STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676319	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corinth Rehabilitation Suites on the Parkway	3511 Corinth Parkway Corinth, TX 76208

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide the necessary services for residents who are unable to carry out activities of daily living to maintain good grooming and personal hygiene for 1 (Resident#1) of 9 residents reviewed for ADLs. The facility failed to ensure Resident #1 had facial hair on her chin removed on 01/07/2026. This failure could place residents who were dependent on staff for ADL care at risk for loss of dignity, risk for infections and a decreased quality of life.Findings include: Record review of Resident #1's Quarterly MDS assessment dated [DATE] reflected Resident #1 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses included non-Alzheimer's dementia (types of cognitive decline not caused by Alzheimer's disease), and hypertension (elevated blood pressure). Resident #1's BIMS score was a 13, which indicated Resident #1's cognition was intact. The MDS assessment indicated Resident #1 partial/moderate assistance with shower/bathe self. Record review of Resident #1's Care Plan revised 12/10/25, reflected the following: Problem: [Resident #1] requires assistance with ADL's R/T visual impairment, weakness, impaired cognition. Goal: Resident will maintain a sense of dignity by being clean, dry, odor free, and well-groomed over the next 90 days. Approach: . bathing: extensive to total one person assistance. An observation on 01/07/26 at 11:21 AM revealed Resident #1 was sitting at the edge of the bed. Resident #1 had scattered chin hair that was long approximately 3/4 inch in length. Resident #1 stated she got showers regularly according to her schedule in the week Mondays-Wednesdays-Fridays, and she had been asking the staff to shave her chin hair, but they kept telling her that, per facility policy, they did not have razors in the facility. Resident #1 stated she felt embarrassed and did not like to get out of her room. She stated she ate in her room and did not like to go to the dining room because of the facial hair. An interview on 01/07/26 at 2:42 PM with LVN B revealed CNAs were responsible for residents' showers and grooming; including facial hair removal/shaving for female residents. She added Resident #1's facial hair should be inspected weekly during shower days and trimmed/shaved according to the resident's liking. LVN B stated it was the responsibility of the charge nurses for each Hall to make sure residents received appropriate and consistent daily care. LVN B stated the risk to Resident #1 was infection, loss of dignity, and self-isolation. In an interview on 01/07/26 at 3:35 PM, CNA A stated that CNAs were responsible for shaving/removing facial hair for female residents on shower days and as needed. CNA A stated the facility had disposable razors designed for shaving residents in the facility. CNA A stated that the first time he was assigned to Resident #1's care, and did not know who told her that the facility did not have razors. He stated long facial hair could cause certain female residents embarrassment and loss of dignity. An interview with the DON on 01/07/26 at 3:47 PM revealed the CNAs were supposed to shave/remove female residents' facial hair during the shower days or as desired by the residents. She stated the facility had razors as part of residents' grooming supplies. The DON stated charge nurses were expected to ensure residents were showered and (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676319	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corinth Rehabilitation Suites on the Parkway	3511 Corinth Parkway Corinth, TX 76208

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	groomed as needed by the resident's preference. She stated she had not been notified by anyone that Resident #1 had facial hair and would like to be shaved. She stated that lack of proper grooming could lead to skin problems and overall dignity issues. Record review of the facility's policy Activities of Daily Living, Optimal Function, revised 05/05/23, reflected the following: . The Facility provides necessary care to all residents that are unable to carry out activities of daily living on their own to ensure they maintain proper nutrition, grooming, and hygiene .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676319	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corinth Rehabilitation Suites on the Parkway	3511 Corinth Parkway Corinth, TX 76208

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to 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 1 of 9 residents (Resident #2) reviewed for infection control. The facility failed to ensure CNA C changed gloves and performed hand hygiene while providing incontinence care to Resident #2. This failure could place residents at risk for infection and cross contamination.Findings include: A record review of Resident #2's Quarterly MDS assessment, dated 12/19/25, reflected Resident #2 was an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included hypertension (elevated blood pressure), fracture of part of neck of left femur, muscle wasting and atrophy, and Muscle weakness (generalized). Resident #2 had a BIMS score of 15 which indicated intact cognition. Resident #2 was frequently incontinent of bladder. An observation on 01/07/26 at 10:41 AM revealed CNA C entered Resident #2's room to provide incontinence care. CNA C washed his hands and put on gloves. He unfastened the resident's brief and cleaned the front pubic area using several peri wipes. CNA C assisted Resident #2 onto her left side. He removed and discarded the soiled brief, and he cleaned the resident's buttocks area with peri wipes. Resident #2 had a medium bowel movement. Without changing gloves, CNA A placed a clean brief under Resident #2. He repositioned the resident back on her back, fastened the brief, covered Resident#2, and put the bed in low position. CNA C gathered the dirty clothes and trash. He removed his gloves, washed his hands, and exited the room. In an interview on 01/07/26 at 11:00 AM, CNA C stated he was to wash hands before and after care. CNA C also stated he was supposed to change gloves and complete hand hygiene each time he moved from dirty to clean area during residents' care. CNA C stated he did not change gloves during the incontinent care because he was nervous and was not used to being observed during residents' care. CNA C stated he was supposed to change gloves and complete hand hygiene to prevent the spread of infection. In an interview on 01/07/26 at 3:47 PM with the DON, she stated during incontinent care, the staff were to complete hand hygiene before and after care. The DON also stated in between care, CNA C was to complete hand hygiene and change gloves because his hands were considered dirty after cleaning the resident. The DON stated the staff were to complete hand hygiene during care to prevent the spread of infection. Record review of the facility's policy, Hand Hygiene/Hand Washing, revised May 15, 2023, reflected, . Hand Hygiene/Hand Washing is done . Before taking part in a medical or surgical procedure . After contact with soiled or contaminated articles such as articles that are contaminated with body fluids . After removal of medical/surgical or utility gloves.