

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Reunion Plaza Senior Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Hampton Rd Texarkana, TX 75503	
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide the resident access personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically, or, if not, in a readable hard copy from such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays) and allow the resident to obtain a copy of the records or any portions thereof upon request and 2 working days advance notice to the facility for 1 of 7 residents (Resident #105) reviewed for access of records. The facility failed to provide Resident #105's legal representative copies of medical records after a request was submitted to the facility on [DATE]. This failure could place residents at risk of violation of their rights by not receiving copies of their medical records. The findings included: Record review of the face sheet, dated 02/26/2026, reflected Resident #105 was an [AGE] year-old female who admitted to the facility on [DATE] with diagnosis of Alzheimer's disease (progressive, irreversible brain disorder in which it causes the slow destruction of nerved cells leading to a decline in memory, thinking, language, and behavior that severely impacts daily functioning). Record review of the discharge MDS assessment, dated 11/24/2025, reflected Resident #105 had an unplanned discharge from the facility with the anticipation of return. Record review of Resident #105's Attorney's office letter, dated 11/26/2026, reflected Resident #105's legal representative requested all correspondence with Texas Health and Human Services Commission from the last two years related to Resident #105's Medicaid for Nursing Resident benefits by 12/01/2025 so renewal of benefits could have been obtained. The letter also requested the daily plan of care, nursing logs, medication logs, incident reports, and any and all emails, letters, and notes related to Resident #105. Record review of HIPAA Authorization to Disclose Protected Health Information signed and dated on 11/25/2025 by Resident #105's legal representative, reflected [Attorney office] is permitted to receive the information and is hereby authorized to receive any and all information the releasing persons or organization may have concerning treatment or services rendered to [Resident #105] for any reason, whether inpatient or outpatient. During an interview on 02/24/2026 at 4:02 p.m., Attorney W stated she had still not received the records that were requested on 11/26/2025. Attorney W stated she had verified with Medical Records and the Administrator that the request had been received. Attorney W stated Resident #105's legal representative had signed the HIPAA release of information form which was sent with the letter. She said the delay in receiving Resident #105's medical records have caused her Medicaid benefits to lapse. During an interview on 02/24/2026 at 4:13 p.m., Medical Records stated if an attorney requested medical records, the request was sent to the corporate office and the facility's attorney, Attorney S. Medical Records stated the request was not handled at the facility. Medical Records said she was aware of Resident #105's record request from Attorney</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: 675444	Facility ID: 675444 If continuation sheet Page 1 of 13

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<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>W. She said the request was sent to the Administrator, before he was out on leave. During an attempted phone interview on 02/24/2026 at 4:19 p.m., Attorney S did not answer the phone. A brief message was left with a call back number that was not returned upon exit from the facility. During an interview on 02/24/2026 at 5:03 p.m., the facility's attorney Chief Operating Officer stated Resident #105's record request was overlooked and missed. He stated that they were working on gathering the documents and would have them sent by the end of the week. During an interview on 02/26/2026 at 2:03 p.m., the Regional Administrator stated she was aware of the records request for Resident #105's attorney. She said the records request was sent directly to the attorney and the not the records request email. She stated there was not a process in place to monitor the request after it was sent to the attorney. She stated it was important to ensure residents and their representatives had access to medical records because it was the rules. Record review of the Release of Information Protocol, undated, reflected .2. *Send the signed HIPAA Authorization form to Medical Records Request [email]. 3. *Legal/Personal requests send to Medical Records Request [email]. After receiving the above documentation, a review will be completed and presented to Attorney S. He will determine the direction in which the facility should take.