

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47743</b></p> <p>Based on observations, interviews, and record review, the facility failed to provide the right to personal privacy and confidentiality which includes privacy during medical treatment and confidentiality of medical records for four (Resident #31, Resident #42, Resident #79, and Resident #91) of eighteen residents reviewed for Privacy and Confidentiality.</p> <ol style="list-style-type: none"> <li>The facility failed to ensure RN E and RN F closed the door while administering Resident #79's breathing treatment on 01/23/2025.</li> <li>The facility failed to ensure RN E closed the door while administering Resident #91's medication through g-tube on 01/23/2025.</li> <li>The facility failed to ensure MA I did not leave Resident #31's and Resident #42's health information on top of the medication cart unattended on 01/23/25.</li> </ol> <p>These failures could place the residents at risk of not having their personal privacy maintained during medical treatment and their medical information exposed to unauthorized individuals.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>Review of Resident #79's Face Sheet, dated 01/24/2025, reflected a [AGE] year-old male resident admitted to the facility on [DATE]. Resident #79's was diagnosed with chronic obstructive pulmonary disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs).</li> </ol> <p>Review of Resident #79's Quarterly MDS Assessment, dated 12/11/2024, reflected the resident was unable to complete the interview to determine the BIMS score. The Quarterly MDS Assessment indicated the resident had chronic obstructive pulmonary disease.</p> <p>Review of Resident #79's Care Plan, dated 12/31/2024, reflected the resident used a respiratory medication and one of the interventions was to administer medications as ordered.</p> <p>Review of Resident #79's Physician Order, dated 11/18/2024, reflected ALBUTEROL SULFATE 0.083% SOLUTION (Albuterol Sulfate) 3 ml Inhalation nebulization Three times a day [Time: 08:00 AM, 12:00 PM, 08:00 PM] for Chronic obstructive pulmonary disease, unspecified.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview with RN E on 01/23/2025 at 8:18 AM revealed RN E and RN F were about to administer breathing treatment to Resident #79. RN E and RN F sanitized their hands, put on their gowns and gloves, and went inside the resident's room. RN E took the resident's breathing mask from the plastic bag, poured the breathing treatment solution to the nebulizer cap, and put it on the resident's face covering the mouth and the nose. RN E went to the bathroom and washed her hands. After washing her hands, RN E went out of the resident's room. RN E said RN F would wait for the breathing treatment to be done. From the hallway, it could be seen that the resident was having his breathing treatment. It could also be seen that RN F was sitting in a chair across the room.</p> <p>In an interview with RN E on 01/23/2025 at 8:50 AM, RN E stated doors should be closed when providing care to the residents to provide them privacy and dignity. She said she thought she closed the door after washing her hands. She said she should have doubled check if the door was close or have told RN F to close the door. She said it did not matter if the resident would mind or not, the door should be closed. She said Resident #79 was non-verbal and would not be able to tell her if he wanted the door closed or not and if he was embarrassed or not.</p> <p>2. Review of Resident #91's Face Sheet, dated 01/24/2025, reflected a [AGE] year-old female resident admitted to the facility on [DATE]. Resident #91's was diagnosed with gastrostomy status.</p> <p>Review of Resident #91's Quarterly MDS Assessment, dated 11/25/2024, reflected the resident had a severe impairment in cognition with a BIMS score of 01. The Quarterly MDS Assessment indicated the resident was on feeding tube (delivery of food through a tube to the stomach) while a resident of the facility.</p> <p>Review of Resident #91's Care Plan, dated 11/26/2024, reflected the resident used anticonvulsant and one of the interventions was to administer medication as ordered.</p> <p>Review of Resident #91's Physician Order, dated 01/09/2025, reflected GABAPENTIN 300 MG CAPSULE (Gabapentin) 1 capsule Gastrostomy Tube (a tube that is surgically inserted through the skin of the belly and into the stomach) Three times a day [Time: 08:00 AM, 12:00 PM, 08:00 PM].