Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676349	A. Building B. Wing	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accel at Willow Bend	2620 Communications Parkway Plano, TX 75093

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 - Some	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 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 3 of 6 residents (Residents #1, #2 and #3) reviewed for infection control practices.1. MA A failed to disinfect the blood pressure cuff before checking Resident #1's blood pressure after she removed the cuff from her (MA A's) wrist.2. CNA B and CNA C failed to perform hand hygiene before contact, between care, and change of gloves while providing incontinence care to Resident #2 and Resident #3.These failures could place residents at risk of exposure to infectious agents and could lead to the development of infection. Findings included: 1. Record review of Resident #1's Quarterly MDS assessment dated [DATE] reflected the resident was an [AGE] year-old male admitted to the facility on [DATE]. Resident #1 was cognitively intact with a BIMS score of 14. He had diagnoses which included hypertension (abnormally high arterial blood pressure) and anemia (a condition in which the blood is deficient in red blood cells, in hemoglobin, or in total volume).Observation on 02/03/26 at 10:54 AM revealed MA A removed a blood pressure cuff from her own wrist. Without disinfecting the blood pressure cuff, she entered Resident #1's room and she checked Resident #1's blood pressure.Interview/observation with MA A on 02/03/26 at 11:39 AM revealed she was still wrapping the blood pressure cuff on her wrist. She stated she did not disinfect the blood pressure cuff before checking Resident #1's blood pressure. She stated she was supposed to use the disinfectant wipes to clean the blood pressure cuff after unwrapping it from her wrist and before applying the cuff on Resident #1 to prevent the spread of infection, but she forgot. She stated she had received training on the care and disinfection of reusable equipment, but she could not recall when.2. Record review of Resident #2's Quarterly MDS Assessment, dated 12/16/25, reflected the resident was an [AGE] year-old female, who was admitted to the facility on [DATE] and readmitted [DATE]. The resident had severe cognitive impairment with a BIMS score of 7, and her diagnoses included hypertension and diabetes (a condition that happens when your blood sugar is too high). Record review of Resident #2's care plan, dated 07/18/25, reflected: Focus: [Resident #2] At risk for problems with eliminations bowel and bladder. Goal: [Resident #2] will have incontinent products available on daily basis over the next 90 days. Interventions: Provide peri care [the hygiene practice of cleaning and maintaining the genital and anal areas to prevent infection, discomfort, or skin breakdown] after each incontinent episode.Observation on 02/03/26 at 11:30 AM revealed CNA B went to Resident #2's room to provide the resident incontinence care. She first knocked on the resident's door and then entered the room. Without washing her hands, she put on gloves and put her supplies together. Next, CNA B used wet wipes to cleanse Resident #2's abdominal folds and perineal area (the anatomical region located between the thighs). Her technique was one wipe, one swipe. She wiped down the peri area from inner area towards the outer area. Resident #2 then turned on her right side, and CNA B wiped the (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

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