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents who were incontinent of bladder and bowel received appropriate treatment and services to prevent urinary tract infections for 1 (Resident #90) of 12 residents reviewed for incontinent care. The facility failed to provide timely incontinent care for Resident #90 using appropriate techniques. This failure could place residents at risk for urinary tract infections, pain, and skin breakdown. Findings include: Record review of an undated face sheet revealed Resident #90 was a [AGE] year-old female admitted on [DATE] with diagnoses of heart failure, obesity, and hypothyroidism (abnormally low activity of the thyroid gland). Record review of an annual MDS assessment dated [DATE] revealed Resident #90 had a BIMS of 14 indicating no cognitive impairment. She required dependent assistance with ADLs. Resident #90 was incontinent of bowel and bladder. Record review of the January and February 2026 ADL sheet printed 02/25/2026 revealed the following documented number of times incontinent care was performed by staff for Resident #90. January 2026 ? February 2026-Day shift- 3 times -Day shift- 0 times-Evening shift-13 times -Evening shift-4 times-Night shift- 18 times -Night shift- 18 times During a record review of the Grievance log dated 09/2025 to 02/2026 revealed no grievances were noted related to Resident #90 or incontinent care. During a record review of Staff Perineal Care Checkoff on 02/25/2026 for CNA B revealed all areas were completed as proficient. During an interview on 02/23/2026 at 9:15 a.m., Resident #90 stated she was having a major problem with the staff keeping her clean and dry. She stated on average she was cleaned and dried once per shift. She stated on 2 occasions this month she had gone more than an entire day without being cleaned. She stated the CNA often put blankets under her to catch the urine and keep the sheets dry. She stated she allowed them to do so because it was better than lying on a wet mattress. Resident #90 stated it had gotten so bad she reached out to the Ombudsman because the Social Worker and DON were not doing anything to remedy the situation. She stated she felt it was her right to be cleaned and dry. She stated she understood that she was a bigger lady and it took more than one person to perform pericare on her, but she still had the right to be clean and dry. During an observation and interview on 02/24/2026 at 10:45 a.m., revealed CNA B and CNA D entered the room of Resident #90 to perform pericare. CNA B washed her hands prior to beginning pericare and not again until she left the room. CNA D did not wash her hands prior to beginning pericare. CNA B stated, I do not have hand sanitizer, and the facility does not provide it, so I am going to just do the pericare like I always do. CNA B began pericare. During removal of the brief for Resident #90 it was noted the brief was completely saturated and urine leaked from it as it was tucked under the resident to remove it, saturating the sheets. The strong smell of ammonia was present. CNA B stated this was the first time I touched her (Resident #90) today. She stated night shift had to have put the two blankets under her, because she did not double pad people. Resident #90 stated it was the first time she had been changed since around 2:00 a.m. and her skin was sore on her thighs, buttock and vagina from being wet so long. CNA B changed gloves, did not wash her hands, and continued with incontinent care. CNA B wiped from the top of the buttocks toward the vagina 4 times using the same wipe and BM was noted on the wipe when it was disposed of. CNA B stated she felt that because of Resident #90's smell she should give her a bed bath even though it was not Resident #90's day to receive a bath. During an interview on 02/24/2026 at 11:30 a.m., CNA B stated she knew she had not done well on pericare because she did not have hand sanitizer and she wiped from butt to vagina and that could cause infection. She stated she was nervous. CNA B stated there was not enough staff to keep all the residents clean and</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>dry like they deserved to be. CNA B stated she felt very bad about not being able to get to everyone's incontinent care and baths like they deserved. During an interview on 02/25/2026 at 2:00 p.m., the Ombudsman stated she had visited Resident #90 and reported her care concerns of not being changed and bathed timely to the DON and Administrator. She stated she told Resident #90 to contact the state and make a complaint against the facility if the care did not improve after letting them know the issues. During an interview on 02/25/2026 at 3:00 p.m., the DON stated the facility would provide hand sanitizer if the CNAs let them know they did not have any. She stated she expected hand sanitizer and hand washing to be done multiple times during each episode of pericare. The DON stated