STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676178	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Duncanville Healthcare and Rehabilitation Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure that a resident with urinary incontinence, based on the resident's comprehensive assessment, received the appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for one (Resident #1) of 6 residents reviewed for incontinent care. The facility failed to ensure Resident #1 was assisted with incontinence care and toileting in a timely manner on 05/20/26. This failure could place residents at risk of skin breakdown, infection and a diminished quality of life by not receiving care and services to meet their toileting needs. Record review of Resident #1's annual MDS assessment, dated 01/10/26, reflected a [AGE] year-old-male admitted to the facility on [DATE]. Resident #1's diagnoses included hypertension (elevated blood pressure), cerebral palsy (a group of lifelong neurological disorders that affect movement, muscle tone, and posture), non-Alzheimer's dementia (many other progressive neurodegenerative diseases and medical conditions cause dementia without involving Alzheimer's pathology) and muscle weakness, atrophy, neck, multiple sites. His BIMs score of 11/15 indicating moderate cognition impairment. His functional status reflected substantial/maximal assistance for personal hygiene. He was frequently incontinent of bowel and bladder. Record review of Resident #1's comprehensive plan of care dated 04/30/26 reflected,*Focus: The resident has potential for an ADL self-care performance deficit related to Cerebral Palsy. Goals: The resident will maintain current level of function through the review date. Intervention: toilet use: the resident requires total assistance by 1 staff for toileting. He is incontinent of bowel and bladder. personal hygiene/oral care: The resident requires extensive assistance by 1 staff with personal hygiene and oral care. *Skin-Focus: I have a Skin Tear of the (right lower leg, wound #1) related to Fragile skin, History of skin trauma. Observation and interview on 05/20/26 at 10:53 AM, Resident #1 was sitting up in wheelchair in his room by the foot of the bed , wearing hospital gown. There was a strong smell of urine in Resident #1's room. Resident#1 hospital gown was wet in the front area up to the pocket in the right-side upper chest. Resident #1 stated he was wet and waiting to be changed. CNA A came into Resident #1's room to answer his call light. CNA A stated she had not changed the resident since the start of her shift at 6:30 AM this morning during her first round. CNA A shift started at 6:00 AM. CNA A did not provide any explanation for the delay in providing incontinent care to Resident #1. CNA A took Resident#1 to shower room stating it was his shower day today, and she was going to provide him a shower. Interview on 05/20/26 at 2:45 PM the DON stated the charge nurses and CNAs supposed to do rounds room to room at least every 2 hours to check residents and change them if they were wet. The DON stated the risk of incontinent care not being provided on time would be skin breakdown, infection, and resident dignity. A record review of the facility's policy Resident Rights, revised February 2021, reflected Employees shall treat all the residents with kindness.dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents' right to a. a dignified existence .

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