

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Rockwall Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 206 Storrs Rockwall, TX 75087	
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** Based on observation, 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 infection for one of six residents (Resident #1) reviewed for infection control. The facility failed to ensure CNA B wore a gown while providing incontinence care for Resident #1, who was on enhanced barrier precautions (use of gown and gloves during high contact resident care), on 01/07/2026. This failure could place residents at risk of cross-contamination and development of infections. Findings include: Record review of Resident #1's Face Sheet, dated 01/09/2026, reflected a [AGE] year-old female who admitted on [DATE]. Resident #1 had diagnoses which included cervical spina bifida (the spine and spinal cord do not form properly) and paraplegia (loss of ability to move the lower half of the body). Record review of Resident #1's Quarterly MDS (tool used to measure health status) Assessment, dated 12/26/2025, reflected intact cognition with a BIMS (tool used to measure cognitive status) score of 15. Section H (Bladder and Bowel) reflected Resident #1 had an indwelling urinary catheter. Record review of Resident #1's Comprehensive Care Plan, dated 12/30/2025, reflected Resident is on enhanced barrier precautions. Interventions included Gloves and gown should be donned if any of the following activities are to occur: linen change, resident hygiene, transfer, dressing, toileting/incontinent care, bed mobility, wound care, enteral feeding care, catheter care, trach care, bathing, or other high-contact activity. Posting at the residents room entrance indicating the resident is on enhanced barrier precautions. An observation and interview on 01/07/2026 at 5:06 PM revealed CNA B exited Resident #1's room. When asked about Resident #1, CNA B stated she had just provided incontinent care. When asked if staff needed to wear gloves and a gown to provide care for Resident #1, CNA B replied she wore gloves but not a gown. CNA B stated she thought a gown was required if the resident had a certain type of infection or an infected wound. An enhanced barrier precaution sign was posted outside Resident #1's door. The sign indicated for staff to wear a gown and gloves during incontinence care. There was a plastic cabinet with drawers containing personal protective equipment outside Resident #1's door. CNA B looked at the enhanced barrier protection sign and replied, yes, when asked if the resident had a urinary catheter. CNA B stated personal protective equipment was important to prevent contaminating staff and their clothing and to prevent spreading infection around the building. During an interview on 01/07/2026 at 5:12 PM, Resident #1 was asked if staff wore a gown and gloves during incontinence care. She replied, some did and some did not. Resident #1's catheter bag hung on the side of the bed. It was in a privacy bag and did not touch the floor. During an interview on 01/07/2026 at 5:10 PM, LVN A stated Resident #1 was on enhanced barrier precautions related to a urinary catheter. LVN A stated CNA B should have worn gloves and a gown when providing incontinent care. LVN A stated it was important to prevent the spread of bacteria and risk of infection. During an interview on 01/08/2026 at 3:02 PM, the ADON stated LVN A</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: 675402
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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>should have worn personal protective equipment when providing incontinence care for Resident #1. She stated Resident #1 had a urinary catheter. The ADON stated it was important to wear the appropriate PPE when providing resident care to prevent cross-contamination. She stated the facility was providing in-service training to staff. During an interview on 01/09/2026 at 12:13 PM, the Administrator stated CNA B was provided one-on-one in-service training related to enhanced barrier protection and providing resident care. He stated all staff had received in-service training. He stated each nurse was provided a list of their residents on enhanced barrier precautions, and were instructed to monitor and ensure CNAs were donning and doffing (putting on and removing) PPE when providing care for residents. He stated nurses were also expected to wear PPE when caring for residents on enhanced barrier precautions. He stated the ADONs would be monitoring the nurses and CNAs to ensure compliance. The Administrator stated it was an important measure to prevent cross-contamination and the spread of infection. Record review of the facility's policy Enhanced Barrier Precautions, effective 01/01/24, reflected Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities. EBP are indicated for residents with any of the following.wounds and/or indwelling medical devices even if the resident is not known to be colonized with a multidrug-resistant organism.Indwelling medical devices examples include central lines, urinary catheters, feeding tubes, and tracheostomies.</p>		