

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675966	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER The Villa at Texarkana		STREET ADDRESS, CITY, STATE, ZIP CODE 4920 Elizabeth St 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)		
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 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 1 of 6 residents (Resident #1) reviewed for infection control practices. The facility failed to ensure CNA A performed hand hygiene and changed her gloves during Resident #1's incontinent care on 06/29/26. This failure could place residents and staff at risk for cross contamination and the spread of infection. The findings included: Record review of the face sheet, dated 06/22/26, reflected Resident #1 was an [AGE] year-old male who admitted to the facility on [DATE] with a primary diagnosis of unspecified dementia (a decline in mental ability severe enough to interfere with daily life) without behaviors. Record review of the admission MDS assessment, dated 06/22/26, reflected Resident #1 had clear speech, was rarely/never understood by others, and was rarely/never able to understand others. Resident #1 had a BIMS score of 3, which indicated severe cognitive impairment. Resident #1 usually required substantial/maximum assistance with toileting hygiene and was always incontinent of urine. Record review of the comprehensive care plan, dated 06/24/26, reflected Resident #1 required maximum assistance with ADL care and was incontinent of his bowel and bladder. The interventions included: provide incontinent care every two hours as needed. During an observation on 06/29/26 beginning at 1:31 p.m., CNA A and CNA B provided incontinent care to Resident #1. CNA A removed Resident #1's brief, wiped his front peri area with wet wipes, turned him on his right side, wiped his back peri area with wet wipes, applied barrier cream, and placed a clean brief under Resident #1 without changing her gloves or performing hand hygiene. During an interview on 06/29/26 at 3:36 p.m., CNA A stated she normally changed gloves and performed hand hygiene after each individual wipe during incontinent care. CNA A stated she should have changed gloves and performed hand hygiene when going from the front to the back and after applying the barrier cream. CNA A stated she believed she did those things when performing peri care on Resident #1. She stated it was important to change gloves and perform hand hygiene during incontinent care to prevent cross contamination. During an interview on 06/29/26 at 3:50 p.m., CNA B stated during incontinent care on Resident #1 she noticed CNA A did not change her gloves or perform hand hygiene at the appropriate times. She stated she was unsure if she was allowed to tell her when the state was observing. CNA B stated it was important to change gloves and perform hand hygiene during incontinent care to prevent the spread of infection or urinary tract infections. During an interview on 06/30/26 at 12:53 p.m., the DON stated she was also the infection control preventionist. She stated she expected the nursing staff to ensure gloves were changed and hand hygiene was performed during incontinent care when going from the front to the back or moving from clean to dirty. The DON stated the nursing staff was responsible for monitoring to ensure gloves were changed and hand hygiene was performed during incontinent care. She stated it was important to prevent infections or cross contamination. During an interview on 06/30/26 at 1:11 p.m., the Administrator stated she expected the nursing staff to practice safe infection control practices during incontinent care. She stated everyone was responsible for monitoring to ensure infection control practices were followed. She stated it was (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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	important to ensure infection control practices were followed during incontinent care to prevent the spread of infection, to ensure patient safety, and maintain quality of care. Record review of the Perineal Care policy, dated October 2010, did not address changing gloves or performing hand hygiene. No additional policies were provided by the facility.		