STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675424	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Rehabilitation and Healthcare of Athens	121 Commons Drive Athens, TX 75751

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 - Few	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 have an effective infection control program to prevent the development and transmission of disease and infection for 1 of 2 residents reviewed for incontinent care/peri care (Resident #30).CNA A contaminated clean areas and did not thoroughly clean Resident #30 when providing incontinent care.This failure could place residents who required assistance with incontinent care at risk for discomfort, skin breakdown, cross contamination, and infections.Findings included:Record review of a face sheet dated 03/25/2026 indicated Resident #30 was an [AGE] year-old female who admitted on [DATE] with diagnoses including: diabetes, dementia, wedge compression fractures of the 4th and 5th thoracic vertebrae, cognitive communication deficit, high blood pressure and heart disease. Record review of the most recent quarterly MDS dated [DATE] for Resident #30 indicated the resident required partial assistance of 1 staff with transfers, dressing, toileting and personal hygiene. She was frequently incontinent of bladder and bowel.Record review of a care plan initiated on 03/29/2023 indicated Resident #30 had an ADL self care performance deficit and required extensive assistance of 1 person with toileting and personal hygiene. A care plan initiated on 11/25/2022 and last revised 08/04/2025 indicated Resident #30 was incontinent of bowel and bladder and required to be kept clean and odor free and would be checked frequently for wetness and soiling and changed as needed.During an observation and interview on 03/23/2026 at 10:09 AM CNA A was performing incontinent care on Resident #30. The resident was lying on her left side and her brief was undone exposing her buttocks. CNA A had the package of wipes laying on the bed, there was no setup on the overbed table and no sanitizer bottle in use. CNA A wiped the right hip and top part of the right buttock with a wipe. CNA A flipped the wipe towards the rest of the resident's buttocks but did not actually touch or clean her buttocks or open the anal area for cleansing. She discarded the wipe in the trash can. She rolled up the old brief and placed it in the trash can. Using her soiled gloves, she placed a fresh brief under the resident. Without changing or removing her gloves she turned the resident to her back. The resident was able to assist and she raised her left hip and the CNA pulled the brief through on her side and up through her legs and fastened the brief. She then removed her gloves. She did not wash her hands. Without washing her hands she proceeded to remove clothes from the closet, dressed the resident, helped the resident transfer to the wheelchair and brushed the resident's hair. She did not wash her hands before doing any of those activities and was not wearing gloves. She said she did not come prepared to do incontinent care in front of the state surveyor she said they did extra things when the surveyors watched them. She said if she knew she was going to be watched to perform incontinent care she would have brought more items. She said she did not have enough gloves with her and she only had one pair to perform incontinent care.During an interview on 03/26/2026 at 3:40 PM the DON said she had completed CNA proficiency training and return demonstration on incontinent care in January 2026. She said she utilized a Perineal Care check-off list to make sure the individual followed every step in the process correctly. She said she expected the staff member to bring no less than 5 pairs of gloves when providing care. She said the staff member should wash their hands before setting hp their supplies and beginning incontinent care. She said equipment should be placed on a (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675424	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Rehabilitation and Healthcare of Athens	121 Commons Drive Athens, TX 75751

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 - Few	clean overbed table at the bedside. She said after cleaning and drying the front area of the resident their gloves should be removed and they should wash their hands or use a liquid hand sanitizer. She said they should put on fresh gloves and turn the resident on their side and clean the back area of the resident cleansing from front to back and cleaning the rectal area and both buttocks and hips. She said they should then remove their gloves and wash their hands before placing the clean brief under the resident. She said once they had finished applying and fastening the brief they should remove their gloves and wash their hands. She said if they did other things for the resident they should wash their hands before leaving the room. She said they could never wash their hands enough times. She said she emphasized the process always went from clean to dirty.Record review of the Incontinent Care Policy, dated 04/10/2017, indicated .11. Cleanse peri-area and buttocks with cleansing agent wiping from the front of perineum toward rectum.dry peri-area and buttocks from front to back.14. Remove linen/underpad and discard. 15. Remove and discard gloves. 16. Wash hands. Apply clean linen/underpad, brief or other incontinent products.Record review of an undated Perineal Care checklist used to check CNAs for proficiency in providing perineal care indicated the following: .5. Wash hands and put on gloves.7. Place wipes package on clean bedside table.14. Clean rectal area.15. Dry resident.17. Change gloves and wash hands. 18. Place a clean incontinent pad or brief on resident. 22. Remove gloves and wash hands.Record review of the World Health Organization's Glove Use Information Leaflet revised August 2009 The efficacy of gloves in preventing contamination of health-care workers' hands and helping to reduce transmission of pathogens in health care has been confirmed in several clinical studies. Nevertheless, health-care workers should be informed that gloves do not provide complete protection against hand contamination. Pathogens may gain access to the caregivers' hands via small defects in gloves or by contamination of the hands during glove removal. Hand hygiene by rubbing or washing remains the basic to guarantee hand decontamination after glove removal