| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675453 | A. Building<br>B. Wing | 05/18/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Collinwood Nursing and Rehabilitation | 3100 S Rigsbee Rd<br>Plano, TX 75074 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure staff followed established infection control policies and procedures for enhanced barrier precautions and facility surveillance for multidrug-resistant organisms. The facility must 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. This deficient practice affected 1 (Resident #1) of 3 residents reviewed for infection control. The facility failed to maintain an effective infection prevention and control program, including failure to follow its own enhanced barrier precautions policies and procedure for infection control and train nursing home staff in putting on and taking off personal protective equipment required for enhanced barrier precautions. This failure placed all residents and staff at risk for the development and transmission of communicable diseases and infections from multidrug-resistant organisms. Findings included: Record review of Resident #1's facility face sheet revealed an [AGE] year old female admitted to the facility on [DATE] with the following diagnosis: metabolic encephalopathy (overall brain disfunction), major depression, neurogenic bladder (loss of bladder function due to brain injury), anxiety disorder, stroke, Alzheimer's disease, and unspecified dementia. Review of Resident #1's quarterly MDS dated [DATE] revealed Section C - Cognitive Patterns documented a BIMS score of 7 that revealed severe cognitive impairment. Section GG - Functional Abilities documented maximum assistance was required by one to two staff members for ADLs. The resident completed none of the tasks. A Hoyer lift was required for transfers from bed to wheelchair. Section H - Bowel and Bladder revealed the resident had an indwelling catheter for neurogenic bladder and incontinent of bowel function. Section M - Skin Conditions revealed stage four (most severe type) un-healed pressure injury to the sacrum (lower back). Record review of comprehensive care plan dated 03/16/2025 revealed: I have (1) pressure ulcer or potential for pressure ulcer development r/t Immobility Stage IV to sacrum. Date Initiated: 10/21/2025. I have a condition that requires Enhanced Barrier Precautions due to an indwelling catheter and wound care. Staff must don gown and gloves after entering the room to provide high contact resident care activities such as dressing, bathing/showering, transfers, providing hygiene, changing linens, toileting/brief changes, device care, med administration by enteral tube or central line, trach care and wound care. Record review of comprehensive care plan dated 03/16/2026 for Resident #1 revealed enhanced barrier precautions and interventions were planned as an infection control intervention for wound care and incontinent care to reduce the transmission of multidrug-resistant organisms. Intervention revealed Staff must don a gown and gloves after entering the room to provide high contact resident care activities such as dressing, bathing/showering, transfers, providing hygiene, changing linens, toileting/brief changes, device care, med administration and wound care. Review of physician order dated 03/16/2026 for Resident #1 revealed the resident was placed on enhanced barrier precautions for wound care and urinary catheter care. PPE was to be put on by staff inside the resident room prior to providing care. Wound care treatment order: Honey, Calcium Alginate for stage four pressure injury; cleanse with normal saline, pat dry, apply honey and calcium alginate, cover with dry dressing daily and as needed. Interview on 05/18/2026 at 9:00 AM a<br>(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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | message was left for the physician for Resident #1 to return the call for an interview. During an observation on 05/28/2026 at 9:11 AM, Resident #1 was in her bed. CNA A and CNA B prepared to reposition the resident. They washed their hands and put on clean gloves but no gown per facility Infection Control/EBP policy. A small storage container with gowns, gloves, masks, and hand sanitizer was noted to be inside Resident #1's room. CNA A and CNA B proceeded to reposition the resident to her right side. During an interview with CNA B on 05/18/2026 at 9:15 AM, she worked here for approximately six months. She was unable to describe the current facility infection control/enhanced barrier precautions policy or procedures. She could not give an example of a high contact resident activity identified in the EBP policy such as dressing, bathing, toileting, transferring, providing hygiene, changing linens, and wound care. She said she would ask her charge nurse. She did not understand the meaning of multidrug-resistant organisms associated with enhanced barrier precautions and the spread of infection identified in the Infection Control/EBP policy. She could not remember when the last in-service for EBP was provided. She said D.O.N. was the facility Infection Preventionist. During an interview with CNA E on 05/18/2026 at 9:30 AM, she has worked here for ten years. She said she did not understand the current facility infection control/enhanced barrier precautions policy or procedures. She could not give an example of a high contact resident activity identified in the facility EBP policy. She said she would ask her charge nurse. She did not understand the meaning of multidrug-resistant organisms associated with enhanced barrier precautions and the spread of infection. She could not remember when the last in-service for EBP was provided. She said she would ask her charge nurse. She said she did not know who the facility Infection Preventionist was or what it was for. During an interview with CNA D on 05/18/2026 at 10:40 AM, he has worked here for four years. He said he did not know the current facility infection control/enhanced barrier precautions policy or procedures. He could not give an example of a high contact resident activity identified in the facility EBP policy. He did not understand the meaning of multidrug-resistant organisms associated with enhanced barrier precautions and the spread of