STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676326	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Rehabilitation and Care Center	1101 Windbell Dr Mesquite, TX 75149

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 ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 1 of 5 residents (Resident#1) reviewed for ADL care. The facility failed to ensure Resident #1 had his fingernails cleaned and trimmed on 04/28/26. This failure could place residents at risk for loss of dignity, infections, and a decreased quality of life. Record review of Resident #1's quarterly MDS assessment, dated 04/15/26, reflected a [AGE] year-old male, admitted [DATE]. Record review reflected Resident #1 had diagnoses which included hypertension (high blood pressure), non-Alzheimer's dementia (diseases that affect memory, thinking, and the ability to perform daily activities), and respiratory failure. Resident #1 had a BIMS score of 02/15 which indicated Resident #1's cognition was severely impaired. Further record review reflected Resident#1 was dependent on staff for personal hygiene. Record review of Resident #1's Comprehensive Care Plan, dated 04/14/26, reflected the following: Focus: [Resident #1] requires assistance with ADLS. Goal: [Resident #1] will be appropriately dressed and groomed. Intervention: . grooming requires assist EXT x1. During an observation and interview on 04/28/26 at 08:15 p.m., Resident #1 was observed lying in bed watching TV. Resident #1's nails on both hands were approximately 0.4 cm in length extending from the tip of his fingers, and dirty. Resident #1 stated he would like to have his fingernails cleaned and trimmed. During an observation and interview on 04/28/26 at 11:34 a.m., CNA A looked at Resident #1 fingernails and stated they looked long, dirty and needed to be cleaned, and trimmed. CNA A stated CNAs were responsible to clean and trim residents' nails during the showers. CNA A stated only nurses cut residents' nails if they were diabetic. CNA A stated the risk would be potential for infection and skin integrity problems. During an interview on 04/28/26 at 11:42 a.m., LVN B stated CNAs were responsible for cleaning and trimming residents' nails during the showers. LVN B stated only nurses cut residents' nails if they were diabetic. LVN B stated it was the responsibility of the charge nurses for the hall to make sure residents were getting appropriate care. LVN B stated the risk to residents' development of infection and skin integrity problem. During an interview on 04/28/26 at 12:18 p.m., the DON stated CNAs were responsible for checking on residents and providing appropriate care and grooming every shift and as needed. She stated the nurses in charge of the halls were also responsible for checking on residents to ensure their needs were met. The DON stated not providing appropriate care, and grooming placed residents at risk of infection, skin breakdown, and dignity issues. Record review of the facility's policy, dated May 5, 2023, and titled, Activities of daily living, optimal function, reflected: Activities of daily living (ADLS), refer to tasks related to personal care including, grooming, dressing, oral hygiene.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.

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