

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/29/2026
NAME OF PROVIDER OR SUPPLIER Rockwall Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 206 Storrs Street 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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on 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. 1. The facility failed to ensure CNA C performed hand hygiene during Resident #1's incontinent care and did not put gloves in her pocket on 07/29/2026.2. The facility failed to ensure CNA C and CNA D wore gowns when they performed Resident #1's incontinent care, who had an ileostomy and wound to his abdomen on 07/29/2026.3. The facility failed to ensure CNA C and CNA D wore gowns when they changed Resident #1's clothes on 07/29/2026.4. The facility failed to ensure CNA C and CNA D wore gowns when they transferred Resident #1 to his wheelchair on 07/29/2026. These failures could place residents at risk of cross-contamination and development of infections. Findings included: Record review of Resident #1's Face Sheet, dated 07/29/2026, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. The resident was diagnosed with ileostomy status (surgically created opening on the abdomen to allow stool to pass). Record review of Resident #1's Comprehensive MDS Assessment, dated 05/27/2026, reflected the resident was cognitively intact (resident capable of normal cognition and needs little support) with a BIMS score of 13. The Comprehensive MDS Assessment indicated the resident had an ostomy (surgical procedure that creates an opening to the body). Record review of Resident #1's Comprehensive Care Plan, dated 05/25/2026, reflected the resident had an ostomy and one of the interventions was to perform ostomy care. The plan indicated the resident was at risk for impaired skin and the intervention was to provide wound care. The plan also specified the resident was on enhanced barrier precautions and gloves and gowns should be donned. Record review of Resident #1's Physician Order, dated 07/08/2026, reflected clean drainage bag QD and PRN empty drainage bag when 3/4 full and rinse with water until clear one time a day for ileostomy care. Record review of the Resident #1's Physician Order, dated 07/14/2026, reflected Monitor for any s/s of infection to surgical site every shift for Wound Healing. During an observation and interview on 07/29/2026 at 8:12 a.m., Resident #1 was in his bed, awake. He said the aide was about to clean him up and transfer him to his wheelchair. He said he had a bag in his stomach where his feces would be collected. He said he did not have any skin issue in his bottom except for a wound to his abdomen that he got from surgery. The resident lifted his hospital gown and showed his abdomen with an ileostomy bag, with some feces on it, and his surgical wound covered with a dressing. During an observation on 07/29/2026 at 8:39 a.m., CNA C and CNA D were about to do Resident #1's incontinent care. Before going inside the resident's room, they gathered some wipes, towels, a brief, and a draw sheet needed for incontinent care from a linen rack outside the resident's room. Inside the linen rack was box of gloves and it was observed CNA C grabbed some gloves and put them in her right pocket. (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
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	observation and interview on 07/29/2026 at 9:14 a.m., ADON A said staff should perform hand hygiene before putting on a new pair of gloves, must not put and use gloves from their pockets, and must wear gowns in addition to the gloves if a resident was on EBP. She said there was a PPE cart outside Resident #1's room to remind the staff they needed to wear gowns during the resident's care. She said the gloves, from the pocket, used for incontinent care were already contaminated because the pockets were not clean. She said even though the staff did not have her keys in her pocket, the gloves were still contaminated. She said the purposes of the procedures mentioned were to prevent cross contamination, prevent potential infection, and prevent spread of infection if there were any. She said the expectation was for the staff to follow the policy for infection control. She said they would start an in-service again about infection control. During an interview on 07/29/2026 at 12:32 p.m., the DON said if a resident was on EBP, then the staff doing care should wear gowns every time they had contact with the resident to prevent cross contamination and spread of infection. She said hand hygiene should be performed when they change their gloves. She said the facility's policy specified about hand hygiene after removing the gloves and wearing PPE when a resident had any ostomy or wound that needed dressing change. She said gloves should not be in the pockets because the pockets were dirty rendering the gloves dirty when used during incontinent care. She said there might be no policy that would say not to put the gloves in the pockets but the best practice was not to put gloves inside the pockets because the protocol was always from clean to dirty and not the other way around. She said the expectation was for the staff to follow the policy for infection control. She said they already started an in-service about infection control and would monitor close that they understand and follow the infection control policy. During an interview on 07/29/2026 at 12:53 p.m., the Administrator said the expectation was for the staff to follow the facility's protocol for infection control. He said he was not a clinician and would let the DON take the lead about the matter. Record review of the facility's policy titled, Infection Control Plan: Overview Infection Control Policy & Procedure Manual, dated 2019, updated March 2024, reflected Infection Control: The facility will establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Record review of the facility's policy Fundamentals of Infection Control Precautions Infection Control Policy & Procedure Manual, dated 2019, updated March 2024, reflected A variety of infection control measures are used for decreasing the risk of transmission of microorganisms in the facility. These measures make up the fundamentals of infection control precautions . 