

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Rock Creek Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1414 College Street Sulphur Springs, TX 75482	

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>(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: 676235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Rock Creek Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1414 College Street Sulphur Springs, TX 75482	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, 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 2 of 6 residents (Resident #1 and Resident #2) reviewed for infection control. The facility failed to ensure CNA B and CNA C performed hand hygiene while providing incontinent care for Resident #1 on 11/24/25. The facility failed to have Personal Protective Equipment, also known as PPE, (specialized clothing or equipment worn to protect individuals from hazards in various settings, such as the workplace, and includes items like gloves, safety helmets, masks, and eye protection) outside Resident #1's and Resident #2's rooms, who required EBP (an infection control strategy that uses gowns and gloves during high-contact care activities to reduce the transmission of multidrug-resistant organisms (MDROs) on 11/24/25. This failure could place residents at risk for cross-contamination and the spread of infection.Finding included:Record review of Resident #1's face sheet, dated 11/24/25, revealed an [AGE] year-old female, admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses to include chronic obstructive pulmonary disease, also called COPD (a progressive lung disease that causes restricted airflow and breathing problems), coronary artery disease, also known as CAD, (a condition where plaque buildup narrows or blocks the coronary arteries, which supply oxygen-rich blood to the heart), and diabetes (high blood sugars).Record review of Resident #1's annual MDS assessment, dated 10/09/25, indicated Resident #1 usually understood and was understood by others. Resident #1's BIMS score was 12, which indicated her cognition was moderately impaired. The MDS indicated Resident #1 required assistance with toileting, bed mobility, dressing, personal hygiene, transfers, and eating. The MDS indicated she was always incontinent of bowel and bladder.Record review of Resident #1's comprehensive care plan, revised on 11/04/25, indicated Resident #1 had EPB and an indwelling catheter. The interventions required staff to wear gloves and a gown when the following activities occurred: linen change, resident hygiene, transfer, dressing, toileting/incontinent care, bed mobility, wound care, enteral feeding care, catheter care, trach care, bathing, or other high-contact activity. Also, there should be a posting at the residents' room entrance indicating that the residents were on EBP.Record review of Resident #1's physician order, dated 11/12/25, indicated urinary catheter 16 Fr 10cc bulb to gravity drainage (urine flows from the bladder into a drainage bag solely through the force of gravity) every shift for gross hematuria (the presence of blood in the urine that is visible to the naked eye, causing the urine to appear pink, red, or brown).Record review of Resident #1's physician order, dated 11/19/25, indicated enhanced barrier precautions.During an observation and interview on 11/24/25 at 10:45 a.m., Resident #1 did not have an EBP sign on the door. Resident #1 had an indwelling catheter. She said staff did not wear gowns when they provided incontinent care.During an observation on 11/24/25 at 3:59 p.m., CNA B and CNA C provided incontinence care for bowel and indwelling catheter care for Resident #1. CNA B wiped Resident #1's right buttock, which contained bowel, and then assisted to turn her on her left side without hand hygiene or changing her gloves. CNA C wiped Resident #1's left side buttock, which contained bowel, and assisted in turning Resident #1 to her back without hand hygiene or changing her gloves. CNA B wiped her front area using the same wipe and wiping side to side, then used the same wipe and wiped her indwelling catheter without changing her gloves or performing hand hygiene. CNA B then grabbed a clean brief, applied barrier cream, and changed her linen, all while using the same dirty gloves. During an interview on 11/24/25 at 4:22 p.m., CNA B and CNA C said Resident #1 did not have an EBP sign on her door or a cart outside her door. They said they had not been using gowns while providing care for Resident #1. They said LVN A gave them the gowns today (11/24/25) when they told her the surveyor wanted to watch incontinent care. CNA B and CNA C said they did not perform hand hygiene or change their gloves after wiping Resident #1, then touching the clean brief and linen with dirty gloves. They said they knew that without hand hygiene or removing dirty gloves, they could cause cross-contamination and infection.During an interview on 11/24/25 at 5:00 p.m., LVN A said she was Resident #1's nurse. She said she expected staff to provide incontinent care to keep the residents clean. She said she expected the CNAs to practice hand hygiene and change gloves when soiled. She said Resident #1 was on EBP. She said Resident #1 did not have signage or a cart placed on her door or outside her room, and said it was an oversight. She said if staff were not wearing proper PPE (gown and gloves) it could cause infection and or bacteria. She said when the CNAs told her they were</p>		