not sanitizing hands and wiping from back to front introduced bacteria to the urinary tract and could lead to urinary tract infections. The DON stated there were two CNAs on hall 400 on 02/24/2026 day shift and there was no reason that pericare was not done in a reasonable time. She stated reasonable times depend on the resident and that Resident #90 was not a heavy wetter, so she may not be wet every 2 hours. The DON stated the facility had a big problem with documentation. She believed more care was provided to the residents than was seen in the medical record. The DON stated she and her ADON monitored CNA proficiency by watching care for each CNA at least annually. She stated CNA B had a proficiency checkoff on hire and she had only been employed for a few months. During an interview on 02/25/2026 at 4:00 p.m., the Administrator stated she expected the CNAs to perform perineal care by the book. She stated perineal care had to be performed timely and using techniques to prevent infection. The Administrator stated there was enough staff in the building on 02/24/2026 and no care should have been delivered untimely. The Administrator stated she was unaware of the problems Resident #90 was having with care because she was an interim administrator for the facility while the other administrator was out. She stated if the resident complained to the staff, she expected a grievance to be written and followed up in to remedy care issues. Review of a policy titled 'Perineal Care' dated 2025 revealed the following steps for perineal care of a female. Staff will provide cleanliness of genitalia to avoid skin breakdown and infection. Staff will perform perineal/incontinent care with each bath and after each incontinent episode. Clean anal area by first wiping off fecal material with toilet tissue. (For females, wash by wiping from vagina toward anus with one stroke). Discard washcloth. Change bath water as indicated when discolored or soapy. Repeat with clean cloth until skin is clear of fecal material.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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, 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 13 of 34 residents (Resident's #7, #17, #18, #22, #26, #29, #31, #41, #51, #66, #71, #83, and #85) reviewed for infection control practices.1. The facility failed to ensure facility staff followed infection control protocol during a COVID-19 outbreak at the facility.2. The facility failed to ensure the staff had access to the required PPE supplies for COVID positive rooms on 100 hall, on 02/23/2026, 02/24/2026, and 02/25/2026.3. The facility failed to ensure CNA N wore the required PPE while delivering meal trays to Resident's #7, #17, #18, #22, #26, #51, #66, #71, and #83, who were COVID positive and on droplet/respiratory isolation on 02/23/2026.4. The facility failed to ensure admission Coordinator (AC) J wore the required PPE while delivering a meal tray to Resident #29, who was COVID positive and on droplet/respiratory isolation on 02/23/26.5. The facility failed to ensure admission Coordinator (AC) J washed and sanitized hands after existing Resident 29's room, who was on droplet/respiratory isolation, prior to opening the ice chest on 400 hall and using the ice scoop to get ice in two cups then placed the ice scoop back in the storage area on 02/23/26.6. The facility failed to ensure the Dietary Manager (DM) wore the required PPE while delivering meal trays to Resident #41 and Resident #85 in room [ROOM NUMBER], who were COVID positive and on droplet/respiratory isolation on 02/23/26.7. The facility failed to ensure LVN T wore an N-95 mask and face shield or goggles while performing Resident #26's blood sugar check, who was COVID positive, on 02/25/2026.8. The facility failed to ensure LVN T wore an N-95 mask, isolation gown, gloves, and a face shield or goggles while in Resident #22's room, who was COVID positive, on 02/25/2026.9. The facility failed to ensure LVN O changed his gloves and performed hand hygiene after checking Resident #31's blood sugar and before administering her enteral tube medication on 02/24/2026. These failures could place residents and staff at risk for cross contamination, the spread of infections, and complications from the spread of COVID-19; an infectious disease. The findings included:</p> <p>1. Record review of the face sheet, dated 02/25/2026, reflected Resident #7 was a [AGE] year-old male who admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease (a progressive lung condition that makes it difficult to breath).</p> <p>Record review of the quarterly MDS assessment, dated 02/21/2026, reflected Resident #7 had unclear speech, was sometimes understood, and was usually able to understand others. Resident #7 had a BIMS score of 5, which indicated severe cognitive impairment. He had no shortness of breath during the look-back period. The MDS reflected he was on isolation precautions for an active infection disease.