1. Hand Hygiene . After removing gloves . Gloving . Gloves are worn for three important reasons . 1 To provide protective barrier and prevent gross contamination. Record review of the facility's policy Enhanced Barrier Precautions Enhanced Barrier Precautions, revised April 01,2024, reflected EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs (Multi-Drug Resistant Organisms: refers to microorganisms that are resistant to one or more antibiotics) to staff hands and clothing . Has a chronic wound or indwelling medical device, and secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO . transfer a resident . dressing a resident . changing briefs.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure that a resident who needed respiratory care was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for one of ten residents (Resident #2) reviewed for respiratory care. The facility failed to ensure Resident #2's nasal cannula was properly stored on 07/29/2026. This failure could place residents at risk of respiratory infection, respiratory complications, and not having their respiratory needs met. Findings included: Record review of Resident #2's Face Sheet, dated 07/29/2026, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. The resident was diagnosed with hypoxemia (low amount of oxygen in the blood). Record review of Resident #2's Quarterly MDS Assessment (assessment used to determine functional capabilities and health needs), dated 06/22/2026, reflected the resident had severe impairment (resident required significant assistance and support in daily life) in cognition with a BIMS (screening tool used to assess cognitive status) score of 04. The Quarterly MDS Assessment indicated the resident was on oxygen therapy. Record review of Resident #2's Comprehensive Care Plan, dated 05/24/2026, reflected the resident required oxygen therapy related to hypoxemia and one of the interventions was to give oxygen at 2 - 3 L/Min via NC. Record review of Resident #2's Physician Order, dated 07/01/2026, reflected Oxygen at 2 LPM per nasal cannula every night shift for Oxygen via NC @ 2L. During an observation on 07/29/2026 at 8:20 a.m., Resident #2 was not inside his room. An oxygen concentrator with a nasal cannula attached was at the resident's bedside. The nasal cannula (flexible tube used to deliver oxygen to the nose through two prongs) was not bagged and laid on top of the resident's overbed table with the prongs of the cannula touching the top of the overbed table. During an observation and interview on 07/29/2026 at 8:24 a.m., the Activities Director saw the nasal cannula on the overbed table. She said Resident #2 needed assistance when he was transferred. She said she was not a clinician but she knew the nasal cannula should be inside a plastic bag to keep it clean in order to prevent infection. She said she would look for the charge nurse to let her know about the nasal cannula not being bagged. During an observation and interview on 07/29/2026 at 8:34 a.m., ADON A said the nasal cannula should be in a plastic bag when not in use to prevent cross contamination and respiratory infection. She said Resident #2 needed assistance during transfer so the staff who transferred the resident should have made sure the nasal cannula was placed inside the bag. She disconnected the nasal cannula and said she would replace it. She said the expectation was to store the nasal cannula properly when not in use. She said the roach, that was observed crawling in the hallway, might eventually creep to the nasal cannula and contaminate it. She said she would also check who transferred the resident before 6 a.m. to remind them to bag the nasal cannula when not in use. She said they would start an in-service about respiratory care. During an interview on 07/29/2026 at 9:15 a.m., Resident #2 said staff transferred him to his wheelchair in the early morning. He said he did not know who took off his nasal cannula. During an interview on 07/29/2026 at 12:14 p.m., RN B said she did not go to Resident #2's room during her morning round because the resident was already out of his room. She said the 10:00 p.m. to 6:00 a.m. shift was the one who transferred the resident. She said the resident needed assistance because he could not use one side of his body due to stroke. She said the staff who assisted the resident should have placed the nasal cannula inside the plastic bag to prevent cross contamination. During an interview on 07/29/2026 at 12:32 p.m., the DON said the nasal cannula should be bagged after the resident was transferred to his wheelchair to keep it patent and clean. She said the resident could contract any (continued on next page)		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	form of respiratory infection because of the unbagged nasal cannula. She said care for the resident was 24/7 and staff should not wait for the next shift to bag the nasal cannula. She said they already started an in-service about the issue. During an interview on 07/29/2026 at 12:53 p.m., the Administrator said the expectation was for the staff to bag the nasal cannula when not in use. He said he was not a clinician and would let the DON take the lead about the matter. Record review of the facility's, undated, policy Oxygen Administration Nursing Policy & Procedure Manual, reflected Oxygen therapy includes the administration of oxygen (O2) in liters/minute (l/min) by cannula or face mask to treat hypoxemic conditions caused by pulmonary or cardiac diseases . The administration, monitoring of responses, and safety precautions associated with it are performed by the nurse . Goals . 3. The resident will be free from infection.		