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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676178 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/20/2024 |
| NAME OF PROVIDER OR SUPPLIER Duncanville Healthcare and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 419 S Cockrell Hill Rd Duncanville, TX 75116 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27070</p> <p>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 four residents (Resident #1, #2, #3, and #4) reviewed for infection control procedures.</p> <p>The facility failed to ensure CNA A performed hand hygiene after direct contact with Residents #1, #2, #3, and #4 while serving meals on Hall 300.</p> <p>This failure could place residents at risk for healthcare associated cross contamination and infections.</p> <p>Findings included:</p> <p>Record review of Resident #1's 5-day [in progress] admission MDS assessment, dated 11/21/24, revealed a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included: anemia (low iron levels), hypertension (high blood pressure), and heart failure (heart does not pump blood like it should). Resident #1's cognition was moderately impaired, he was unable to make decisions, and required assistance of one staff for activities of daily living.</p> <p>Record review of Resident #2's 5-day [in progress] admission MDS Assessment, dated 11/25/24, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #2 had diagnoses which included: diabetes (high blood sugar), schizo-affective schizophrenia (mental illness), and hypertension (high blood pressure). Resident #2's cognition was severely impaired, she was unable to make decisions, and required one staff for assistance with activities of daily living.</p> <p>Record review of Resident #3's [in progress]5-day admission MDS Assessment, dated 08/09/24, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #3 had diagnoses which included: Hypertension (high blood pressure), malnutrition (not normal body weight), and anemia (low iron in blood). Resident #2 was cognitive and able to make decisions and required one staff for assistance with activities of daily living.</p> <p>(continued on next page)</p> |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review of Resident #4's quarterly [in progress] MDS Assessment, dated 11/15/24, revealed a [AGE] year-old male who admitted to the facility on [DATE]. Resident #4 had diagnoses which included: Hypertension (increased blood pressure), dementia (confusion or forgetfulness), and muscle wasting (weakness). Resident #4 was severely cognitively impaired and unable to make decisions and required assistance of one staff for activities of daily living.</p> <p>Observation on 11/20/24 beginning at 12:10 p.m., revealed CNA A had walked down the hallway, did not use hand sanitizer, and served a lunch tray to Resident #1. CNA A touched and moved the overbed table in the resident's room, touched the hand and shoulder of Resident #1 assisting him to sit up, and prepared the meal tray for the resident to eat his lunch. CNA A did not have on gloves. CNA A was observed to not wash her hands or use hand sanitizer, available in the hallway, during this interaction.</p> <p>Observation on 11/20/24 beginning at 12:15 p.m., CNA A was observed to enter Resident #2's room. CNA A assisted the resident to sit up, set up the resident's lunch tray, adjusted the overbed table, unwrapped the utensils, and removed tops off drinks for the resident. CNA A did not have on gloves. She did not complete hand hygiene before going to the next resident.</p> <p>Observation on 11/20/24 beginning at 12:20 p.m., CNA A was observed to enter Resident #3's room. CNA A touched the resident on the shoulder and hand, set up the resident's lunch tray, adjusted the overbed table, unwrapped the utensils, and removed tops off the drinks for the resident. CNA A did not have on gloves. She did not complete hand hygiene before going to the next resident.</p> <p>Observation on 11/20/24 beginning at 12:27 p.m., CNA A was observed to enter Resident #4's room. CNA A set up the resident's lunch tray, adjusted the overbed table, unwrapped the utensils, removed tops off the drinks for the resident. She did not complete hand hygiene before going to the next resident. The CNA was not wearing gloves.</p> <p>During an interview on 11/20/24 at 1:30 p.m., CNA A stated she did not complete hand hygiene after having direct contact with the residents. CNA A stated she was supposed to use the hand sanitizer in between serving each tray or wash her hands. CNA A said she had been educated on completing hand hygiene. CNA A stated she did not sanitize her hands, after the first meal tray that was served because she was nervous and trying to get the lunch trays served, and she did not want the food to get cold. CNA A stated she knew she could spread germs if she did not clean her hands.</p> <p>An interview with the interim DON on 11/20/24 at 3:00 p.m., revealed that all staff must complete hand hygiene after having contact with residents. She stated CNAs were trained to wash their hands with soap and water prior to tray service, then use hand sanitizer between each tray service. The DON stated if the CNAs was not using appropriate hygiene, they could spread germs to the residents and themselves. The DON was the infection control preventionist and she stated they had completed competency training on the CNAs each year. She stated new CNAs were trained on handwashing, after they were hired, and return demonstration.</p> <p>Record review of an in-service dated October 2024 log revealed CNA A received handwashing and hand sanitizing training, to prevent the spread of infection. Further review of in-service logs revealed an in-service conducted October 2024 reflected: when passing trays in the hallways, sanitize after going in every room. Remember to wash your hands before starting meal service and use hand sanitizer between each tray served.</p> <p>(continued on next page)</p> | | |

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| F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | Record review of the facility's policy titled Handwashing/Hand Hygiene revised March 2020 reflected: This facility considers hand hygiene the primary means to prevent the spread of infections . 1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections .2. All personnel shall follow the handwashing/hand hygiene procedure to help prevent the spread of infections to other personnel, residents, and visitors . 3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies .7. Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: . b. before and after direct contact with residents; . p. before and after assisting a resident with meals | | |