

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Cottonwood Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2224 N Carroll Blvd Denton, TX 76201	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47743</p> <p>Based observation, interview 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 of ten residents (Resident #1) reviewed for Infection Control.</p> <p>The facility failed to ensure CNA A and CNA B performed hand hygiene and changed their gloves while providing incontinent care to Resident #1 on 12/05/2024.</p> <p>This failure could place residents at risk of cross-contamination and development of infections.</p> <p>Findings include:</p> <p>Record review of Resident #1's Face Sheet, dated 12/05/2024, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included anemia (low red blood cells) and muscle weakness.</p> <p>Record review of Resident #1's Comprehensive MDS Assessment, dated 09/13/2024, reflected the resident was cognitively intact with a BIMS score of 15. The Comprehensive MDS Assessment indicated Resident #1 was always incontinent for both bowel and bladder.</p> <p>Record review of Resident #1's Comprehensive Care Plan, dated 10/03/2024, reflected the resident had an ADL self-care performance deficit and one of the interventions was the resident required two-person assist during incontinent care.</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>Observation on 12/05/2024 at 9:56 AM revealed CNA A was observed already inside Resident #1's room and was cleaning the resident's perineal area (area between the thighs) using the front to back technique. CNA A said she was waiting for another aide to assist her in turning the resident. CNA B entered the room, put on a pair of gloves, and assisted CNA A in turning Resident #1. CNA B did not wash her hands before putting on the gloves. CNA A prepared the brief and put it at the side of the resident. She did not change her gloves before touching the new brief. CNA B started to clean the resident's bottom. After cleaning the resident's bottom, CNA B pulled the soiled brief, and threw it in the trash can. CNA B changed her gloves but did not sanitize her hands before putting on a new pair of gloves. CNA B took the brief from the side of the resident, placed it under the resident, fixed it, and fastened both side of the brief. CNA A assisted in fixing the brief and fastening it. CNA A still had on the same gloves she used in cleaning the front part of Resident #1. After fixing the brief, both CNAs assisted the resident to roll back. Both CNAs washed their hands.</p> <p>In an interview with CNA B on 12/05/2024 at 10:21 AM, CNA B stated she entered Resident #1's room to assist CNA A with incontinent care. She said she put on a pair of gloves as soon as she entered the room. She said she was supposed to wash her hands first before putting on the gloves. She said hands should be washed first before doing any care. She said she was supposed to sanitize also in between changing her gloves to prevent infection. She said she would make sure she washed her hands before and after incontinent care and sanitized her hands in between changing of gloves. She said she would also ask for a container of sanitizer so she would always have one. She said there was a sink inside the resident's room but the sanitizer was outside the room. She said she had in-services about hand hygiene but was not able to apply it.</p> <p>In an interview with CNA A on 12/05/2025 at 10:39 AM, CNA A stated she started cleaning Resident #1's perineal area while waiting for CNA B. She said she assisted in fixing the resident's brief when CNA B was done cleaning the resident's bottom. She said she should have changed her gloves after cleaning the resident's bottom because her gloves were already dirty. She said she would remember next time to change her gloves after cleaning the front part of the resident and even after cleaning the bottom of the resident to prevent infection.</p> <p>In an interview with the ADON on 12/05/2024 at 11:32 AM, the ADON stated hand hygiene was basic and always done before and after incontinent care. She said the hands should be washed before starting incontinent care and before putting on a pair of gloves. She said there was a sink inside Resident #1's room so it was easy for the staff to wash their hands prior to incontinent care. She said the hands should also be sanitized in between the changing of gloves and the gloves should be changed after cleaning the resident's front part and before touching the new brief. She said washing and sanitizing the hands and changing the gloves after touching soiled body parts were done to prevent cross contamination and spread of infection. She said the expectation was for the staff to do hand hygiene before and after every care, after changing their gloves, and when transitioning from a dirty site to a clean site. She said the staff should be mindful when they performed incontinent care to prevent infection. The ADON said she would do in-services about infection control and hand hygiene. She also said she already distributed hand sanitizer for the staff.</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 - Few</p>	<p>In an interview with the DON on 12/05/2024 at 12:36 PM, the DON stated he was made aware by the ADON about the issue in hand hygiene and changing of gloves. He said hand hygiene was the most effective way to prevent infection. He said first, hands should be washed before and after any care. Secondly, hands should be sanitized when changing gloves. He said if the gloves were heavily soiled, the staff should wash their hands. Lastly, staff must change their gloves after touching soiled items or soiled body parts. He said expectation was the staff would do hand hygiene as required and change their gloves when transitioning from dirty to clean. He said he would do in-services and competency check-off about hand hygiene and infection control. He said he already did a one-on-one in-service with CNA A and CNA B.</p> <p>In an interview with the Administrator on 12/05/2024 at 1:14 AM, the Administrator stated she was already aware about the issue of the staff not washing the hands before cleaning the resident. She said not washing the hands and not changing the gloves could cause cross contamination and infection. She said the expectation was for the staff to follow the policy and procedures pertaining to hand washing and infection control. She said she collaborate with the DON on how to handle the issue about infection control and hand hygiene.</p> <p>Record review of the facility policy, Perineal (area between the thighs) Care Female Nursing Policy and Procedure Manual revised December 8, 2009 revealed Procedural Guidelines . A. Beginning Steps . a. wash hands .F. remove soiling . H. wash hands and put on clean gloves.</p> <p>Record review of the facility policy, Infection Control Plan: Overview Nursing Policy and Procedure Manual 2019, no revision date, revealed The facility will establish and maintain an Infection Control Program designed to provide a safe, sanitary . environment . to help prevent the development and transmission of disease and infection .</p>		