STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676039	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Parks at Garland Healthcare and Rehab	3737 N Garland Ave. Garland, TX 75044

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on observation, interview, and record review the facility failed to provide a private meeting space for residents' monthly Resident Council Meeting for 7 of 14 confidential residents reviewed for Resident Council for 1 of 1 facility.1. The facility failed to provide a private space area for residents who attended monthly Resident Council Meetings.This failure could place residents who attend the monthly Resident Council Meetings at risk of not being able to voice their concerns amongst each other due to a lack of privacy.Findings included:In an interview with the Activities Director on 04/09/26 at 10:30 AM, she stated that the confidential group meeting on 04/09/26 with the residents of Resident Council and the State Surveyor would not be held in the Private Dining Room where the monthly Resident Council Meetings were normally held. The Activities Director stated that the confidential group meeting on 04/09/26 with the residents of Resident Council and the State Surveyor would be held in an empty resident room for privacy.A confidential group meeting was held on 04/09/26 at 10:35 AM in an empty resident room on the 100 Hall. In the confidential group meeting, 7 residents that regularly attended the facility's monthly Resident Council Meetings stated that their monthly Resident Meetings were held in the Private Dining Room, which was adjacent to the Dining Room. The residents described the Private Dining Room area as being a room connected to the Dining Room. The residents stated that the Private Dining Room had 1 door, which opened to the 300 Hall. The residents stated that the Private Dining Room had a large area that was open to the public and did not have any interior or exterior doors. The residents stated that the large opening that led to the Dining Room did not provide any privacy for the residents to discuss what they needed to discuss about the facility operations, including their concerns regarding the staff and the care that they were receiving by the staff and there was no privacy. The residents stated that they had never had any Resident Council Meetings in the area where the Resident Council Meeting was being held on 04/09/26. The residents stated during some of their previous monthly Resident Council Meetings, they were disrupted by staff during their meetings and would prefer that staff did not enter the Private Dining Room during their meetings, which occurred on several occasions. The residents stated that they would like the option to have their monthly Resident Council Meetings in a location that had doors to ensure privacy and would not cause staff or residents to overhear what was being discussed in their meetings to prevent retaliation from staff and other residents.An observation on 04/09/26 at 11:43 AM, revealed that the Private Dining Room area had 1 exterior/interior door that led to the 300 Hall. The Private Dining Room area shared common walls with the Dining Room and did not include any doors that separated the Private Dining Room area from the Dining Room.In an interview on 04/10/26 at 10:46 AM with the SW she revealed she had been employed at the facility for 2 months. The SW stated that she was unaware that the facility needed to have a private area for residents to have their monthly Resident Council Meetings. The SW stated that she was the facility's Grievance Officer and had not received any concerns/complaints from residents who attended the monthly Resident Council Meetings regarding their lack of privacy in the Private Dining Room during their meetings. The SW stated that she did not feel that there was any risk or harm to residents due to the facility not providing a private area/space for the residents to have their monthly Residential Council Meetings.In an interview on 04/10/26 at 11:05 AM, the Administrator revealed he had been (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
	676039	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Parks at Garland Healthcare and Rehab	3737 N Garland Ave. Garland, TX 75044

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	employed at the facility for almost 2 years. The Administrator stated that the monthly Resident Council Meeting location was set up by the Activities Director. He stated that the Activities Director held the monthly Resident Council Meetings in the Private Dining Room, which was adjacent to the facility's Dining Room. The Administrator stated that he was unaware that the facility needed to have a private area that allowed residents who attended the monthly Resident Council Meetings for privacy, which included doors to ensure privacy for the residents during their meetings. The Administrator stated that the residents had not brought to his attention that they needed a private area for their monthly meetings to ensure privacy. The Administrator stated that he understood the need for residents to feel safe and secure about what they were discussing in their meetings during their monthly Resident Council Meetings and not have to worry about the potential of retaliation from staff and residents. The Administrator stated that there was a potential of someone in the Resident Council Meeting being harmed if someone overheard what was being discussed during the monthly Resident Council Meetings. The Administrator stated that the facility was in the process of getting some bids from some vendors for the pricing of enclosing the Private Dining Room area. The Administrator