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents for 1 of 10 reviewed for an effective pest control program. The facility failed to ensure there was no roach in Hall 200 and Resident #2's room. This failure could place residents at risk for the potential spread of infection, cross-contamination, and decreased quality of life. Findings included: During an observation on 07/29/2026 at 8:21 a.m., during rounds in the facility, revealed a roach crawled on the floor on Hall 200. The insect was approximately 1 inch long, with thread-like antennae, spiny legs, and reddish-brown outer shell. The wings of the insect was lying flat across its back. During an observation on 07/29/2026 at 8:23 a.m., the roach crossed the hallway and entered Resident #2's room. The resident was not inside his room at that time. During an observation and interview on 07/29/2026 at 8:23 a.m., the Activity Director said she also saw the roach on the hallway and it entered Resident #2' room. She went inside the room and tried to get something to kill the roach while it was still crawling towards the resident's bed, but as soon as the roach went under the resident's bed, she stopped and said she would call HK to look for the roach because she was not going to stoop down to look for the roach. She said she used to see in the facility and they have a pest log book where the staff would write down the pest they saw and where they saw them. During an observation on 07/29/2026 at 8:24 a.m., the Activities Director returned to Resident #2's with HK E. She pointed to HK E where the roach was last seen and told HK E the roach went under the resident's bed. HK E moved the bed and searched for the roach. He then moved the side table and the overbed table but did not see the roach. During an interview on 07/29/2026 at 8:26 a.m., the Activities Director said she saw ants and roaches once in a while and would report them to HK so they could take care of them by applying a solution but she was not sure exactly what kind of solution. She said the facility had a log book where staff could write down if they saw any pests. During an interview on 07/29/2026 at 8:28 a.m., HK E said he did not find the roach but would still keep looking for it. He said he would sometimes see roaches once in a while. He said they always cleaned the rooms of the residents so it would not attract ants and roaches. During an interview on 07/29/2026 at 9:15 a.m., Resident #2 said he saw a roach once but not inside his room. He said he saw it in the hallway. During an interview on 07/29/2026 at 11:31 a.m., ADON A said the risk of having pests inside the facility could be in terms of the residents' health and safety. She said roaches could carry and spread harmful bacteria that could cause gastrointestinal and respiratory issues. She said the droppings of the roaches could trigger respiratory distress such as asthma (lung disorder caused by narrowing of the airways) to vulnerable residents. She said the roaches could crawl to the residents' food and could cause diarrhea (loose, watery stools, and more frequent than normal episodes). She said one intervention, aside from the routine pest control, staff should clean spills and crumbs promptly so not to attract the pests. She said the facility had a log book where the staff could write down if they saw any pest. She said all the staff were responsible in reporting pests if they saw them. During an observation and interview on 07/29/2026 at 12:32 p.m., the DON said the risk of having pests inside the facility were skin issues especially if the residents were bitten by the pest. She said she was not sure if roaches bite. She took her cell phone out and research if the roaches bite. She said roaches do bite and could cause skin issues if infected. She said roaches would crawl everywhere and even on the food of the residents and that would be harmful for the residents because they would crawl on the floor, ceilings, and even on feces. She said they had a regular visit from a pest company but the staff should still be (continued on next page)		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	mindful to maintain cleanliness as not to attract any pests.During an interview on 07/29/2026 at 12:53 p.m., the Administrator said ants and roaches were an issue in the facility. He said the facility had a regular visit from a pest control company and off cycle if they needed their services outside the regular visit. He said the risk of having pests in the facility was they might bite the residents causing adverse reactions. The Administrator said another risks to the residents was the facility was not providing a safe sanitary environment for them. He said when pests were sighted, his expectation was for the staff to document them in the pest log book so the pest control company could review the log and treat the area accordingly. He said the facility did not wait for the pest control company if they had ways to get rid of the pests safely.Record review of the facility's pest log binder, dated 06/19/2026, reflected a staff reported a roach at the male common area.Record review of the facility's pest log binder, dated 06/19/2026, reflected the DON reported a roach and eggs at room [ROOM NUMBER].Record review of the facility's pest log binder, dated 07/04/2026, reflected the DON reported a roach at the nursing station.Record review of the facility's pest log binder, dated 07/04/2026, reflected the DON reported a roach at the male dining room.Record review of the facility's pest log binder, dated 07/04/2026, reflected the DON reported a roach at room [ROOM NUMBER].Record review of the facility's pest log binder, dated 07/16/2026, reflected the DON reported a roach at hall 200 balcony.Record review of the facility's pest log binder, dated 07/17/2026, reflected the DON reported some gnats at room [ROOM NUMBER].Record review of the facility's pest log binder, dated 07/19/2026, reflected a staff reported some ants at the male dining room.Record review of the facility's pest log binder, dated 07/29/2026, reflected a staff reported a water bug at room [ROOM NUMBER].Record review of the facility's pest log binder, dated 07/29/2026, reflected a staff reported a water bug at room [ROOM NUMBER].Record review of the facility's In-Service Pest Sighting dated 07/14/2026 reflected Every pest sighting should be documented in the pest book . All food in rooms need to be contained in zip lack baggies or airtight containers.Record review of the facility's, undated, policy Insect and Rodent Control Dietary Services Policy & Procedure Manual 2012, reflected The facility will maintain an effective pest control program in order to provide an insect and vermin (small, harmful insects) free food service department . Procedure . 3. Sanitation of facility will be maintained per other stated sanitation policies to prevent food sources, breeding places, etc. for insects or rodents.		