

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/01/2024
NAME OF PROVIDER OR SUPPLIER  The Rehabilitation & Wellness Centre of Dallas LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4200 Live Oak St Dallas, TX 75204	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37028</b></p> <p>Based on observations, interviews, and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one (Resident #1) of three residents observed for infection control.</p> <p>1. The WCN failed to perform hand hygiene and change gloves during wound care for Resident #1.</p> <p>The failure could place residents at risk for healthcare associated cross contamination and infections.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet, dated 10/01/24, reflected she was a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included Alzheimer's disease and cellulitis (skin infection) of left lower leg.</p> <p>Record review of Resident #1's Care Plan revealed she had a care plan for wounds.</p> <p>An observation and interview on 10/01/24 at 12:15 PM with the WCN revealed she was preparing to do wound care for Resident #1. The resident was awake, alert, and confused. She did not voice any concerns. The WCN performed hand hygiene, donned gloves and removed the dressing. She also placed a pad beneath the left foot. The WCN removed her gloves and performed hand hygiene. The resident had a healing ulcer on her left foot, directly beneath her first toe. The area was open and about the size of a quarter. The tissue was dark pink - red in color. The WCN cleaned the wound with 4x4 gauze and disposed of the soiled gauze onto the soiled pad beneath the resident's left foot. The WCN rolled up the soiled pad and placed it in the trash. The WCN did not change her gloves or perform hand hygiene. The WCN prepared the ordered treatment, applied it to the wound, and wrapped the wound and left foot. The WCN said she did not realize she did not change gloves or perform hand hygiene after cleaning the wound. She said it was important to perform hand hygiene in order to prevent infection transfer.</p> <p>An interview with the DON on 10/01/24 at 2:20 PM revealed staff were supposed to follow the facility policy for changing gloves and performing hand hygiene after cleaning a wound. The DON said the WCN was supposed to perform hand hygiene after cleaning the wound. He said hand hygiene was important after cleaning the wound to reduce transmission of pathogens harmful to the resident.</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
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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>Record review of the facility policy, Handwashing, dated December 2018, reflected: Policy It is the policy of this home that hand hygiene is the primary means to prevent the spread of infection . Before and after direct resident contact . Before and after changing a dressing .</p>		