

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/22/2026
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)		
F 0839 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employ staff that are licensed, certified, or registered in accordance with state laws. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure professional staff were licensed, certified, or registered in accordance with applicable State laws for 1 or 4 CNAs (CNA A) reviewed for CNA certification. The facility failed to ensure CNA A's certification was current before allowing her to care for residents. CNA A worked in the facility providing resident care, on a full-time basis, with an expired certification for 8 days between [DATE], and [DATE]. This failure could result in residents being provided care by staff who were not currently qualified per state laws. The findings included:Record review of CNA A's personnel file reflected CNA A's certification expired on [DATE].Record review of the time sheet and staff schedule reflected CNA A worked on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE].During an interview on [DATE] at 12:35 p.m., the Human Resources Director stated she was not aware CNA A's certification expired and she only became aware of its expiration during this investigation. She stated employees were responsible for ensuring their nurse aide certification was current and she was responsible for tracking the certifications to ensure they were not expired. She stated there was not a system in place to track nurse aides' certification expiration. She stated it was important for nurse aides to have current certifications to ensure there were no issues or violations attached to it. She stated nurse aides that worked, with expired nurse aide registry status, placed residents at risk for potential abuse and neglect.During an interview on [DATE] at 1:01 p.m., the Staffing Coordinator stated she became aware of CNA A's expired certification during this investigation and removed CNA A from the schedule until the license was renewed. She stated CNA A was scheduled and worked on [DATE], [DATE], [DATE], and [DATE] from 10pm-6am. She stated Human Resources was responsible for checking the nurse aide registry for verification after employees were hired. She stated the risk associated with nurse aides that worked with an expired certification could include conduct issues, lack of safety and care updates and lack of training.During an interview on [DATE] at 1:13 p.m., CNA A stated she was unaware her certification expired. She stated she was informed by the Staffing Coordinator that she was unable to work until the certification is renewed.During an interview on [DATE] at 1:51 p.m., the Administrator revealed the HR Director was responsible for checking nurse aide certifications monthly to ensure current validation. He stated the expectation was for nurse aide certifications to be checked monthly after date of hire. He stated it was important to ensure CNAs have the skills, competencies, and were compliant to provide quality of care. He said the risk to residents was possible adverse effects in their care including abuse.Record review of the Background Checks Prohibition policy revised [DATE] reflected, .Human Resources will execute some or all of the following steps: Verify professional licenses, certifications, and education.		

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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