stated that he was going to provide some reeducation and training via In-Service Trainings to all staff members to advise them not to disrupt the monthly Resident Council Meetings as well as ensure that the monthly Resident Council Meetings are held in a private and secured area with doors.In an interview on 04/10/26 at 11:56 AM with CNA B revealed she had been employed at the facility for 1 month. CNA B stated that she was unaware that the facility needed to have a private area that allowed residents who attended the monthly Resident Council Meetings with privacy, which included doors to ensure privacy for the residents during their meetings. CNA B stated that residents had not told her anything about wanting to have more privacy during the monthly Resident Council Meetings. CNA B stated that the risk of not having a secure area for the residents during their monthly Resident Council is that they do not have any privacy due to there not being any doors in between the Private Dining Room and Dining Room areas. CNA B stated that if a resident(s) mentioned their concerns during one of their monthly Resident Council Meetings and it involves another resident or staff member, there was a potential for harm to the residents in the meeting to be bullied, harassed or physically hurt.In an interview on 04/10/26 at 1:50 PM, the Activities Director stated she had been employed at the facility since February 2026. She stated the residents in Resident Council met once a month and reported that up to 15 residents attended the monthly meetings. She stated prior to the beginning of the monthly Resident Council meetings, she will close the door to the 300 Hall and post a sign on the door advising Do Not Disturb due to Meeting in Progress. She stated that during previous Resident Council Meetings, she had been unable to close off the opening attached to the Dining Hall because there were not any doors. The Activities Director stated that the residents that had attended previous Resident Councils meeting had not voiced to her anything about there not being enough privacy during the monthly Resident Council Meetings. The Activities Director stated she understood that the residents that attend the monthly Resident Council Meetings should feel free to express their opinions about what they need to discuss amongst each other. The Activities Director stated that there was a risk to residents that attended the monthly Resident Council Meetings to have everything they mentioned in the meeting being overheard by someone who did not attend the meeting. The Activities Director stated that harm could be caused to a resident, if their discussions were overheard, which could cause retaliation and an unsafe environment for the staff and residents.Record review of the facility's policy, Resident Council, revised April 2017, reflected:Policy StatementThe facility supports residents' rights to organize and participate in the Resident Council.Policy Interpretation and Implementation1. The purpose of the Resident Council is to provide a forum for:a. Residents, families and resident representatives to have input in the operation of the facility;b. Discussion of concerns and suggestions for improvement;c. Consensus building and communication between residents and facility staff; andd. Disseminating information and gathering feedback from interested residents .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676039	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Parks at Garland Healthcare and Rehab	3737 N Garland Ave. Garland, TX 75044

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the right to file grievances anonymously for 12 of 12 residents (Resident #75 and confidential group members) reviewed for grievances.1. The facility failed to ensure that the 93 residents at the facility had access to file a grievance anonymously.The facility's failure could place the residents at risk for concerns not being reported and addressed.Findings included:Record review of Resident #75's Face Sheet, dated 04/10/26, reflected she was a [AGE] year-old female who initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident # 75's active diagnoses included: Stage 3A chronic kidney disease (mild to moderate loss of kidney function), Alzheimer's disease (a progressive, neurodegenerative disorder and the most common cause of dementia, characterized by memory loss, cognitive decline, and behavioral changes), dementia (cognitive decline-including memory loss, language issues, and poor reasoning-severe enough to disrupt daily life), and muscle wasting and atrophy (the loss of muscle mass caused by inactivity (disuse), aging, or underlying medical conditions like nerve damage (neurogenic) or chronic diseases). Record review of Resident #75's MDS Quarterly Assessment, dated 02/19/25, reflected that she had a BIMS score of 12, indicating her cognition was moderately impaired.Record review of the facility's Grievance Logs for October 2025 and March 2026 reflected there were no grievances completed for Resident #75.An interview on 04/09/26 at 11:15 AM with Resident #75 revealed she had a personal notebook that she wrote her complaints in. Resident #75 stated that she would normally not complete a Grievance for her concerns due to verbally telling the staff about her concerns. Resident #75 stated that the Grievance Forms were located at the Nurses Station and she did not like that they were located at the Nurses Station. Resident #75 stated that she would like to have the option to file a grievance anonymously but did not know how.In a confidential group meeting on at an undisclosed date and time, the residents stated that the facility's Grievance Forms were located