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview with RN E on 01/23/2025 at 12:03 PM revealed RN E was about to administer Resident #91's medication through g-tube (gastrostomy feeding tube: a tube that is surgically inserted through the skin of the belly and into the stomach). She went inside the room and told the resident that she would be giving her the 12:00 PM medication. RN E went to the bathroom to wash her hands. She said the resident would only have one medication for 12 PM. She then put one capsule of gabapentin to a small plastic cup and then opened it and placed the content of the capsule into the small plastic cup. She then put some water on a plastic cup. She said she would use the water to dissolve the gabapentin and to flush the g-tube before and after the medication administration. After preparing the water, she sanitized the bell of her stethoscope and let it dry. She went inside the room and took with her the medication, the cup of water, and some small cups. She placed the things that she would be using on the resident's overbed table, took the resident's syringe from the resident's bedside, and placed it also on the overbed table. RN E positioned herself and the overbed table on the resident's left side. RN E was facing the door. She did not close the door and the privacy curtain was not pulled all the way through. From the hallway, it could be observed that RN E pulled the resident's gown up to expose the feeding port, checked for placement and residual, dissolved the medication, flushed the g-tube, administer the medication, and flushed again after the medication was give. RN E said she forgot to close the door again or at least pulled the privacy curtain all the way through while administering the resident's medication. She said the door should be closed or the privacy curtain pulled all the way through to provide privacy and give dignity to the resident. She said she would make sure she would close the door every time she was providing care.</p> <p>In an interview with ADON A on 01/23/2025 at 1:39 PM, ADON A stated all care should be done in the privacy of the residents' room to promote dignity. She said every care done by the staff should be behind the door so other staff, other residents, or even the visitors would not see or speculate the medical condition of the residents. She said it did not matter if the residents care or not, the door should still be closed while providing care. She said it was important that the residents would be safe and would not be embarrassed. She said the expectation was for the staff be mindful when they were providing care. She said she would coordinate with the DON to do an in-service closing the door while providing care to enable a dignified existence because the facility was their home.</p> <p>In an interview with the DON on 01/23/2025 at 1:57 PM, the DON stated the door should be closed when administering the breathing treatment and medication. She said the privacy curtain should be pulled all the way so that even though the door was open, nobody could see the care being provided. She said the door should be closed to provide dignity to the residents and to avoid embarrassment. The DON said all the staff, including her, were responsible in providing dignity to the residents. The DON said the expectation was for the staff to make sure that when they were providing care, the residents' door was closed, or the privacy curtain were pulled all the way. She concluded that she would continually remind the staff the importance of providing privacy and dignity through an in-service.</p> <p>In an interview with the Administrator on 01/24/2025 at 10:09 AM, the Administrator stated the staff must make sure that the residents were provided privacy when providing care to prevent embarrassment. She said the expectation was for the staff to close the door, not only during medication administration, but during all care provided. He said he would collaborate with the DON and the ADON to do an in-service about closing the door to provide dignity.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with RN F on 01/24/2025 at 2:39 PM, RN F stated the door should be closed every time a staff was providing care to the residents. RN F said some residents could not communicate and even though they were feeling embarrassed, they could not verbalize it. RN F said she should have closed the door when RN E left Resident #79's room.</p> <p>3. Review of Resident #31's face sheet, dated 01/23/2025, reflected a [AGE] year-old female resident admitted to the facility on [DATE] with Non-Alzheimer's Dementia.</p> <p>Review of Resident #31's Quarterly MDS Assessment, dated 12/20/2024, reflected severely impaired cognition with a BIMS score of 1. Section I reflected an active diagnosis was Non-Alzheimer's Dementia.</p> <p>Review of Resident #31's Care Plan, dated 12/24/2024, reflected the resident had cognitive deficit related to dementia. One intervention was allow ample time for task completion.</p> <p>Review of Resident #42's face sheet, dated 01/23/2025, reflected an [AGE] year-old female resident admitted to the facility on [DATE] with Non-Alzheimer's Dementia.</p> <p>Review of Resident #42's Quarterly MDS Assessment, dated 12/31/2024, reflected a BIMS test was not conducted for the resident. Section I reflected an active diagnosis was Non-Alzheimer's Dementia.</p> <p>Review of Resident #42's Care Plan, dated 12/10/2024, reflected the resident had cognitive deficit related to dementia. One intervention was encourage simple leisure activities.