

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  04/08/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to develop and implement a comprehensive, person-centered care plan for each resident that included measurable objectives and time frames to meet the resident's medical, nursing, and mental and psychosocial needs and described the services that were to be furnished to attain, or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 1 of 6 residents (Resident #1) reviewed for care plans in that: The facility failed to include interventions for ADLs in Resident #1's care plan. This failure could affect residents by placing them at risk of not receiving individualized care and services to meet their needs. Record review of Resident #1's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses of Hemiplegia (paralysis of one side of the body), Cerebral Infarction (a type of ischemic stroke caused by disrupted blood supply and restricted oxygen supply), Type 2 diabetes (the body resists insulin causing high blood sugar levels), Muscle Weakness (the loss of strength in one or more muscles) and Muscle Wasting and Atrophy (loss of muscle mass). Record review of Resident #1's quarterly MDS assessment, dated 03/29/2026, reflected a BIMS score of 7, which indicated severe cognitive impairment. Section GG0103-Functional Abilities revealed substantial/maximal assistance for oral, toileting, and personal hygiene, lower body dressing, and putting on/taking off footwear. Section GG0103 also revealed Resident #1 was dependent on showers/baths, required partial/moderate assistance for upper body dressing, and setup or clean-up assistance for eating. Record review of Resident #1's Comprehensive Care Plan reviewed 04/07/2026 revealed it did not address ADLs as a focus of care. During an interview on 04/07/26 at 12:28 p.m., the MDS Coordinator stated MDS was responsible for care plans. She stated care plans were reviewed quarterly and as needed by the IDT team. She stated ADLs were important for staff to know how to care for residents. She stated she was unaware the care plan excluded ADLs. During an interview on 04/07/26 at 3:44 p.m., the DON stated the nurse management team, that included the ADON, MDS Coordinator and nurses, created and carried out the care plan. She stated ADLs were important to guide staff on what the residents' care needs were. She stated care plans were reviewed quarterly and as needed. She stated she didn't know why ADLs were missed in the care plan. During an interview on 04/08/26 at 8:49 a.m., the Administrator stated care plans were updated as residents progressed and there were changes in condition. He stated ADLs were reflected in the care plan after 21 days. The Administrator stated care plans were updated quarterly and at any time. He stated the MDS Coordinator and DON were responsible for updated care plans. Review of the facility policy titled Care Plans, Comprehensive Person-Centered, dated 06/02/25, revealed on page 1, The comprehensive, person-centered care plan will: a) Include measurable objectives and timeframes. b) Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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 #1) of 6 residents reviewed for ADLs. The facility failed to ensure Resident#1 had his fingernails trimmed.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. Record review of Resident #1's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE] with medical diagnoses of Hemiplegia (paralysis of one side of the body), Cerebral Infarction (a type of ischemic stroke caused by disrupted blood supply and restricted oxygen supply), Type 2 diabetes (the body resists insulin causing high blood sugar levels), Muscle Weakness (the loss of strength in one or more muscles) and Muscle Wasting and Atrophy (loss of muscle mass).Record review of Resident #1's quarterly MDS assessment, dated 03/29/2026, reflected a BIMS score of 7, which indicated severe cognitive impairment. Section GG0103-Functional Abilities revealed substantial/maximal assistance (a functional level where a helper provides more than 50% up to 75% of the effort) for personal hygiene.Record review of Resident #1's Comprehensive Care Plan reviewed 04/07/2026 revealed ADLs were not addressed as a focus of care.During an observation and interview on 04/07/26 at 10:28 a.m., Resident #1 was in his room sitting in his wheelchair. Resident #1 was observed with long fingernails, approximately 1/8 of an inch, on his right hand. Resident #1 stated he wanted his fingernails cut, but no one would cut them.During an interview on 04/07/26 at 10:47 a.m., CNA revealed residents' nails were cut during their designated shower days unless they were diabetic. She stated nurses were responsible for nail care of diabetic residents. She stated nail care was important to prevent residents from scratching themselves or harming others.During an interview on 04/07/26 at 12:34 p.m., the Shower Aide revealed residents' nails were cut on shower days. She stated nail care was important for prevention of buildup underneath nails and prevention of residents scratching themselves or others. She stated nurses were responsible for cutting the nails of diabetic residents.During an interview on 04/07/26 at 3:25 p.m., RN revealed nurses were responsible for cutting the fingernails of residents who were diabetic. She said she was unaware Resident #1 was diabetic. She stated she observed her assigned residents, which included Resident #1, daily for skin care versus nail care. She stated trimmed fingernails were important to avoid infection, prevention of residents hurting themselves, and safety reasons.During an interview on 04/07/26 at 3:44 p.m., the DON stated nurses were responsible for trimming the nails of diabetic residents as needed. She stated the expectation was for nurses to know which residents were diabetic and provide necessary care, once the residents' needs were identified, as part of their daily care. The DON stated nail care was important for good skin care, for injury prevention, and dignity.During an interview on 04/08/26 at 8:23 a.m., LVN stated nurses were responsible for cutting the nails of residents who were diabetic on their shower days and at least weekly. She stated residents with untrimmed nails were at risk of infection and could scratch themselves. She stated nailcare was important for hygiene and to prevent injury.Record review of facility's policy, Activities of Daily Living (ADL), Nursing Policy &amp; Procedure Manual for Long Term Care, revealed Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently.including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care).</p>		