STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676120	A. Building B. Wing	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Homestead of Sherman	1000 Sara Swammy Dr Sherman, TX 75090

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide the necessary services for residents who are unable to carry out activities of daily living to maintain good grooming and personal hygiene for 1 (Resident#3) of 7 residents reviewed for ADLs. The facility failed to ensure Resident #3's nails were cleaned and trimmed on 04/16/2025. This failure could place residents who were dependent on staff for ADL care at risk for loss of dignity, risk for infections and a decreased quality of life. Findings included: Record review of Resident #3's Face Sheet dated, 04/16/25, reflected a [AGE] year-old male admitted on [DATE] with diagnoses of myocardial infarction (heart attack), contracture (the abnormal shortening of muscles, tendon, skin or ligaments leading to a fixed tightening that restricts normal movement), of left hand and left shoulder, and hemiplegia and hemiparesis (paralysis and weakness on one side of the body). Record review of Resident #3's MDS assessment 04/02/25, reflected Resident #3 had a BIMS 13 indicated Resident #3's cognition was intact. Resident #3 was dependent for showering/bathing and toileting hygiene. Record review of Resident #3's Comprehensive Care Plan, revised date 1/24/25, reflected the following: Problem [Resident#3] had impaired visual functioning and is at risk for a decreased in ADL's and injuries . [Resident #3] was a x1 person assist with dressing, eating, toileting, personal hygiene, and bathing. Observation and interview on 04/16/25 at 09:49 AM revealed Resident #3's fingernails on both hands were approximately 0. 5 inches in length extending from the tip of his fingers with dark substance underneath the nails. Resident #3 stated his nails were too long and that he did not like it. In an interview on 04/16/25 at 09:54 AM, CNA B stated she did not notice Resident #3's fingernails were long and dirty. CNA B stated nails are supposed to be cut during their shower's days. She stated if a resident has diabetes, only nurses were allowed to provide nailcare. CNA B stated Resident #3's fingernails needed to be trimmed and cleaned. CNA B stated the risk to Resident #3 would be infection. (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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	676120	A. Building B. Wing	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Homestead of Sherman	1000 Sara Swammy Dr Sherman, TX 75090

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 04/16/25 at 10:15 AM, LVN L stated that both nurses and CNAs were responsible for grooming and doing nail care for the residents. She stated if a resident has diabetes, only nurses were allowed to provide nailcare. LVN L stated Resident #3's nails were long and needed to be cleaned and trimmed. LVN L stated the risk of Resident #3's nails not cut and cleaned could lead to infection. Review of the facility's policy titled Nail/Hand and Foot Care, dated December 2017, reflected It is the policy of this home to ensure residents receive nail care (hand and foot) in a safe manner Under procedure, . Trimming fingernails, the following procedure will be followed: 1. b. Be sure the nails have been soaked for at least 5 minutes before trimming Cut nails soon after soaking while they are still soft .d. Using clean nail clipper cut fingernails straight across and slightly above the end of the fingers .e. Do not cut the skin or trim nail below skin line.

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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	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 designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infection for 2 (Resident #1 and Resident #2) of 4 residents reviewed for infection control. 1. The facility failed to ensure LVN A disinfected the blood pressure cuff in between blood pressure checks for Residents #1 and #2 on 04/16/2025. This failure could place residents at-risk of cross contamination which could result in infections or illness. Findings included: Record review of Resident #1's Quarterly MDS assessment, dated 1/1/2025, reflected Resident #1 was an [AGE] year-old female admitted to the facility on [DATE]. Diagnoses included coronary artery disease (Damage or disease in the heart's major blood vessel), Hypertension, and Diabetes. Resident #1 had a BIMS of 12 which indicated Resident #1 cognition was moderately impaired. Record review of Resident #2's Quarterly MDS assessment, dated 01/7/2025, reflected Resident #2 was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses of Stroke (sudden interruption of blood flow to the brain leading to tissue damage), Heart Failure, Hypertension and Non-Alzheimer's Dementia (a group of neurological conditions that cause memory loss and other cognitive declines). Resident #2 had a BIMS of 6 which indicated severely impaired cognition. Observation on 4/16/2025 at 9:40 AM revealed LVN A performing morning medication pass, during which time she checked the blood pressure on Resident #1. LVN A did not sanitize the blood pressure cuff before and after using it on Resident #1 and continued to the next resident without sanitizing the blood pressure cuff. LVN A then checked Resident #2's blood pressure. LVN A did not sanitize the blood pressure cuff before using it on Resident #2. Interview with LVN A on 4/16/2025 at 10:01 AM, LVN A stated that reusable medical equipment, like blood pressure cuffs, should be sanitized before and after use on each resident to prevent cross contamination. She stated she forgot to sanitize the blood pressure cuff between residents use because she is still a new nurse and is learning. Interview with the DON on 4/16/2025 at 2:21 PM stated that she was made aware of LVN A's mistake and stated the expectation is that all medical equipment used with residents be sanitized before and after each use. She stated LVN A was a new nurse and new to the facility and she would work with LVN A closely to ensure she understood the expectation. The risk of not appropriately sanitizing the equipment was cross contamination and illness. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility's policy titled, Infection Control - Cleaning and Disinfection Resident Care Items and Equipment dated 10-2020, reflected, . non-critical items are those that come in contact with intact skin but not mucous membranes. Non-critical resident-care items include bedpans, blood pressure cuffs, crutches and computers .reusable items are cleaned and disinfected or sterilized between residents (e.g. stethoscopes, durable medical equipment) .3. Reusable resident care equipment will be decontaminated and/or sterilized between resident per manufacturers' instructions