</p> <p>An observation and interview on 01/23/25 at 03:19 PM revealed a document on top of the medication cart with residents' personal health information on it. The medication cart was parked at the beginning of the 400 hall and next to a resident sitting area. No staff member was near the medication cart. There were 3 labels affixed to the blank sheet of paper on top of the medication cart. Each label reflected a resident's name, room number, and the name of a medication. Two of the labels reflected a medication refill for Resident #31 and the other label reflected a medication refill for Resident #42. During the observation, MA I approached the cart and was asked about the resident information on top of the medication cart. MA I stated she was going to fax the document to the pharmacy to request medication refills for the residents. She stated she accidentally left it out. She stated it was confidential information and that no one needed to see it. MA I immediately removed the document.</p> <p>During an interview on 01/24/25 at 09:27 AM, ADON B stated it was a HIPAA violation to leave residents' health information out for everyone to see. She stated it was a violation of the residents' rights to have their personal information accessible to others. She stated the facility will provide in-service training to remind staff of this.</p> <p>During an interview on 01/24/25 at 10:22 AM, the Administrator stated when MA I was not at the medication cart, his expectation was for any resident information to be covered up. He stated MA I should have turned the paper over or removed it so resident health information was not seen. The Administrator stated he had the same expectation for a paper document with resident information as he did for a computer screen with resident information visible. He stated he would expect a computer screen to be closed if staff was not using it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 01/24/25 at 03:38 PM, the DON stated it was a HIPAA violation to leave residents' personal information out where someone could walk by and see it. The DON stated her expectation was for all staff members to protect residents' personal health information.</p> <p>Record review of facility's policy, Resident Rights Policy and Procedure revised August 14, 2022, revealed Policy: The staff will abide by and protect resident rights in accordance with state and federal guidelines . the resident has the right for a dignified existence.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47743</b></p> <p>Based on observation, interviews and record review, the facility failed to ensure assessments accurately reflected the resident's status for two (Resident #20 and Resident #49) of eight residents reviewed for Accuracy of Assessments.</p> <p>1. The facility failed to ensure Resident #20's Quarterly MDS assessment dated [DATE] accurately reflected that the resident had an external catheter (non-invasive device used to manage urinary incontinence) and was on oxygen therapy.</p> <p>2. The facility failed to ensure Resident #49's Quarterly MDS assessment dated [DATE] accurately reflected that the resident was receiving Hospice Care (end of life care).</p> <p>This failure could place the resident at risk for not receiving care and services to meet their needs, diminished function of health, and regressions in their overall health.</p> <p>Findings included:</p> <p>1. Review of Resident #20's Face Sheet, dated 01/24/2025, reflected a [AGE] year-old resident admitted to the facility on [DATE]. Resident #20 was diagnosed with overactive bladder (sudden urges to urinate) and respiratory failure.</p> <p>Review of Resident #20's Quarterly MDS Assessment, dated 12/24/2024, reflected the resident had a moderate impairment in cognition with a BIMS score of 11. Resident #20's Quarterly MDS Assessment did not indicate that the resident was using an external catheter and was on oxygen administration.</p> <p>Review of Resident #20's Comprehensive Care Plan, dated 10/09/2024, reflected the resident was at risk for problems with elimination and one of the interventions was to assist with PureWick (non-invasive urinary drainage device that uses suction to collect urine from the body) as per orders and resident request. The Comprehensive Care Plan also indicated the resident was on oxygen therapy and one of the interventions was administer oxygen as ordered.</p> <p>Review of Resident #20's Physician Order, dated 01/22/2025, reflected purewick drain On Night Shift.</p> <p>Review of Resident #20's Physician Order, dated 11/01/2024, reflected O2 at 2 LPM by NC at Bedtime [Time: 08:00 PM] for Acute respiratory failure with hypercapnia (increased amount of carbon dioxide to the body).</p> <p>Observation and interview with Resident #20 on 01/22/2025 at 10:15 AM revealed Resident #20 was in her bed, awake. It was observed that a purewick system was at the resident's bedside. The resident said she used it every night and she had been using it since last year. It was also observed that the resident was on oxygen therapy via nasal cannula.