infection. He said he couldn't remember when the last in-service for EBP was provided. He said D.O.N. was the facility Infection Preventionist. During an interview with CNA C 05/18/2026 at 11:17 AM, she has worked here for four years. She was unable to describe the current facility enhanced barrier precautions policy or procedures. She could not give an example of a high contact resident activity identified in the facility EBP policy. She did not understand the meaning of multidrug-resistant organisms associated with enhanced barrier precautions and the spread of infection. She said she couldn't remember when the last in-service for EBP was provided. She said D.O.N. was the facility Infection Preventionist. During an interview with RN F on 05/18/2026 at 11:31 AM, she has worked here for three years. She said a high contact resident activity would be providing wound care. An example of a multidrug resistant organism would be MRSA. She said she couldn't remember when the last in-service for EBP was provided. She said, We are all the Infection Preventionist, but the D.O.N. was over the Infection Control program for the facility. In an interview with LVN G on 05/18/2026 at 11:44 AM, it was revealed she worked here ten years. She was one of the two nurses in charge on the 6:00 AM to 2:00 PM shift. She said she observed her CNA staff to ensure they put on PPE before providing care for residents on enhanced barrier precautions. She said she couldn't remember when the last in-service for EBP was provided. She said D.O.N. was the facility Infection Preventionist. In an observation on 05/18/2026 at 1:30 PM, RN F and CNA B entered Resident #1's room to provide wound care. Both staff washed hands and put on a gown and gloves. Wound care supplies were gathered using aseptic techniques. The resident was told what staff were going to do; and her pain level was assessed. The resident denied being in pain. Resident #1 was repositioned in preparation for wound care by both staff. RN F removed the old wound dressing. The wound bed of the pressure injury was clean and dry with no signs of infection present. The wound to the lower back matched documented measurements of 6.01 cm long; 2.73 cm wide; 0 cm deep. RN F changed gloves and used alcohol rub for hand hygiene. She put on clean gloves. Wound cleaned with normal saline solution. RN F took off<br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | her right glove and put on another clean glove without cleaning her hands per facility infection control policy. She continued to provide wound care. The dressing with honey and calcium alginate was applied with a clean gauze. Dated, dry dressing was applied. The resident was repositioned, asked about her pain level, which was zero on a scale of zero to ten. In an interview on 05/18/2026 at 2:00 PM with CNA A, it was revealed she did not know the current facility enhanced barrier precautions policy or procedures. She could not give an example of a high contact resident activity identified in the facility EBP policy. She did not understand the meaning of multidrug-resistant organisms associated with enhanced barrier precautions and the spread of infection. She said she couldn't remember when the last in-service for EBP was provided. She did not know the person or understand the role of Infection Preventionist.In an interview with CNA H on 05/18/2026 at 2:17 PM, it was revealed she did not know the current facility enhanced barrier precautions policy or procedures. She could not give an example of a high contact resident activity. She did not understand the meaning of multidrug-resistant organisms associated with enhanced barrier precautions and the spread of infection. She said she couldn't remember when the last in-service for EBP was provided. She did not know the person or role of the facility Infection Preventionist. In an interview on 05/18/2026 at 3:30 PM with D.O.N., it was revealed he worked here for almost one year. He said the most current in-service on enhanced barrier precautions was provided in February 2026. He said the infection control policies and procedures have been reviewed for 2026 and the Medical Director had signed approval. He said he observed staff daily to ensure resident care was being provided and care plans were followed. He could not identify if an MDRO was currently tracked in the facility. He could not identify the plan he used for evidence-based surveillance criteria as required by the CDC (e.g., CDC NHSN Long-Term Care or revised McGeer Criteria) to define infections and the use of a data collection tool. He stated the facility had not established/implemented an Infection Control surveillance plan based on a facility assessment. The DON said he provided an in-service for infection control and enhanced barrier precautions in February 2026, and his expectations were for all staff to follow facility policy and procedure. A copy of the EBP in-service was not provided for review. Review of infection control policy dated 12/2025 revealed enhanced barrier precautions refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms otherwise known as MDRO that employs targeted gown and glove use during high contact resident care activities. 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 to staff hands and clothing. High contact resident activities include but are not limited to dressing, bathing, toileting, transferring, providing hygiene, changing linens, and wound care. Hand hygiene policy and procedure included in the 12/2025 infection control policy revealed: Hand hygiene for 20 seconds with alcohol hand sanitizer or washing hands with soap and water: c. before handling clean or soiled dressings, gauze pads, etc. f. before moving from a contaminated body site to a clean body site during resident care; h. after handling used dressings contaminated equipment; j. removing gloves. During an interview with the Administrator on 05/18/2026 at 4:00 PM, revealed it was his expectation the D.O.N. will in-service all nursing staff on infection control and enhanced barrier precautions and his expectations of the administrative nursing staff was better monitoring of facility wide infection control measures. On 05/18/2026 at 4:15 PM, the physician for Resident #1 did not return the phone call requested at 9:00 AM today. |