at the Nurses Station in a black wire basket. The residents stated that they have completed grievances at the facility on several occasions. The residents stated that their concerns that were on their Grievance Forms had been addressed. The residents stated that after completing and filing a grievance, they would give it to staff and were uncertain if any staff were able to view their grievances and share with other staff their grievance concerns after they have been filed. The residents stated that the staff at the facility were not only coworkers, but also friends outside of work and they have not filed any grievances regarding their concerns because they feared being retaliated against by their caregivers and staff at the facility. The residents stated that they would like the option to file a grievance anonymously in a location that was in a discrete location.An observation on 04/09/26 at 11:40 AM revealed there were blank Grievance Forms in a black wire basket located at the Nurses' Station desk.In an interview on 04/10/26 at 10:13 AM with LVN D revealed she had been employed at the facility for 10 years. LVN D stated that she was unaware that the facility needed to have an area for Grievance Forms that could be completed and submitted anonymously. LVN D stated that the facility's Grievance Forms were in one area, which was at the Nurses' Station. LVN D stated that the Grievance Forms were in a black wire basket at the front of the Nurses' Station. LVN D stated that after a Grievance Form was completed, it should be placed in the same black wire basket as the blank Grievance Forms. LVN D stated that if the residents, their family members, friends and/or visitors wanted or needed to voice their concerns about something at the facility there should be an area designated for them to voice their concerns anonymously. LVN D stated that harm could be caused to a resident if a Grievance Form was completed about a staff member. LVN D stated that the potential harm could be resident abuse (ie: mental, verbal, emotional, and physical), resident neglect, retaliation against the resident and psychosociological harm to their well-being.In an interview on 04/10/26 at 10:46 AM with the SW (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676039	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Parks at Garland Healthcare and Rehab	3737 N Garland Ave. Garland, TX 75044

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	she revealed she had been employed at the facility for 2 months. The SW stated that she was the facility's Grievance Officer. She stated there was not a way for a resident to file a grievance anonymously, but that a resident could report concerns to her. The SW stated that she was unaware that the facility needed to have an area for Grievance Forms that could be completed and submitted anonymously. The SW also stated that any staff member could take a grievance and fill it out for the residents. The SW stated if a Grievance is completed and filed after her business hours, staff can place the Grievance Form underneath her door. The SW stated a resident could file a grievance by getting a form from the Nurses' Station and stated that there were not any other places for anyone to obtain a Grievance Form. The SW stated that she was not aware if residents, family or visitors had access to the Grievance Forms if there was not a staff at the Nurses Station. The SW stated that after a Grievance Form was completed, it was given to her and she would assign the Grievance Form to the department that the concern was about. The SW stated that she was unaware that staff stated that the completed Grievance Forms were placed in the same black wire basket as the blank Grievance Forms. The SW stated that she had only been at the facility for 2 months and maybe prior to her being the SW at the facility, the staff may have been doing so because the SW position at the facility was vacant for a while prior to her being the SW. The SW stated that she did not know that there needed to be a designated area in the facility that allowed residents to complete a Grievance Form anonymously. The SW stated that she did not feel that there was any risk or harm to residents due to not having the opportunity to file a grievance anonymously.In an interview on 04/10/26 at 11:05 AM with the Administrator, he revealed he had been employed at the facility for almost 2 years. The Administrator stated that the SW was the Grievance Officer at the facility. The Administrator stated that he was unaware that the facility needed to have an area for Grievance Forms that could be completed and submitted anonymously. The Administrator stated that the facility's Grievance Forms were located in a wire basket at the Nurses' Station. The Administrator stated residents who were bed bound would have to get a Grievance Form from a staff member. The Administrator stated that the facility was in the process of posting grievance forms on the wall so that the Grievance Forms could be obtained and filed anonymously. The Administrator stated that the facility purchased a lock box for the Grievance Forms to be submitted anonymously. The Administrator stated that there will be a designated area for Grievance Forms to be obtained, completed and filed anonymously. The Administrator stated that the staff will be In-Serviced on the location of the newly purchased lock box. He stated that he would be the only person in the facility to have a key to the lock box to retrieve the Grievance Forms. The Administrator stated that residents, family members, or visitors who could not file anonymous grievances were at risk for not being able to safely express their concerns. The