STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676096	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Baybrooke Village Care and Rehab Center	8300 Eldorado Parkway West McKinney, TX 75070

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47743 Based on observation, interview, and record review, the facility failed to ensure that a resident who needed respiratory care, including tracheostomy care and tracheal suctioning, was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 (Resident #1) of two residents reviewed for Respiratory Care. The facility failed to ensure Resident #1's breathing mask for his nebulizer (a medical device that turns liquid medicine into mist that could be inhaled through a face mask) was properly stored when not in use on 04/23/2025. This failure could place residents at risk for respiratory infection and not having their respiratory needs met. Findings include: Record review of Resident #1's Face Sheet, dated 04/23/2025, reflected a [AGE] year-old female admitted to the facility on [DATE]. The resident was diagnosed with cough and anemia (low red blood cell). Record review of Resident #1's Quarterly MDS Assessment, dated 03/20/2025, reflected the resident was cognitively intact with a BIMS score of 13 (suggests the resident was capable of normal cognition). The Quarterly MDS Assessment indicated that the resident had anemia. Record review of Resident #1's Comprehensive Care Plan, dated 03/06/2025, reflected breathing pattern as one of the problem areas and one of the interventions was to administer medications and respiratory treatments as ordered. Record review of Resident #1's Physician Order, dated 01/07/2025, reflected ipratropium 0.5 mg-albuterol 3 mg (2.5 mg base)/3 mL nebulization soln (IPRATROPIUM BROSULFATE) 1 Solution for Nebulization Inhalation 2 times per day NEBULIZATION Dx : Cough. (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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation and interview on 04/23/2025 at 8:56 AM revealed Resident #1 was in her bed, awake. A breathing mask was stored on top of the resident's right-side table. She said she had not received her morning breathing treatment because she preferred to have it after she was done with breakfast. She said the nurse would come to administer the breathing treatment and would come back to check if the treatment was done. She said if the treatment was done, the nurse would take it off. She said she was not aware where the nurse put it after taking it off. Observation on 04/23/2025 at 9:39 AM revealed Resident #1's breathing mask was inside a plastic bag. In an interview on 04/23/2025 at 11:19 AM, ADON A stated the breathing mask was supposed to be in a bag when the resident was not using it to prevent cross contamination and worsening of any respiratory issues. She said the expectation was for the staff to be mindful and make sure the breathing was bagged after administering the breathing treatment. She said it did not matter if the order was daily or as needed, the breathing mask must be in a plastic bag to keep it clean. She said he would conduct an in-service about respiratory care specifically about bagging; not just the breathing mask but also the nasal cannula, yankauer, and CPAP masks. In an interview on 04/23/2025 at 12:35 PM, the Administrator stated everything the residents were using should be kept clean to prevent infection. He said he would coordinate with the ADON to educate and re-educate the nursing staff to bag the breathing mask if not in use. In an interview on 04/23/2025 at 12:18 PM, LVN C stated she was the one providing Resident #1's breathing treatment. She said she had not given the resident's breathing treatment for the day because the resident was done with her breakfast. She said she saw the breathing mask during her round, but it did not occur to her to bag it or change it. She said, most probably, she forgot to bag the breathing mask when she took it off the day prior. She said the breathing mask should be in a bag when the resident was not using it to prevent infection. She said she changed the breathing mask before administering the resident's breathing treatment and placed it in a bag after the treatment was done. Record review of the facility's policy, Oxygen Therapy - Discontinuation clinical operations revised January 12, 2020 revealed Procedures: 6. Remove cannula prong or mask from humidifier or regulator. (Discard if oxygen is not to be given again; or place in plastic bag if oxygen is to be administered on a PRN basis. Label and date.).

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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** 47743 Based 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 one (Resident #2) of 2 residents reviewed for Infection Control. The facility failed to ensure CNA B performed hand hygiene and changed her gloves while providing incontinent care to Resident #2 on 04/23/2025. This failure could place residents at risk of cross-contamination and development of infections. Findings included: Record review of Resident #2's Face Sheet, dated 04/23/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. The resident was diagnosed with urinary tract infection. Record review of Resident #2 Quarterly MDS Assessment, dated 01/23/2025, reflected the resident was cognitively intact with a BIMS score of 14. The Quarterly MDS Assessment indicated the resident was dependent on staff for toilet hygiene. Record review of Resident #2's Comprehensive Care Plan, dated 02/05/2025, reflected the resident was at risk for problems with elimination and one of the goals was to assist the resident with incontinence. Observation on 04/24/2025 at 10:31 AM revealed CNA B was about to transfer Resident #2 to his wheelchair. She said she would do incontinent care first before the transfer. CNA B washed her hands, put on a pair of gloves and a gown. She unfastened the resident's brief and pushed it between the resident's legs. CNA B then went at the foot of the bed and took the trash can and placed it beside her. She proceeded to clean the resident's perineal area (area between the legs). After cleaning the perineal area, she went to the resident's closet and took a brief. After taking the brief from the closet, she opened it and put it beside the resident. She did not change her gloves after touching the trash can, before cleaning the resident's perineal area, and before touching the new brief. She rolled the resident and cleaned the resident's bottom. After cleaning the resident's bottom, she pulled the soiled brief, and threw it on the trash can. She then took the new brief from the resident's side, put it under the resident, and fixed it. She did not change her gloves and sanitized her hands after cleaning the bottom and before touching the new brief. After fixing the brief, she took off her gloves, and washed her hands. In an interview on 04/23/2025 at 11:01 AM, CNA B stated she should have changed her gloves after touching the trash can because the trash can was obviously dirty. She said she also should have changed her gloves after cleaning the perineal area and before opening the new brief. She also said she also should have changed her gloves after cleaning the resident's bottom and before touching the new brief again. She said she did not do any hand hygiene all throughout incontinent care. She said she would be mindful to change her gloves after touching something dirty and do hand hygiene. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 04/23/2025 at 11:19 AM, ADON A stated CNA B told her she did not change her gloves during Resident #2's incontinent care. She said she reminded CNA B to change her gloves after touching something dirty or presumed dirty to prevent cross contamination and urinary tract infection. She said she also reminded CNA B to do hand hygiene during incontinent care. She said the expectation was for the staff to change their gloves form dirty to clean and to do hand hygiene as appropriate. She said she would do a one-on-one in-service with CNA B and then would also do an in-service for all the staff. In an interview on 04/23/2025 at 12:35 PM, the Administrator stated not changing the gloves when going from soiled to clean, could contribute to cross contamination and infection. He said the expectation was for the staff to follow the policy and procedures pertaining to infection control. He said the ADON already did a one-on-one in-service for CNA B and would also in-service all the staff about infection control. Record review of the facility's policy, Hand Hygiene for Staff and Residents Infection Control revised February 2025 revealed Purpose: To reduce the spread of infection with proper hand hygiene . Policy: Proper hand hygiene technique is completed whenever hand hygiene is indicated . Procedure: . After . A. contact with soiled or contaminated articles, such as articles that are contaminated with body fluids . C. contact with a contaminated object or source where there is a concentration of microorganisms . H. removal of medical/surgical or utility gloves.