STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676068	A. Building B. Wing	02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Manor Nursing and Rehabilitation Center	1915 Greenwood St San Angelo, TX 76901

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** 48593 Based on observations, interviews, and record reviews 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 4 residents (Resident #1) reviewed for infection control. The DON and RN A failed to follow EBP procedures by not wearing a gown while providing Resident #1 wound care. This failure could place residents at risk for cross contamination and infection. The findings include: Record review of Resident #1 's admission record revealed Resident #1 was an [AGE] year-old male with an admitted to the facility of 08/01/2015. Admission record revealed Resident #1 had diagnoses list that included acute osteomyelitis (Inflammatory condition of bone secondary to infection) left ankle and foot, type II diabetes, muscle weakness, mild protein calorie malnutrition, peripheral vascular disease (narrowing/blocking of the blood vessels), hypertension, and cerebral infarction (stroke). Record review of Resident #1 's quarterly MDS dated [DATE] revealed the resident had a BIMS of 15 indicating the resident was cognitively intact. Record review of Resident #1 's order summary revealed an order dated 02/03/2025 of Cleanse venous stasis ulcer to left distal great toe with wound cleanser. Pat dry, cover with therahoney, then cover dressing, every Monday, Wednesday Friday, util healed one time a day every Mon, Wed, Fri for wound care. Record review of Resident #1 's Care plan dated 12/30/2024 revealed a focus of Resident is on Enhanced Barrier Precautions. Observation on 02/26/2025 at 2:48 pm the DON nor RN A put on a gown prior to or during wound care for Resident #1. (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
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(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	During an interview on 02/27/2025 at 4:30 pm with the DON, whom was also the infection preventionist, stated that Resident #1 is on EBP (Enhanced Barrier Precautions) and she and RN A should have been wearing a gown during wound care. The DON stated that she did not think about it and they had been so busy. The DON stated that this failure is a potential for cross contamination. During an interview on 02/27/2025 at 4:43 pm RN A stated that she didn't think about putting on a gown because she was nervous, and it had been busy. RN A stated the resident should be on EBP to prevent potential cross contamination. Record Review of the facility's policy titled Enhanced Barrier Precautions dated 4/012024 reads in part EBP are used in conjunction with standard precautions and expand the use of PPE (personal protective equipment) to donning of gown and gloves during high contact resident care activities that provide opportunities for transfer of MDROs (multidrug resistant organisms) to staff hands and clothing.