</p> <p>Record review of the comprehensive care plan, dated 02/17/2026, reflected Resident #7 was on isolation precautions related to COVID. The interventions included: Respiratory/droplet isolation, protective personal equipment to be worn, and infection control practices as indicated.</p> <p>Record review of Resident #7's active orders report, dated 02/26/2026, reflected an order which started 02/18/2026 for Isolation: Droplet/Respiratory.</p> <p>2. Record review of the face sheet, dated 02/25/2026, reflected Resident #17 was a [AGE] year-old male who admitted to the facility on [DATE] with diagnoses of personal history of COVID-19 and cancer with neutropenia (too few white blood cells).</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 - Many</p>	<p>Record review of the quarterly MDS assessment, dated 01/15/2026, reflected Resident #17 had clear speech, was understood, and was usually able to understand others. Resident #17 had a BIMS score of 7, which indicated severe cognitive impairment. Resident #17 had no shortness of breath during the look-back period.</p> <p>Record review of the comprehensive care plan, dated 02/20/2026, reflected Resident #17 was on isolation related to COVID. The interventions included: droplet/respiratory isolation, protective personal equipment to be worn, and infection control practices as indicated.</p> <p>Record review of the active orders report, dated 02/26/2026, reflected Resident #17 had no order for isolation precautions.</p> <p>3. Record review of the face sheet, dated 02/25/2026, reflected Resident #18 was a [AGE] year-old female who admitted to the facility on [DATE] with diagnoses of non-ST elevation heart attack and neutropenia (too few white blood cells).</p> <p>Record review of the admission MDS assessment, dated 02/10/2026, reflected Resident #18 had clear speech, was understood, and was able to understand others. Resident #18 had a BIMS score of 13, which indicated no cognitive impairment. Resident #18 had no shortness of breath during the look-back period.</p> <p>Record review of the comprehensive care plan, dated 02/17/2026, reflected Resident #18 was on isolation precautions related to COVID. The interventions included: droplet/respiratory isolation, protective personal equipment to be worn, and infection control practices as indicated.</p> <p>Record review of the active orders report, dated 02/26/2026, reflected Resident #18 had an order, which started on 02/18/2026, for Isolation: Droplet/Respiratory.</p> <p>4. Record review of the face sheet, dated 02/25/2026, reflected Resident #22 was a [AGE] year-old male who admitted to the facility on [DATE] with diagnoses of Non-Hodgkin lymphoma (blood cancer), cancer of the larynx, and COVID-19.</p> <p>Record review of the quarterly MDS assessment, dated 02/23/2026, reflected Resident #22 had clear speech, was understood, and was able to understand others. Resident #22 had a BIMS score of 6, which indicated severe cognitive impairment. Resident #22 had no shortness of breath during the look-back period. The MDS reflected Resident #22 was on isolation precautions for an active infectious disease.</p> <p>Record review of the comprehensive care plan, dated 02/25/2026, reflected 02/25/2026, reflected Resident #22 was on isolation precautions related to COVID. The interventions included: droplet/respiratory isolation, protective personal equipment to be worn, and infection control practices as indicated.</p> <p>Record review of the active orders report, dated 02/26/2026, reflected Resident #22 had an order, which started on 02/18/2026, for Isolation: Droplet/Respiratory.</p> <p>5. Record review of the face sheet, dated 02/25/2026, reflected Resident #26 was a [AGE] year-old female who admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease (a progressive lung condition that makes it difficult to breath).</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 - Many</p>	<p>Record review of the quarterly MDS assessment, dated 02/20/2026, reflected Resident #26 had clear speech, was understood, and was able to understand others. Resident #26 had a BIMS score of 15, which indicated no cognitive impairment. Resident #26 had shortness of breath while lying flat and was on isolations precautions for an active infectious disease.</p> <p>Record review of the comprehensive care plan, dated 02/17/2026, reflected Resident #26 was on isolation precautions related to COVID. The interventions included: The interventions included: droplet/respiratory isolation, protective personal equipment to be worn, and infection control practices as indicated.</p> <p>Record review of the active orders report, dated 02/26/2026, reflected Resident #26 had an order, which started on 02/16/2026 for Isolation: Respiratory/Droplet.