Administrator stated that the potential harm to residents, family members, or visitors who could not file anonymous grievances was that there could be some retaliation against the person filing the Grievance Form by staff, and/or other residents.In an interview on 04/10/26 at 11:56 AM with CNA B revealed she had been employed at the facility for 1 month. CNA B stated that she was unaware that the facility needed to have an area for Grievance Forms that could be completed and submitted anonymously. CNA B stated that the only area she was aware that the facility's Grievance Forms were located was at the Nurses' Station. CNA B stated that a resident had never requested a Grievance Form during any of her shifts. She stated that she was advised during here Orientation that if a Grievance Form was given to her, to give it to the SW. She stated if a resident reported any concerns about the care they were receiving at the facility, she would immediately notify the DON and Administrator. CNA B stated that the Administrator was the facility's Abuse Coordinator. CNA B stated that the risk of there not being a designated location for anyone to complete and submit a Grievance Form is that there was no privacy and the Grievance Form may not be submitted. CNA B stated if someone had an issue with a staff member or the care they were receiving, the staff member that received the Grievance Form may throw it away. CNA B stated that harm could be caused if the staff member, who received the Grievance Form knows the person who the Grievance was about and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676039	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Parks at Garland Healthcare and Rehab	3737 N Garland Ave. Garland, TX 75044

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	could retaliate against the person that filed the Grievance.Record review of the facility policy, Residence Grievances/Complaints, Filing, revised December 1, 2023, reflected:Policy StatementThe facility shall establish a grievance policy in order to ensure prompt resolution of all grievances regarding the residents' rights. All residents, family and resident representatives are to be encouraged and assisted (if necessary) in filing grievances, in the event they have a need to make a concern known. Policy Interpretation and Implementation1. Any resident, family member, or appointed resident representative may file a grievance or complaint concerning care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his or her stay at the facility. Grievances also may be voiced or filed regarding care that has not been furnished.2. Residents, family and resident representatives have the right to voice or file grievances without discrimination or reprisal in any form, and without fear of discrimination or reprisal.4. Grievances and/or complaints may be submitted orally or in writing, and may be filed anonymously.5. All grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. The facility maintains and supports a Resident Council consisting of members who are residents of the facility. The council represents the resident body and meets on a regular basis to discuss facility policies and issues or concerns that affect them.10. If the grievance was filed anonymously, the Grievance Officer will inform the resident that a grievance has been anonymously filed on his or her behalf and the steps that will be taken to investigate the grievance(s) and report the findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676039	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Parks at Garland Healthcare and Rehab	3737 N Garland Ave. Garland, TX 75044

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete a discharge summary for 1 of 3 residents (Resident #2) reviewed for closed records. The facility failed to ensure Resident #2 discharged the facility with a discharge summary that included an accurate and current description of the clinical status of the resident and sufficiently detailed, individualized care instructions to ensure that care is coordinated and the resident transitions safely from one setting to another. This failure could place residents at risk for not receiving appropriate and timely care due to confusion among various facilities, agencies, practitioners, and caregivers involved with the resident's care. Findings Included: Record review of Resident #2's discharge MDS, dated [DATE], revealed the [AGE] year-old female admitted to the facility on [DATE] with a primary diagnosis of Alzheimer's disease (a fatal neurological disorder) and discharged the facility on 03/21/2026. A record review of Resident #2's progress notes, dated 03/16/2026 revealed Resident #2 was admitted to the facility for respite care arranged through her hospice provider and discharged home on 3/21/2026. Record review of Resident #2's assessments in PCC (the electronic health record) revealed a discharge summary had not been completed. During an interview with the Social Worker on 04/10/2026 at 10:51am, the Social Worker stated she was responsible for opening and closing the discharge summary. The Social Worker stated it was her responsibility to open the discharge summary and inform the rest of the IDT it was open. The Social Worker further stated that if she did not open the discharge summary, the IDT will not get a notification they need to complete their part of it. The Social Worker was asked to verify in PCC if Resident #2 had a discharge summary, and she confirmed it was not completed. The Social Worker stated the discharge summary should have been completed for Resident #2, and it was on her for not being done. The Social Worker stated she completed a trauma assessment and social history; she did not know why she did not complete the discharge summary. The Social Worker was asked if there was a risk for the resident if a discharge summary was not completed, and she stated she did not think so because the discharge summary was for the facility, and discharge instructions go with the resident. A review of the facility's Transfer or Discharge, Emergency policy dated August 2018 did not address the requirement to complete a discharge summary for a resident discharge. A request was made on 04/10/2026 at 1:36pm via email requesting a policy related to transfer or discharge that was scheduled or routine and addressed the requirement to complete a discharge summary, and the facility could not provide one.