STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676351	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Discovery Village at Southlake	201 Watermere Drive Southlake, TX 76092

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 disease and infections for 1 of 4 residents (Resident #40) reviewed for infection control.1.The facility failed to ensure CNA A performed hand hygiene in between glove changes while providing toileting care for Resident #40.2.The facility failed to ensure CNA A disinfected surfaces with acceptable disinfecting wipe. These failures could result in infection. Findings included:Record review of Resident #40's admission MDS assessment, dated 5/17/2026, revealed the resident was an [AGE] year-old female admitted on [DATE] with diagnoses of leg fracture, spine fracture, diabetes mellitus, and pain. The MDS also indicated the resident was dependent on toileting. Record review of Resident #40's care plan, dated 5/12/2026, revealed the resident was care planned for urinary incontinence and history of urinary tract infection. In an observation on 6/2/2026 at 11:04 AM, CNA A was in the middle of providing toileting care for Resident #40 when surveyor walked in the room. She was wearing gloves while proving toileting care to the resident. The right side of the resident's gown and her draw sheet were wet from urine. After CNA A wiped the resident's bottom and removed wet brief, she put them in a trash bag and she proceeded to change gloves without performing hand hygiene. She continued caring for the resident by removing the resident's gown and bed sheet. CNA A placed the resident's soiled gown and sheet on the resident's bed side table. After she was done providing care, she removed gloves and washed her hands. She told the resident she would come back to bag the soiled gown and sheet and disinfect the bed side table. CNA A came back in the room to bag the soiled gown and sheet. CNA A brought in a wash cloth to wipe the resident's bed side table. In an interview on 6/2/2026 at 11:45am, CNA A stated that she was the facility's staffing coordinator but she had been a CNA for 16 years and she was still helping out on the floor when needed. CNA stated there was no extra trash bag in the room so she thought she could put the soiled gown and sheets on the bed side table instead of on the floor. CNA A stated she did not think of asking for help. She stated she was trying to get the resident dry because the resident was wet. CNA A stated she was not sure if the resident was allergic to any disinfecting wipes. She stated for safety measures, she soaked a wash cloth with warm water to wipe the resident's bed side table. She stated she knew it was not sufficient to disinfect the surface but she wanted to wipe the table down so the resident could have access to the table right away. She stated she did not think of checking with the nurse. She also stated she should have performed hand hygiene after she removed soiled gloves. She stated she was in a rush and she got nervous. She stated the risk to the resident included infection.In an observation on 6/2/2026 at 12:00 PM, CNA A wiped the resident's bedside table with facility's disinfecting wipe. In an interview on 6/2/2026 at 1:56 PM, the DON stated he expected all staff to practice infection control practice when caring for residents. He stated all staff should perform hand hygiene before caring for residents, in between glove changing, and after caring for the residents. He also stated it was not acceptable to wipe a resident's bedside table with a warm wash cloth because it was not sufficient. He stated CNA A should have called for help to get an extra trash bag, he stated staff should never put soiled linen on (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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residents' bedside tables. He stated when he walked by the room earlier, he saw CNA A was wiping the resident's bedside table with a disinfecting wipe so he thought everything was good. He stated he provided in-service on infection control and hand hygiene every month, and then as needed if there was an incident. Record review of facility's Handwashing/ Hand hygiene policy, dated in 2001, revealed the policy stated, Indications for hand hygiene [included]. after touching the resident, . immediately after glove removal. Record review of facility's Cleaning and disinfection of resident-care items and equipment policy, revised September 2022, revealed the policy stated non-critical environmental surfaces include bed rails, bedside tables. require cleaning followed by either low- or -intermediate level disinfection. Disinfection is performed with an EPA-registered disinfectant labeled for use in healthcare settings. Intermediate and low-level disinfectants for non-critical care items include ethyl or isopropol alcohol, sodium hypochlorite.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public for 1 (Resident #32) of 10 resident rooms reviewed for smoke detectors. The facility failed to ensure Resident #32 had a functional smoke detector installed in his room. This failure could result in an unsafe environment. Findings included:Findings included: Record review of Resident #32 face sheet dated 06/02/26 reflected a [AGE] year-old male admitted on [DATE]. During an interview and observation on 06/02/26 at 10:45 A.M., Resident #32's family member stated his smoke detector would not stop beeping last week and an unknown staff member took it down. Resident # 32's family member stated she had mentioned it to one of the nurses about the smoke detector missing. Observed that the smoke detector was missing from the room. Attempted interview on 06/02/26 at 11:10 A.M., revealed Resident# 32 was not interviewable. During an interview on 06/02/26 at 1:16 P.M., the Maintenance Director stated he was not aware that the smoke detector was missing. The Maintenance Director asked Resident #32's personal when did they move into the room? Resident #32's family member stated it had been three weeks. The Maintenance Director stated that the smoke detectors are checked monthly and the batteries are changed every 8 to 9 months. During an interview and observation on 06/03/26 at 8:10 A.M., observed the Maintenance Director test the smoke detector. The Maintenance Director stated he was responsible for the upkeep of the smoke detector. The Maintenance Director stated the smoke detector needed to work properly to keep residents safe from fires. During an interview on 06/04/26 at 12:25 P.M., the Administrator stated he expected smoke detectors to always work properly. The Administrator stated that smoke detectors are used to keep everyone safe. The Administrator stated that the Maintenance Director was responsible for the upkeeping of smoke detectors. Record review of facility's Maintenance Service policy, revised December 2009, reflected The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times . 1. Functions of maintenance personnel include, but are not limited to: .a. Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines .b. Maintaining the building in good repair and free from hazards . Record review of facility's Supervision, Maintenance Services policy revised May 2008 reflected, Maintenance services shall be under the direct supervision of the Maintenance Director . 1. The day-to-day maintenance operation is under the supervision of the Maintenance Director .