</p> <p>6. Record review of Resident #29's face sheet dated 02/25/2026 indicated he was [AGE] years old and was admitted to the facility on [DATE] and re-admitted [DATE]. Resident #29 had diagnoses which included non-progressive motor disorder resulting in involuntary, slow, and writhing (twisting) or jerky movements.</p> <p>Record review of Resident #29's annual MDS assessment dated [DATE] indicated he was usually understood and usually understood others. Resident #29 had a BIMS score of 00, which indicated he had severe cognitive impairment. Resident #29 was required set-up or clean-up assistance with eating. Resident #29 required substantial assistance to dependent on staff for most other ADLs.</p> <p>Record review of Resident #29's Care Plan dated 02/25/2026 indicated he was on isolation related to COVID positive with interventions of isolation per physician order, post signs at resident's door informing visitors to check in with licensed staff prior to entering, and protective personal equipment to be worn.</p> <p>Record review of Resident #29's Order Summary Report dated 02/25/2026 indicated an order for droplet/respiratory isolation with a start date of 02/18/2026.</p> <p>Record review of Resident #29's Interdisciplinary progress notes dated 02/18/2026 indicated he had tested positive for COVID-19.</p> <p>7. Record review of Resident #41's face sheet dated 2/26/26 indicated she was [AGE] years old and was admitted to the facility on [DATE]. Resident #41 had diagnoses which included cerebral palsy (permanent, non-progressive neurological-brain disorder appearing in infancy that affects movement, posture, and muscle tone).</p> <p>Record review of Resident #41's annual MDS assessment dated [DATE] indicated she had a BIMS score of 7, which indicated she had severe cognitive impairment. Resident #41 was independent with eating.</p> <p>Record review of Resident #41's Care Plan dated 2/25/26 indicated she was on isolation related to COVID positive with interventions of droplet/respiratory isolation per physician order, post signs at resident's door informing visitors to check in with licensed staff prior to entering, and protective personal equipment to be worn.</p> <p>Record review of Resident #41's Order Summary Report dated 2/25/26 indicated an order for droplet/respiratory isolation with a start date of 2/18/26.</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 - Many</p>	<p>Record review of Resident #41's Interdisciplinary progress notes dated 2/24/26 indicated she was positive for COVID-19.</p> <p>8. Record review of the face sheet, dated 02/25/2026, reflected Resident #51 was a [AGE] year-old female who admitted to the facility on [DATE] with diagnosis of cerebral palsy (group of permanent, non-progressive neurological disorders appearing in infancy or early childhood that affects body movement, muscle tone, balance, and posture).</p> <p>Record review of the quarterly MDS assessment, dated 11/27/2025, reflected Resident #51 had no speech, was rarely/never understood by staff, and was sometimes able to understand others. Resident #51's BIMS was unable to be assessed. The staff assessment for mental status reflected Resident #51's long-term and short-term memory was okay. She was able to recall the location of her own room and staff names and faces. Resident #51 had severely impaired decision-making ability. Resident #51 had no shortness of breath during the look-back period.</p> <p>Record review of the comprehensive care plan, dated 02/20/2026, reflected Resident #51 was on isolation precautions related to COVID. The interventions included: The interventions included: droplet/respiratory isolation, protective personal equipment to be worn, and infection control practices as indicated.</p> <p>Record review of the active orders report, dated 02/26/2026, reflected Resident #51 had no order for isolation precautions.</p> <p>9. Record review of the face sheet, dated 02/25/2026, reflected Resident #66 was a [AGE] year-old female who admitted to the facility on [DATE] with diagnosis of COVID.</p> <p>Record review of the quarterly MDS assessment, dated 01/23/2026, reflected Resident #66 had clear speech, was understood, and was able to understand others. Resident #66 had a BIMS score of 12, which indicated moderately impaired cognition. Resident #66 had no shortness of breath during the look-back period.</p> <p>Record review of the comprehensive care plan, dated 02/17/2026, reflected Resident #66 was on isolation precautions related to COVID. The interventions included: The interventions included: droplet/respiratory isolation, protective personal equipment to be worn, and infection control practices as indicated.</p> <p>Record review of the active orders report, dated 02/26/2026, reflected Resident #66 had an order, which started on 02/18/2026 for Isolation: Respiratory/Droplet.</p> <p>10. Record review of the face sheet, dated 02/25/2026, reflected Resident #71 was an [AGE] year-old female who admitted to the facility on [DATE] with diagnoses of fractures to her back and ribs and COVID.</p> <p>Record review of the quarterly MDS assessment, dated 12/04/2025, reflected Resident #71 had clear speech, was understood, and was able to understand others. Resident #71's BIMS assessment was not assessed. Resident #71's short-term and long-term memory was okay. She was able to recall the current season, location of own room, and that she was in a nursing home. She had independent decision-making ability. Resident #71 had no shortness of breath during the look-back period.</p> <p>(continued on next page)</p>		

