlocked to the supply closet. Observation and interview on 08/20/2025 at 2:00 p.m., with the Dietary Manager revealed the supply closet was unlocked. The Dietary Manager stated he had worked at the facility for three months, he was unaware the supply closet was there, and no one had shown it to him. The Dietary</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 08/22/2025
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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the facility's only kitchen reviewed for food safety. 1.The facility failed to ensure food items in the freezers and refrigerator were stored, properly sealed, and not exposed to air in accordance with the professional standards for food service.2. The facility failed to discard items stored in freezers and refrigerator that were not properly labeled.3. The facility failed to ensure both handwashing sinks had a garbage receptacle next to the sink.These failures could place residents at risk for food-borne illness and cross contamination. Findings Include:Observation of the kitchen on 08/20/2025 at 9:30 AM revealed the following:- There was no garbage receptacle next to 2 of the 2 handwashing sinks.Observation of the refrigerator on 08/20/2025 at 9:40 AM revealed the following:- 3 - 1-gallon sized resealable bags, meat patties in all 3 bags, not dated or labeled, exposed to air.- 1 box of fresh cut vegetables with diced tomatoes in a plastic manufacturer container had a peel away plastic top, the tomatoes had visible fuzzy mold growth on them exposed to air.- 22qt plastic container with label written by facility dry milk with a red liquid in it, under the 4 qt line not dated, exposed to air. Observation of the freezer on 08/20/2025 at 9:45 AM revealed the following:- 1 10lb box of pork sausage patties, a large plastic bag inside the box exposed to air.- 2 large bags of steak fries sealed with no item description label or distinguishing date.- 3 large bags shredded potatoes with no label, only manufacturer date of 2027.04.06.- 2 large clear plastic manufacturer bags with small round breaded items had no label or date.In an interview with the morning Dietary Aide, on 08/20/2025 at 9:59 AM, she said everyone was responsible for labeling and if an item wasn't labeled, she wouldn't use it because she didn't know if it was safe for the residents.In an interview with the DM on 08/20/2025 at 10:06 AM he said the residents could become sick with diarrhea and an upset stomach if they were given food not properly sealed.In an interview with the morning [NAME] on 08/20/2025 at 11:12 AM she said everyone is responsible for dating and labeling and residents could get sick if they were served food that wasn't stored correctly.Review of the Facility's undated Food Receiving and Storage Policy reflected Policy Interpretation and Implementation 7. Residents may consume foods from sources not procured by the facility (e.g., food brought from family or visitors). Refrigerated/Frozen Storage 1. All foods stored in the refrigerator or freezer are covered, labeled, and dated (use by date).Review of the U.S. FDA Food Code 2022 reflected: Food Receiving and Storage - When food, food products or beverages are delivered to the nursing home, facility staff must inspect these items for safe transport and quality upon receipt and ensure their proper storage, keeping track of when to discard perishable foods and covering, labeling, and dating all PHF/TCS foods stored in the refrigerator or freezer as indicated.</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 08/22/2025
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</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 08/22/2025
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to ensure the facility was free of pests. The facility failed to ensure the kitchen was free of roaches. This deficient practice had the potential to affect all residents by placing them at an increased risk for infections, diminished quality of life, and/or disease spread by pests. Findings Included: Observed on 08/20/2025 at 10:19 a.m. revealed in the small mop room in the back of the kitchen, a mop bucket, broom, and 2 mouse & insect traps. Observation revealed 2 large dead black bugs, on the floor, laying on their backs, which appeared to be roaches. Observation revealed 1 smaller live brown bug scurrying across the small mop room floor towards one of the large dead black bugs. In an interview with the DM on 08/20/2025 at 9:57 a.m. he said they had problems with pests, and he had seen many of them in the kitchen and the problem had not improved. In an interview with the Administrator on 08/22/2025 at 9:37 a.m. she stated the facility had a Sighting Log/Logbook at the nurse's station where staff wrote down sightings of pests that they saw or that residents had told them about. In an interview with Medical Records on 08/22/2025 at 9:40 a.m. she stated if she saw pests of any kind, she would report it in the book and make maintenance and housekeeping aware of it too. She said she had seen bugs in the facility before but not recently. In an interview with Housekeeping B on 08/22/2025 at 9:44 a.m. she said if she saw any pests or bugs, she reported it to her supervisor and wrote it in the pest logbook at the nurse's station or she wrote it on her room round sheet. She said she had not seen any pests lately. In an interview with the PT on 08/22/2025 at 9:50 a.m. she said she had only worked at the facility for 4 days and in those 4 days she had not seen any pests or bugs. She said if she did see any she would report it to maintenance. She said if there were a lot of pests or bugs in the facility it could cause infection to the residents due to their vulnerabilities. In an interview with the ADON on 08/22/2025 at 9:54 a.m. the ADON said she had not seen any bugs or pests in a while but if she did, she would document it in the Pest Control Service log behind the nurse's station and documented it in TELS. The ADON said if there was an infestation of pests it could harm the residents with infection and disease. In an interview with CNA C on 08/22/2025 at 10:02 a.m. she said she had reported bugs to the nurse on duty, had documented her observations in the Sighting Log/Logbook, and had documented sightings of pests in TELS. She said she had not seen any bugs in the facility lately. She said if there were bugs or pests in the building it could harm the residents by making them sick and/or bite them. Record review of the Sighting Log/Logbook at the nurse's station for the last 3 months dated 06/06/2025 through 08/12/2025 revealed 11 sightings logged, 5 didn't provide what was seen, 5 stated roaches were seen and 1 documentation stated spiders were seen. Record review of treatment dates and services performed: On 5/30/2025 General Comments from Pest Prevention Service Report: Inspected kitchen, laundry rooms, and 29 resident rooms, for pest activity, found roaches. Applied liquid material to cracks and crevices in (the) kitchen, laundry room, resident rooms, and restrooms, and common areas. Applied dust to cracks and crevices in kitchen and resident restrooms. Applied roach gel bait to cracks and crevices in kitchen. Replaced insect monitors as needed applied liquid barrier to exterior perimeter of building to prevent crawling pests. Service Inspection Summary: Areas of Concern: Kitchen: Observation: broken tiles. Recommendation: repair broken tiles. Observation: caulking/sealing/screening required. Recommendation structural cracks gaps noted. Customer responsibility. On 6/6/2025 General Comments from Pest Prevention Service Report: inspected kitchen, laundry room, break room, and 29 resident rooms for pest activity none found. Applied liquid material to cracks and crevices in kitchen, breakroom, laundry room, and 29 resident rooms. Replace insect monitors in kitchen as needed. Applied dust to cracks and crevices in kitchen and resident rooms. Inspected rodent, cleaned, and rebated rodent base stations. Service Inspection Summary: Areas of Concern: Kitchen: Observation: broken tiles. Recommendation: repair broken tiles. Observation: caulking/sealing/screening required. Recommendation structural cracks gaps noted. Customer responsibility. On 7/25/2025 General Comments from Pest Prevention Service Report: Inspected kitchen, laundry room, offices, and 28 resident rooms for pest activity found roaches in kitchen. Applied liquid material to cracks and crevices in kitchen, laundry room, offices, and resident rooms replaced insect monitors as needed. Applied dust to cracks and crevices in kitchen, and resident rooms, applied roach gel bait to cracks and crevices in kitchen. Replaced flying insect traps on fly light. Inspected, cleaned, and rebated rodent bait stations to prevent rodent activity. Service Inspection Summary: Areas of Concern: Kitchen: Observation: broken tiles. Recommendation: repair broken tiles. Observation: caulking/sealing/screening required. Recommendation</p>		