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676039	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Parks at Garland Healthcare and Rehab	3737 N Garland Ave. Garland, TX 75044

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 5 residents (Resident #1) reviewed for infection control. CNA A failed to wear the appropriate PPE while providing incontinent care to Resident #1.CNA B failed to wear the appropriate PPE while transferring Resident #1 from bed to wheelchair. LVN C failed to wear the appropriate PPE while transferring Resident #1 from bed to wheelchair. This failure could place residents at risk of being infected by staff in contact with other residents with infections. Review of Resident 1's Quarterly MDS assessment dated [DATE] revealed that she was a [AGE] year-old female. Resident #1 was re-admitted to the facility on [DATE]. Admitting diagnoses included muscle wasting and atrophy, muscle weakness (generalized), morbid (severe) obesity (you have a body mass index (BMI) of 40 or higher) due to excess calories, depression (mood disorder that causes a persistent feeling of sadness and loss of interest) and anxiety disorder (intense, excessive and persistent worry and fear about everyday situations). Resident #1 was always incontinent with bowels and bladder and required maximum assistance with toileting. Resident #1 had more than one wound. Review of Resident #1's care plan revised on 11/15/24 reflected, Resident #1 was on enhanced barrier precaution implements due to wounds. Goal, EBP care should be maintained for the residents' entire stay or until wounds have healed or indwelling medical devices are no longer needed. Intervention, provide patient standard precautions using gowns and gloves during dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use and wound care. Observation on 04/10/26 at 12:06 pm revealed CNA A providing incontinent care after LVN C had completed proving wound care to Resident #1. During the care CNA A did not have appropriate PPE (gown) because the resident was on enhanced barrier precaution. After providing care, CNA A, CAN B and LVN C assisted the resident from bed to chair using a hoyer lift and none of the staff had the gown on. Observation on 04/10/26 at 12:30 pm revealed a posting on Resident #1 door that indicated the use of gloves and gown and there was a container at the door that contained gown, masks, and gloves. In an interview on 04/10/2026 at 1:32 pm with CAN A stated she did provide care to the resident, and she forgot to put on the gown. She stated she was expected to put on the gown when providing care because the resident was on EBP. CNA A stated she did not think she was required to wear a gown while transferring Resident #1. She stated that EBP (gown and gloves) was required when caring for the resident to prevent the spread of infection. In an interview on 01/10/26 at 1:38 pm with CNA B, she stated she had gone to assist with the transfer. She stated she was not aware she needed to have a gown while transferring Resident #1. CNA B stated she was required to wear a gown and gloves when caring for the residents who were on EBP. Then she stated that if Resident #1 was on EBP then she was expected to wear gloves and gown. CNA B using the appropriate PPE prevented the spread of infection. In an interview on 04/10/2026 at 1:42 pm with LVN C, she stated the gown was not required during transfer with Resident #1 who was on EBP. She stated she only put on the gown when she provided wound care to the resident. LVN C stated she was required to wear appropriate PPE to prevent the spread of infection. In an interview on 04/10/2026 at 1:50 pm with the DON, she stated the staff were expected to wear gown and gloves while taking care of Resident #1. The DON stated even with transferring the staff were expected to wear a gown. The DON stated she had in-serviced the staff on infection control and the use of the appropriate PPE. The staff were to wear the right PPE to prevent the spread of infection. Review of the facility policy dated 03/24 and titled Implementation of Standard and Transmission-Based Precautions, reflected, . Enhanced Barrier Precautions (EBP) - Expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO to staff hands (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676039	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Parks at Garland Healthcare and Rehab	3737 N Garland Ave. Garland, TX 75044

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	and clothing. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Enhanced-Based Precautions are indicated during: ˆ Dressing ˆ Bathing/showering in a shared/common shower room ˆ Transferring ˆ Providing hygiene ˆ Changing linens ˆ Changing briefs or assisting with toileting ˆ Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator ˆ Wound care; any skin opening requiring dressing. ˆ When working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility.