STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675928	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sienna Nursing and Rehabilitation	2510 W 8th Street Odessa, TX 79763

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 maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 1 of 4 residents (Resident #10) reviewed for infection control in that; CNA A failed to change her gloves after they became contaminated during incontinent care while assisting Resident #10. These failures could place resident's at risk for cross contamination and the spread of infection. Finding included: Record review of Resident #10's electronic admission record dated 04/22/2026 indicated he was admitted to the facility on [DATE] with diagnoses of dementia and constipation. He was [AGE] years of age. Review of Resident #10's care plan revised on 10/30/2025 indicated in part: Resident has bowel incontinence. Resident will not have any complications related to bowel incontinence. Check him frequently and assist with toileting as needed. Provide pericare after each incontinent episode. Record review of Resident #10's quarterly MDS assessment dated [DATE] indicated in part: Bladder and bowel: Urinary continence = Always incontinent. Bowel continence = Always incontinent. Observation on 04/21/2026 at 11:54 AM CNA A performed incontinent care for Resident #10. CNA A put on a pair of clean gloves and then undid the resident's brief. The CNA then took some wet wipes and wiped Resident #10's scrotum and penis. CNA A then turned the resident on his side and took some more wipes and wiped the resident's rectal area. The resident had had a bowel movement, so the CNA took some extra wipes and wiped the bowel movements from the resident's bottom. CNA A then removed the soiled brief and while still wearing the same gloves she took a clean brief and fastened it to Resident #10. The CNA then assisted the resident on his back and was done with the care. Interview on 04/21/2026 at 2:28 PM CNA A said that she should have changed her gloves before she took the clean brief and fastened it to the resident. The CNA said that she had gotten nervous when she had performed incontinent care for Resident #10. CNA A said that if she did not change her gloves after they became contaminated it could have led to infections and cross contamination. Interview 04/23/2026 at 2:42 PM the DON said what it was expected for the CNAs to remove their gloves once they became contaminated. The DON said the CNAs were then supposed to sanitize their hands before putting a new pair of gloves on. The DON said if the CNAs did not change their gloves there was a possibility of the spread of fecal matter and the spread of germs. The DON said they monitored staff by conducting periodic training and they also performed proficiencies for CNAs on a yearly basis. Interview on 04/23/2026 at 3:46 PM the Administrator said that he agreed with what the DON had said regarding the expectation of the CNAs changing their gloves after they became contaminated. The Administrator said that he was not a clinical nurse so he would agree with what the DON had said regarding the possible outcomes if the CNA had not changed her gloves. Record review of the facility policy titled Personal/Perineal Care dated 05/11/2022 indicated in part: An incontinent resident of urine and/or bowl should be identified, assessed and provided appropriate treatment and services to restore as much normal bladder/bowel function as possible. This procedure aims to maintain the resident dignity and self-worth and reduce embarrassment by providing cleanliness and comfort to the resident, preventing infections and skin irritation, and observing the resident's skin condition. Start: perform (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
	675928	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sienna Nursing and Rehabilitation	2510 W 8th Street Odessa, TX 79763

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	hand hygiene - [NAME] (put on) gloves and all other PPE per standard precautions - gently perform perineal care, wiping from clean, urethral area, to dirty, rectal area, to avoid contaminating the urethral area - clean to dirty. Doffing and discarding of gloves are required if visibly soiled. Always perform hand hygiene before and after glove use. Note skin changes and apply moisture barrier cream as directed. Doff (take off) gloves and PPE and perform hand hygiene. Record review of the facility's undated policy titled Infection Control indicated in part: 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. Facility assessment/Infection prevention and control assessment tool for long term care facilities. At least annually and on an as-needed basis the facility will conduct a facility wide assessment to determine the resources needed to maintain an efficient and up to date infection control program. The facility assessment can assist in determining the types of residents being cared for, what is needed to care for those residents, and what education facility staff need.