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with LVN B on 01/22/2025 at 10:47 AM, she said the Purewick system was an external catheter used by Resident #20 every night. She said the family was the one who requested that the resident use it. She said the resident had the purewick since she was admitted to the facility last year. She also said the resident was on oxygen for respiratory failure.</p> <p>2. Record review of Resident #49's Face Sheet, dated 01/24/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #49 was diagnosed with CVA (cerebrovascular disease: blood supply to the brain was interrupted).</p> <p>Record review of Resident #49's Quarterly MDS Assessment, dated 01/13/2025, reflected the resident had a severe impairment in cognition with a BIMS score of 04. The Quarterly MDS Assessment did not indicated that the resident was receiving hospice care while a resident of the facility.</p> <p>Record review of Resident #49's Comprehensive Care Plan, dated 12/24/2024, reflected the resident was admitted to hospice related to CVA and one of the interventions was to help the resident access hospice services.</p> <p>Observation and interview with Resident #49 on 01/22/2025 at 2:00 PM revealed Resident #49 was in her bed, awake. it was observed that there was a suction machine (medical device that is primarily used for removing mucus or saliva) under the resident's bed.</p> <p>In an interview with LVN B on 01/22/2025 at 2:16 PM, LVN B stated Resident #49 was in hospice and hospice was the one who provided the suction machine.</p> <p>Observation and interview with MDS Nurse G on 01/24/2025 at 8:30 AM, MDS Nurse G stated the MDS Assessment should reflect if a resident had an external catheter, was using oxygen, and was in hospice. She said the medical diagnosis, physician order, MDS, and the care plan should match to provide an understandable overview of the resident's current condition. She said, by doing so, correct goals and interventions would be provided. She opened Resident #20's profile and saw that the resident had orders for the external catheter (Purewick) and for oxygen therapy. MDS Nurse G also checked the resident's care plan and saw that the resident was care planned for the external catheter and oxygen therapy. She then checked the resident's MDS and saw that the external catheter and oxygen were not triggered. MDS Nurse G also checked Resident #49's profile and saw that her MDS was not triggered for hospice. She said if the residents were not properly assessed, the proper care and needs would not be met. She said she was not responsible for Resident #20 and #49's MDS but she would audit the residents entrusted to her and check if they were properly assessed.</p> <p>Observation and interview with MDS Nurse H on 01/24/2025 at 8:47 AM, MDS Nurse H stated the MDS was not just for reimbursement but a means for the staff to properly assess the residents. She opened Resident #20's MDS and saw that the resident was not triggered for external catheter and oxygen. She also opened Resident #49's MDS and saw the resident was not triggered for hospice. She said all the above mentioned should be reflected in the MDS. She said she would review the residents MDS and would make the appropriate changes. She said she would also audit the MDS of the other residents. She said if the residents were not properly assessed, the needs would not be met and there could be confusion in the provision of care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the Administrator on 01/24/2025 at 10:09 AM, the Administrator stated the MDS to reflect the current condition of the resident. He said if there was no accurate assessment, there could be a misunderstanding about the care needed. He said coordinate with the DON and the MDS Nurses to evaluate the situation.</p> <p>Record review of facility policy, Resident Assessment Policy and Procedure revised January 12, 2020, revealed Purpose: To assess each resident's strengths, weaknesses, and care needs. To use this assessment data to develop a person-centered comprehensive plan of Care (POC) for each resident that will assist a resident in achieving and maintaining the highest practical level of mental functioning, physical functioning, and wellbeing as possible . Procedure . The assessment process includes direct observation, the medical record, as well as communication with the resident and direct care staff across all shifts.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47743</b></p> <p>Based observation, interview, and record review the facility failed to ensure residents who were incontinent of bladder received appropriate treatment and services to prevent urinary tract infection and to restore continence to the extent possible for one of (Resident #20) two residents reviewed for Incontinent Care.</p> <p>The facility failed to ensure that Resident #20's external catheter was properly stored on 01/22/2025.</p> <p>This failure could place residents at risk of cross-contamination and development of urinary tract infections.</p> <p>Findings included:</p> <p>Review of Resident #20's Face Sheet, dated 01/24/2025, reflected a [AGE] year-old resident admitted to the facility on [DATE]. Resident #20 was diagnosed with overactive bladder.</p> <p>Review of Resident #20's Quarterly MDS Assessment, dated 12/24/2024, reflected the had a moderate impairment in cognition with a BIMS score of 11. Resident #20's Quarterly MDS Assessment did not indicate that the resident was using an external catheter.</p> <p>Review of Resident #20's Comprehensive Care Plan, dated 10/09/2024, reflected the resident was at risk for problems with elimination and one of the interventions was to assist with PureWick as per orders and resident request.</p> <p>Review of Resident #20's Physician Order, dated 01/22/2025, reflected purewick drain On Night Shift.</p> <p>Observation and interview with Resident #20 on 01/22/2025 at 10:15 AM revealed Resident #20 was in her bed, awake. It was observed that a PureWick system was at the resident's bedside. The resident said she used it every night.</p> <p>In an interview with LVN B on 01/22/2025 at 10:47 AM, she stated Resident #20 used a urine collection system called PureWick. She said the PureWick urine collection system was an external catheter used by the resident every night. She said the nurse would connect the external catheter to a tube connected to the collection canister. She went inside resident's room and saw the tube where the external catheter was on the floor. She said the connector tube should not be on the floor because the germs from the floor would be on the tube and could possibly transfer also to the catheter that would have a direct contact with the resident's perineal (area between the legs) area. She said she did not notice the tube connector of the PureWick was on the floor when she did her round. She said she would be mindful during rounds that the tube connector used to collect urine was properly stored to prevent infections.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with ADON A 01/23/2025 at 1:39 PM, ADON A stated the tube connector should be cleaned and properly stored when not in use to prevent cross contamination and urinary tract infection. She said the expectation was for the staff to properly store the tube connector. She said the whole PureWick urine collection system should not be on the floor for the same reason.</p> <p>In an interview with the DON on 01/23/2025 at 1:57 PM, the DON stated Resident #20 used an external catheter every night. She said the collection system had a connecting tube to put the external catheter. She said every part of the urine collection system should be kept clean to prevent cross contamination and urinary tract infection. She said the connecting tube should be stored properly when not in use. She said the expectation was for the staff to clean the connecting tube when the external catheter was disconnected and store it properly. She said she would educate the staff the importance of ensuring the connecting tube was properly stored.</p> <p>In an interview with the Administrator on 01/24/2025 at 10:09 AM, the Administrator stated whatever the resident was using should be kept clean to prevent infection. He said the expectation was for the staff to do the right procedure. He said he was not a clinician and would let the DON handle the issue about the external catheter.</p> <p>Record review of the facility's policy, Perineal Care/Incontinent Care Restorative Policy revised 04/2012 reflected Provisions . 2. Set up clean field . 10. Remove gloves and wash hands or alcohol gel and re-glove hands.</p> <p>Policy for external catheter requested on 01/23/2025 at 2:07 PM via email to the Administrator but was not provided during exit.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47743</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents, who needed respiratory care, were provided such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for two (Resident #49 and Resident #64) of five residents reviewed for Respiratory Care.</p> <ol style="list-style-type: none"> <li>The facility failed to ensure Resident #49's suction machine and the Yankauer suction tip (oral suctioning tool used to remove fluid and secretions from the airway) connected to it was properly stored on 01/22/2025.</li> <li>The facility failed to ensure Resident #64's nasal cannula (flexible tube used to deliver oxygen to the nose through two prongs) connected to the oxygen concentrator was properly stored on 01/22/2025.</li> </ol> <p>These failures could place the residents at risk for respiratory infection and not having their respiratory needs met.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>Record review of Resident #49's Face Sheet, dated 01/24/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #49 was diagnosed with disturbances with salivary secretions.</li> </ol> <p>Record review of Resident #49's Quarterly MDS Assessment, dated 01/13/2025, reflected the resident had a severe impairment in cognition with a BIMS score of 04. The Quarterly MDS Assessment indicated the resident had chronic obstructive pulmonary disease.</p> <p>Record review of Resident #49's Comprehensive Care Plan, dated 12/24/2024, reflected breathing pattern as one of the resident's problem list and one of the interventions was to monitor lung sounds, cough, and character of sputum.</p> <p>Observation and interview with Resident #49 on 01/22/2025 at 2:00 PM revealed Resident #49 was in her bed, awake. It was observed that there was a suction machine on the floor, under the resident's bed. A Yankauer was connected to the tubing of the suction machine and the tubing was coiled around the machine. The Yankauer was not properly stored. When asked about her suction machine, the resident did not reply.</p> <p>In an interview with LVN B on 01/22/2025 at 2:16 PM, LVN B stated Resident #49 was in hospice and hospice was the one who provided the suction machine. She said the suction machine should not be on the floor and the yankauer should be bagged when not in use. She said the issue was not if the resident was using it or not but if it was kept clean in case the resident needed it.</p> <ol style="list-style-type: none"> <li>Record review of Resident #64's Face Sheet, dated 01/24/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #64 was diagnosed with shortness of breath.</li> </ol> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #64's Quarterly MDS Assessment, dated 01/13/2025, reflected the resident had a Brief Interview for Mental Status score of 99 indicating the resident was not able to finish the interview to determine the BIMS score. The Quarterly MDS Assessment indicated the resident had chronic obstructive pulmonary disease.</p> <p>Record review of Resident #64's Comprehensive Care Plan, dated 12/02/2024, reflected the resident had an impaired gas exchange and of the interventions was to auscultate lung sounds.</p> <p>Record review of Resident #64's Physician Orders, dated 11/13/2024, reflected O2 at 2 LPM by NC PRN shortness of breath FOR O2 SAT &lt;90%.</p> <p>Observation on 01/23/2025 at 1:11 PM revealed Resident #64 was not inside the room. An oxygen concentrator with a nasal cannula connected was observed at the resident's bedside. The nasal cannula was hanging on top of the oxygen concentrator and was not bagged with the prongs of the nasal cannula almost touching the floor.</p> <p>Observation and interview with LVN C on 01/23/2025 at 1:19 PM, LVN C stated the Resident #64 was in hospice and hospice was the one who provided for the oxygen concentrator. She said the resident did not usually use the oxygen. She said even though the resident was using it as needed, the nasal cannula should be properly stored when the resident was not using it. LVN C disconnected the nasal cannula and threw it in the trash can. She said if the nasal was exposed, germs from the oxygen concentrator or even the floor could transfer to the nasal cannula and might cause infection.</p> <p>In an interview with ADON A on 01/23/2025 at 1:39 PM, the ADON A stated</p> <p>the nasal cannula and the yankauer should be bagged whenever the resident was not using it to prevent cross contamination and eventually infection. She said the nasal cannula was inserted to the nose and the Yankauer to the mouth, and if they were dirty, it was just like introducing germs to the inside of the body. She said the expectation was for the staff to ensure the equipment used for respiratory care were properly stored. She said she would do an in-service about bagging the nasal cannula and the Yankauer when not in use.</p> <p>In an interview with the DON on 01/23/2025 at 1:57 PM, the DON stated the nasal cannula and the yankauer were supposed to be in a bag when the resident was not using it to prevent cross contamination and respiratory infections. If the staff would prefer to have them near the residents, they should be stored properly. She said the expectation was for the staff to be mindful and make sure the nasal cannula and the yankauer were kept clean and bagged when the residents were not using them. She said she would conduct an in-service about respiratory care.</p> <p>In an interview with Hospice Nurse I on 01/24/2025 at 8:56 AM, Hospice Nurse I stated when a resident was admitted on hospice, hospice would provide some equipment that would facilitate comfort during end-of-life care. She said hospice would provide, but the facility was responsible in taking care of the equipment. Just like the nasal cannula and the yankauer of the suction machine, the staff of the facility should make sure that they were clean and properly stored to prevent cross contamination and respiratory infection.