

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2026
NAME OF PROVIDER OR SUPPLIER  Heritage Place of Decatur		STREET ADDRESS, CITY, STATE, ZIP CODE  605 W Mulberry Decatur, TX 76234	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to 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 3 residents (Resident #1, Resident #2, and Resident #3) of 10 residents reviewed for infection control. The LPC, who was a vendor at the facility, failed to use appropriate PPE according to the facility's IPCP when visiting Residents #1, #2, and #3, who were on isolation precautions with confirmed COVID. This failure could place residents at risk for spread of infection through cross-contamination. Findings included: Resident #1 Record review of Resident #1's Quarterly MDS Assessment, dated 12/04/25, reflected the resident was an [AGE] year-old female who was admitted to the facility on [DATE]. She had a BIMS score of 14, which indicated her cognition was intact. The MDS Assessment under Section I-Active Diagnoses, reflected Resident # 1's active diagnoses included Alzheimer's Disease (brain disorder that affects memory, thinking, and behavior), depression (a mood disorder that causes persistent feelings of sadness and loss of interest), seizure disorder (chronic neurological disorder that causes recurrent changes in movement, behavior, and consciousness), and respiratory distress (difficulty breathing). Record review of Resident #1's Care Plan, revised 02/24/26, reflected the resident had an acute care plan for COVID-19 infection with interventions that included: allowing the resident to get rest, encouraging fluids, encouraging covering mouth when sneezing and coughing, ensuring infection control measures and PPE is used during care, staying in room and away from people as much as possible, and monitoring labs. Resident #2 Record review of Resident #2's Quarterly MDS Assessment, dated 02/05/26, reflected the resident was a [AGE] year-old female who was readmitted to the facility on [DATE]. She had a BIMS score of 14, which indicated cognition was intact. The MDS Assessment under Section I-Active Diagnoses, reflected Resident # 1's active diagnoses included hypertension (high blood pressure), viral hepatitis (inflammation of the liver), bipolar disorder (chronic mood disorder that cause extreme mood swings), and asthma (chronic respiratory disease). Record review of Resident #2's Care Plan, revised 02/24/26, reflected the resident had an acute care plan for COVID-19 infection with interventions that included: allowing the resident to get rest, encouraging fluids, encouraging covering mouth when sneezing and coughing, ensuring infection control measures and PPE is used during care, staying in room and away from people as much as possible, having oxygen available as ordered, and monitoring vital signs. Resident #3 Record review of Resident #3's Quarterly MDS Assessment, dated 01/26/26, reflected the resident was a [AGE] year-old male who was readmitted to the facility on [DATE]. He had a BIMS score of 13, which indicated cognition was intact. The MDS Assessment under Section I-Active Diagnoses, reflected Resident # 1's active diagnoses included hypertension (high blood pressure), anemia (deficiency of red blood cells), diabetes mellitus (the body's inability to regulate blood sugar levels), bipolar disorder (chronic mood disorder that cause extreme mood swings), and asthma (chronic respiratory disease). Record</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: 675513	If continuation sheet Page 1 of 3

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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>review of Resident #3's Care Plan, revised 02/26/26, reflected the resident had an acute care plan for COVID-19 infection with interventions that included: allowing the resident to get rest, encouraging fluids, encouraging covering mouth when sneezing and coughing, ensuring infection control measures and PPE is used during care, staying in room and away from people as much as possible, having oxygen available as ordered, listening to lung sounds, and monitoring vital signs. In an observation on 02/27/26 at 8:45 AM, the facility had a sign on the front door that alerted all visitors that the facility had experienced a case of COVID-19 in the last 14 days and masks were required. In an observation on 02/27/26 from 10:42 AM-10:45 AM, the LPC visited with Resident #1 and Resident #2 in their room, which had been designated an isolation room. He then visited Resident #3, who was also in an isolation room. The LPC only wore a cloth face mask when visiting with the residents. He did not put on any of the PPE that was available outside of each isolation room. Each resident's room was also observed to have a sign on the door that informed staff and visitors of the appropriate PPE and precautions to take when entering the room. In an interview on 02/27/26 at 10:45 AM, the LPC stated he noticed the signs at the front door and on resident doors, but he did not read them thoroughly. He stated when he entered the facility, he was not informed by staff that there was a COVID outbreak or informed to wear PPE. The LPC stated he was there to provide counseling services to a few of the residents who happened to be on the isolation hall, and that was how he realized there was an outbreak. The LPC stated he was looking for someone to advise how to proceed. In an interview on 02/27/26 at 10:52 AM, the Administrator stated the facility followed their policy and the CDC guidelines regarding isolation precautions and infection control for COVID. She stated there was currently a COVID outbreak at the facility and they were unsure of the root cause. The Administrator stated it was the facility's policy for contracted workers or vendors to read the posted signs and abide by the policy and procedures. The Administrator stated family members were the only visitors who were encouraged to follow the policy but could not be forced to do so, according to state guidelines. The DON stated the LPC was immediately educated on the facility's infection control policy and told to wear PPE when entering isolation room. The DON also stated she began in-servicing staff on correcting vendors who were not following protocol and reporting to the DON and Administrator. In an interview on 02/27/26 at 3:12 PM with the ED and DON, the DON stated the expectation was for all vendors to follow the facility's infection control policy the same as staff. The DON stated vendors not following the infection prevention policy and isolation precautions could place residents at risk of infection. The Administrator stated the facility followed stated regulations by posting signs at the front door of the facility and on each of the isolation rooms to alert everyone of the COVID outbreak and appropriate protocols. The Administrator revealed it was expected that everyone would read the signs and follow appropriate protocols. Record review of an in-service titled Vendors, dated 02/27/26, reflected staff were educated on informing vendors in the facility to follow policies related to isolation precautions and infection prevention and reporting to the DON or Administrator. Record review of the facility's Infection Control Plan: Overview policy, dated March 2024, reflected the following: Infection ControlThe 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. Infection Control ProgramThe facility will establish an Infection Control Program under which it - Investigates, controls, and prevents infections in the facility. Decides what procedures, such as isolation, should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections.Preventing Spread of InfectionWhen the Infection Control Program determines that a resident needs isolation to prevent the spread of infection,</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 - Few</p>	<p>the facility will isolate the resident. The facility will require staff to [NAME] and Doff PPE before and after contact with resident who needs isolation to prevent the spread of infection to others in the facility. Review of the Center for Disease Control and Prevention website, &lt;<a href="https://www.cdc.gov/covid/hcp/infection-control/index.html">https://www.cdc.gov/covid/hcp/infection-control/index.html</a>&gt;, updated 06/24/24, reflected in part the following. Personal Protective Equipment HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) Visitation For the safety of the visitor, in general, patients should be encouraged to limit in-person visitation while they are infectious. However, facilities should adhere to local, territorial, tribal, state, and federal regulations related to visitation. Additional information about visitation from the Centers for Medicare &amp; Medicaid Services (CMS) is available at Policy &amp; Memos to States and Regions   CMS. Counsel patients and their visitor(s) about the risks of an in-person visit. Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets, when appropriate. Facilities should provide instruction, before visitors enter the patient's room, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy. Visitors should be instructed to only visit the patient room. They should minimize their time spent in other locations in the facility.</p>		