

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 03/25/2026
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.			
(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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection control program designed to prevent the development and transmission of infection for 1 of 8 residents (Resident #1) observed for infection control. The facility failed to ensure CNA A performed hand hygiene, and proper use of gloves, while providing incontinent care to Resident # 1 on 03/25/2026. These failures could place residents at risk for development of infection. Findings include: Record review of Resident #1's Quarterly MDS, dated [DATE], reflected he was a [AGE] year-old male admitted to the facility on [DATE], and readmitted [DATE] with the diagnoses of acute kidney failure (a sudden decrease in kidney function occurring over hours or days, causing waste buildup, fluid retention, and electrolyte imbalances), Chronic obstructive pulmonary disease with exacerbation (a sudden worsening of symptoms-increased dyspnea, cough, and mucus-beyond normal daily variations, often triggered by respiratory infections or pollution), and muscles weakness. Resident #1 had a BIMS score of 07, which indicated severe cognition impairment. Further review revealed urinary continence/ bowel continence were coded as frequently incontinent. Observation on 03/25/26 at 10:13 AM, reflected CNA A entered Resident #1's room and washed her hands, put on clean gloves and helped Resident#1 transfer from wheelchair to the bed. CNA A positioned the resident and unfastened his brief, then proceeded to clean the resident. Resident#1's brief was soaked with urine and had a small bowel movement. CNA A cleaned Resident #1 front area. CNA A helped Resident #1 turn to his right side. CNA A cleaned Resident#1's buttocks area, then removed the dirty brief and put in the plastic bag. CNA A removed her gloves and pulled a pair of clean gloves from her uniform pants pocket. CNA A put on the clean gloves without performing any form of hands hygiene (Sanitizing/washing). CNA A applied the clean brief on Resident#1 and covered him. CNA A removed her gloves completed hand hygiene and exited the room. In an interview on 03/25/26 at 10:42 AM, CNA A stated she was to complete hand hygiene before and after taking off Resident #1's dirty brief. CNA A stated she was supposed to change her gloves with hand hygiene after she cleaned the resident before applying the clean brief. CNA A stated she was supposed to sanitize her hands each time she removed the dirty gloves before putting on the clean gloves, but she forgot to bring a sanitized hand with her. CNA A stated she was not supposed to carry gloves in her pocket and get the clean gloves from the gloves box in the room. CNA A stated not following proper hands hygiene and infection control policy could lead to cross contamination and development of infection for residents. In an interview on 03/25/26 at 2:47 PM, the RN B stated infection control was important during care. She stated during care the staff was to use hand sanitizer or wash hands if they were physically soiled. The RN B stated the staff was expected to complete hand hygiene before care and after care, she also stated during incontinent care the staff was supposed to change gloves and use hand sanitizer when taking off the dirty brief before applying the clean one. The RN B stated the facility had boxes of gloves in each resident's room, and the staff were not supposed to carry gloves in their uniform pockets. The RN B stated proper hands hygiene and following proper infection control policy was to be followed to prevent the development of infections for residents and staff. Review of the facility policy dated 20-2020 and titled Handwashing-Hands Hygiene reflected, The facility considers hand hygiene the (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.

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 - Few</p>	<p>primary means to prevent the spread of infections. h. before moving from contaminated body site to a clean body site during resident care.9. The use of gloves does not replace hand washing/hands hygiene. 1. Perform hand hygiene before and after applying non-sterile gloves.2. When applying, remove one glove from the disposing box at a time, touching only the top of the cuff.</p>		