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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 - Many</p>	<p>Record review of the comprehensive care plan, dated 02/20/2026, reflected Resident #71 was on isolation precautions related to COVID. The interventions included: The interventions included: droplet/respiratory isolation, protective personal equipment to be worn, and infection control practices as indicated.</p> <p>Record review of the active orders report, dated 02/26/2026, reflected Resident #71 had no order for isolation precautions.</p> <p>11. Record review of Resident #85's face sheet dated 02/25/2026 indicated she was [AGE] years old and was admitted to the facility on [DATE] initially and re-admitted on [DATE]. Resident #85 had diagnoses which included hemiplegia (unable to move one side of body) and hemiparesis (weakness of one side of body) following cerebral infarction (stroke-brain tissue damage caused by block blood flow to brain).</p> <p>Record review of Resident #85's reentry MDS assessment dated [DATE] indicated she had a BIMS score of 14, which indicated she was cognitively intact. Resident #85 was independent with eating.</p> <p>Record review of Resident #85's Care Plan dated 02/25/2026 indicated she was on isolation related to COVID positive with interventions of droplet/respiratory isolation per physician order, post signs at resident's door informing visitors to check in with licensed staff prior to entering, and protective personal equipment to be worn.</p> <p>Record review of Resident #85's Order Summary Report dated 02/25/2026 indicated an order for droplet/respiratory isolation with a start date of 02/18/2026.</p> <p>Record review of Resident #85's Interdisciplinary progress notes dated 02/18/2026 indicated she tested positive for COVID-19.</p> <p>During an observation on 02/23/2026 between 12:48 p.m., and 1:10 p.m., CNA N passed meal trays to every room on hall 100 without the use of PPE (gown, gloves, N95 mask, or face shield or goggles) on the COVID positive rooms. CNA N went from COVID positive rooms to COVID negative rooms. Residents #7, #17, #18, #22, #26, #51, #66, and #71 were COVID positive and the use of PPE was required for each room.</p> <p>During an observation on 02/23/2026 beginning at 1:12 p.m., staff were passing meal trays on hall 400. The Dietary Manager (DM) was assisting in passing meal trays and he entered room [ROOM NUMBER]. The room had a sign on the door that read Droplet Precautions - STOP-EVERYONE MUST: CLEAN THEIR HANDS, INCLUDING BEFORE ENTERING AND WHEN LEAVING THE ROOM-Make sure eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit. The DM only wore a KN95 mask (high-efficiency, disposable respirators) and did not wear gloves, gown, or face shield/goggles. The DM took a meal tray into room [ROOM NUMBER] and then carried out a meal tray and then touched the meal cart with his fingers of right hand looking at meal labels and then carried the meal tray down the hallway toward the kitchen. The DM did not sanitize his hands when he came out of room [ROOM NUMBER]. Then at 1:17 PM, the DM returned carrying a meal tray and re-entered room [ROOM NUMBER], only wearing a KN95 mask, no gloves, gown, or face shield/goggles and delivered a meal tray to Resident #85. The DM then exited the room and sanitized his hands. The DM then re-entered room [ROOM NUMBER] wearing only a KN95 mask, no gloves, gown, or face shield/goggles, and delivered a meal tray to Resident #41 and set up items on the bedside table and then brought a cup out of the room and carried it down the hallway toward the kitchen. The DM did not sanitize his hands when he came out of the room. Then at</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 - Many</p>	<p>1:23 PM, the DM went back into room [ROOM NUMBER] wearing only a KN95 mask, no gloves, gown, or face shield/goggles, with another cup, delivered it to Resident #41, and came out and sanitized his hands. At 1:25 PM, AC J was assisting in passing meal trays on hall 400. AC J took a meal tray into room [ROOM NUMBER] (Resident #29) and placed on his bedside table, wearing only a surgical mask, no gloves, gown, or face shield/goggles. There was a sign on the door of room [ROOM NUMBER] that read Droplet Precautions - STOP-EVERYONE MUST: CLEAN THEIR HANDS, INCLUDING BEFORE ENTERING AND WHEN LEAVING THE ROOM-Make