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the Administrator on 01/24/2025 at 10:09 AM, the Administrator stated everything the residents were using should be kept clean to prevent infection. He said he was not a clinician but would coordinate with the DON on how to go forward about the respiratory care issue.</p> <p>Record review of the facility's policy, Departmental (Respiratory Therapy) - Prevention of Infection 2001 MED-PASS, Inc. revised October 2012, reflected Purpose: The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment . 7. Store the circuit in plastic bag, marked with date and resident's name.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47743</p> <p>Based observation, interview, and record review, the facility failed to ensure proper handling of the ice to prevent contamination and the potential for waterborne illness by one CNA (CNA D) out of four staff attending to the residents during lunch time.</p> <p>The facility failed to ensure CNA D did not put the ice scooper on the bowl of ice while preparing drinks for the residents during lunch time on 01/22/2025.</p> <p>This failure could place the residents at risk of cross-contamination and development of infections.</p> <p>Findings included:</p> <p>An observation on 01/22/2025 at 12:03 PM revealed CNA D was preparing some drinks for the residents. At the middle of the dining area was a table with some boxes of milk, a bowl of ice, a small plate, and some pitchers of iced tea. She placed four glasses on a tray, scooped some ice from a bowl of ice, and put them on the glasses. She used an ice scooper to put the ice. After she put the ice on the glasses, she placed the scooper on the bowl of ice, and poured iced tea on the glasses. She put the scooper on top of the bowl of ice with the handle of the scooper touching the ice. She used her bare hands when she used the scooper. She gave the glasses to the residents. she went back to the table, placed five glasses on the tray, took the scooper on top of the ice, scooped some ice, put it on the glasses, returned the scooper on top of the ice, poured some iced tea on the glasses, and gave them to the residents. She returned to the table, placed four glasses on the tray, took the scooper on top of the ice, scooped some ice, put it on the glasses, returned the scooper on top of the ice, poured some iced tea on the glasses, and gave them to the residents. a small plate was noted beside the bowl of ice.</p> <p>In an observation and interview with ADON A on 01/22/2025 at 12:12 PM, ADON A stated the scooper should be placed on the plate beside the ice bowl and not on top of the ice that were inside the bowl of ice. She said putting the handle on the bowl of ice could contaminate the ice. She said germs could transfer from hands to ice scooper handle to ice. ADON A took the bowl of ice and replaced it. she also took the glasses of iced tea given to the residents and replaced them. She said she would talk to CNA D and would remind her to put the scooper on the small plate beside the bowl of ice.</p> <p>In an interview with CNA D on 01/22/2025 at 12:30 PM, CNA D stated the handle of the scooper that she held should not touch the ice to prevent transfer of germs. She said she also touched the tray she used to give the residents their drinks and she was not sure if the tray was clean. She said she should have put the ice scooper on the small plate beside the bowl of ice.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Garnet Hill Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 McCreary Rd Wylie, TX 75098	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with the DON on 01/23/2025 at 1:57 PM, the DON stated the ice scooper should be placed on the small plate beside the bowl of ice. She said placing the handle of the ice scooper inside the ice could contaminate the ice that were put in glasses for the residents. She said her expectation was for the staff to be mindful with the manner they served the residents. She said she would do an in-service about infection control and would include proper handling of the ice scooper because putting it on top of the ice could contribute to cross contamination and infection.</p> <p>In an interview with the Administrator on 01/24/2025 at 10:09 AM, the Administrator stated the ice scooper should be placed on the small plate beside the bowl of ice and not on top of the ice to prevent contaminating the ice that would be used for the residents' drinks. He said the expectation was for the staff to be mindful when they were preparing the drinks of the residents. He said he would collaborate with the DON about the infection control issue.</p> <p>Review of facility policy, Ice Storage . Sanitary Care . and DEPARTMENT: Infection Control Policy and Procedure revised August 2018 revealed Policy: Sanitary care . Procedures . B. Hold ice scoops by the handle; do not touch ice . C. Only ice scoops are used to obtain ice . F. Limit access to the handling of ice and ice-storage devices to minimize contamination . Ice Scoops: 1. Scoops are kept in a covered stainless steel, impervious plastic, or fiberglass tray when not in use.</p>