sure eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit. Then LVN G donned required PPE and pulled the meal cart with the roommate's tray to the doorway of room [ROOM NUMBER] and met AC J as she was exiting the room. LVN G then handed AC J two cups off the meal tray and asked AC J to put ice in the cups. AC J took the cups without sanitizing her hands after exiting the room. AC J then went to the ice chest on the 400 hall, pulled the ice scoop from the side pocket and proceeded to fill both cups with ice. AC J placed the scoop back in the storage area and returned the cups to LVN G. AC J then sanitized her hands. At 1:27 PM, the DM returned and took a cup of water into room [ROOM NUMBER], only wearing a KN95 mask; no gown, gloves, or face shield/goggles. The DM then came out of room [ROOM NUMBER] and sanitized his hands.</p> <p>During an observation on 02/23/2026 between 2:15 p.m., and 3:30 p.m., the following was observed: Resident #22, who was COVID positive, had no gloves or N-95 masks inside the PPE supply cart in his room. Resident #51, who was COVID positive, had no face shield or goggles, or N-95 masks inside the PPE supply cart in her room. Resident #17 and Resident #83, who were COVID positive, had no face shield or goggles, or N-95 masks inside the PPE supply cart in the hallway. Resident #7, who was COVID positive, had no gloves, face shield or goggles, or N-95 masks inside the PPE supply cart in the hallway.</p> <p>During an observation and interview on 02/25/2026 at 6:23 a.m., LVN T entered Resident #26's room wearing a KN-95 mask with no face shield or goggles. LVN T stated a KN-95 mask was appropriate to wear inside a COVID positive room and a face shield or goggles were optional. She stated there was no difference between the N-95 mask or the KN-95 mask.</p> <p>During an observation on 02/26/2026 at 10:00 a.m., LVN T was in Resident #22's room with a surgical mask, no isolation gown, no gloves, no face shield or goggles. She was assisting him with items on his bedside table.</p> <p>12. Record review of the face sheet, dated 02/25/2026, reflected Resident #31 was an [AGE] year-old female who admitted to the facility on [DATE] with diagnoses of gastrointestinal hemorrhage (bleeding in the stomach or intestinal tract), dysphagia (difficulty swallowing), and gastrostomy status (surgically created opening in the stomach wall).</p> <p>Record review of the quarterly MDS assessment, dated 07/14/2026, reflected Resident #31 had clear speech, was usually understood, and was sometimes able to understand others. Resident #31 had a BIMS score of 03, which indicated severe cognitive impairment. The MDS reflected Resident #31 had a feeding tube and received 51% or greater total calories through the feeding tube.</p> <p>Record review of the comprehensive care plan, dated 10/17/3025, reflected Resident #31 had a feeding tube necessary for nutritional needs due to dysphagia. The interventions included: monitor for tube dislodgment, blockage, or leakage; monitor feeding tube site for redness or signs of infection; and observed tube placement before each feeding.</p> <p>Record review of Resident #31's active orders report, dated 02/26/2026, reflected an order which</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 - Many</p>	<p>wearing PPE to pass trays on the second day. She stated the required PPE was a gown, KN-95 mask, and gloves. She said a regular surgical mask could have been worn. She stated she did not wear a face shield or goggles because they were not available.</p> <p>During an interview on 02/26/2026 at 10:20 a.m., the DM said he had worked at the facility for four months. The DM said to go into COVID positive rooms, staff were supposed to wear a gown, gloves, and whatever was in the bucket, and they should change their mask when coming out of the room and wash/sanitize their hands. The DM said he did not recall seeing the sign on room [ROOM NUMBER]'s door of being on isolation. The DM said not wearing appropriate PPE in rooms with COVID positive residents could make other residents sick as well.</p> <p>During an interview on 02/26/2026 at 12:53 p.m., the ADON said he was the Infection Preventionist. The ADON said staff should wear a gown, gloves, face shield or goggles, and an N95 mask when entering a room with COVID positive residents on Droplet/respiratory isolation. The ADON said he did not know the difference between KN95 or N95 masks. The ADON said, as the Infection Preventionist, he made sure signs were on the doors, isolation carts were outside the room or nearby, because they did not have enough for all the COVID positive rooms, and for testing staff and residents. The ADON said he was currently out sick with COVID. The ADON said the DON was doing the Infection Preventionist duties in his absence. The ADON said it had been all hands-on deck because they had so many staff out sick. The ADON said it was everyone's responsibility to ensure the isolation carts were stocked with required PPE and if items were needed to let someone know. The ADON said he did an in-service with all staff at shift change at the beginning of the COVID outbreak related to COVID. The ADON said not wearing proper PPE in COVID rooms and going from positive rooms to negative rooms would spread the infection and cross-contaminated rooms.</p> <p>During an interview on 02/26/2026 at 1:28 p.m., the DON stated she expected the staff to ensure infection control protocol was being followed according to the policy and procedures. She stated she expected the staff to ensure they were changing gloves and performing hand hygiene. She stated if the staff were unsure about what PPE to wear inside a COVID positive room, they should have asked. She stated the staff should have had access to the PPE supplies, but if they did not, she expected them to ask her. She stated she expected to be notified if PPE supplies were unavailable. She stated the required PPE inside a COVID positive room was a gown, gloves, N-95 mask, and a face shield or goggles. She stated she was unsure if there was a difference between a KN-95 mask or an N-95 mask. The DON said it was important to ensure infection control practices were followed to protect the staff and other residents from the spread of infection. She said the infection control preventionist was responsible for monitoring to ensure infection control practices were followed.</p> <p>During an interview on 02/26/2026 at 2:03 p.m., the Regional Administrator stated she expected the staff to ensure infection control policies and procedures were followed. She stated clinical management was responsible for monitoring to ensure infection control policies were followed. She said it was important to ensure infection control policies were followed to minimize the spread of infection.</p> <p>During an interview on 02/26/2026 at 2:26 p.m., LVN M said she was the staffing coordinator. LVN M said goggles/face shield, gown, gloves, mask or N95 should be worn in a room with COVID positive residents and then trash the mask when coming out of the room. LVN M said staff should wash/sanitize their hands prior to getting ice from the ice chest on the hall. LVN M said staff should have dumped the ice and sanitized the ice chest once it was determined it was contaminated. LVN M said not wearing appropriate PPE and not sanitizing hands after entering a COVID positive room, was an infection control issue and could spread COVID to other residents.</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 - Many</p>	<p>During an interview on 02/26/2026 at 2:42 p.m., the DON said, at that time, during the COVID outbreak, all staff should be wearing a mask, including kitchen staff. The DON said all staff were wearing masks to protect other staff and residents. The DON said COVID spread like wildfire in the facility because a lot of the positive cases did not have any symptoms.</p> <p>During an interview on 02/26/2026 at 3:03 p.m., the Regional Administrator said she would expect staff to follow the policies of the facility. The Regional Administrator said if staff were not wearing appropriate PPE in COVID positive rooms, it could spread illness.</p> <p>Record review of the resident COVID testing log, dated 02/17/2026, 02/20/2206, and 02/24/2026, reflected 34 residents were COVID positive.</p> <p>Record review of the Coronavirus policy, dated March 2025, reflected .PPE.N95 along with goggles or face shield will be used for all COVID isolations residents.KN95s with goggles or face shield may be used for source control in all other rooms/areas not containing COVID-19.the required PPE for COVID-19 isolation rooms or when providing care or services to a COVID-19 positive resident or a resident suspected of having COVID-19, staff should wear an N95 mask, face shield or goggles, gown, and gloves.</p> <p>Record review of the Isolation Precautions policy, dated February 2025, reflected Modified Isolation Precautions: Intended to prevent the transmission of novel or high consequence pathogens that could be easily disseminated or transmitted from person to person, for which methods of transmission are still under investigation, and/or for which there may be potential for high morbidity/mortality. This could include pathogens such as COVID-19.Modified Isolation Precautions. all personnel entering the room must wear isolation downs, gloves, N95/KN95 mask, and eye protection.</p> <p>Record review of the Infection Prevention, Control, and Surveillance policy, dated February 2025, reflected .handwashing is monitored by direct surveillance of persons performing their normal job functions.Appendix B Hand Hygiene. activity included: . After performing personal care for residents . after handling soiled items.after removing gloves. before handling medication. before handling food.between dirty and clean procedures.</p>		