STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676477	A. Building B. Wing	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Springs Wellness & Rehabilitation	501 Yates Street Mount Vernon, TX 75457

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. 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 1 of 3 staff (LVN A) infection control. The facility failed to ensure LVN A wore a gown when providing wound care to Resident #1 on 6/2/26. This failure could place residents at risk for MDROs, cross-contamination, and spread of infection.Findings Include:During an observation on 6/2/26 at 8:50 a.m. EBP signage was observed on the wall next to Resident #1's door to her room. During an observation on 6/2/26 at 9:20 a.m., LVN A performed wound care on Resident #1. LVN A explained the procedure to Resident #1, brought supplies in the room, performed hand hygiene and put on clean gloves. PPE was observed in Resident #1's room. LVN A did not put on a gown. LVN A removed the dressing to Resident #1's right foot, changed gloves, and performed hand hygiene. LVN A cleansed Resident #1's right foot per physician orders, changed gloves, and performed hand hygiene. LVN A applied Medi-honey (a sterile specialized honey used to treat wounds and burns) to Resident #1's right foot wound, changed gloves and performed hand hygiene. LVN A applied bordered dressing (an all-in-one wound bandage that features a soft absorbent central pad directly surrounded by an adhesive border) and gauze wrap to Resident #1's right foot, changed gloves, and performed hand hygiene. LVN A removed dressing to Resident #1's left foot, changed gloves, and performed hand hygiene. LVN A cleansed Resident #1's left foot per physician orders, changed gloves, and performed hand hygiene. LVN A applied Medi-honey to Resident #1's left foot wound, changed gloves and performed hand hygiene. LVN A applied bordered dressing and gauze wrap to Resident #1's left foot, changed gloves, and performed hand hygiene. LVN A gathered the trash, ensured Resident #1 was comfortable, and exited room. During an interview on 6/2/26 at 9:38 a.m., LVN A said she forgot to put on a gown during wound care. LVN A said a gown and gloves were part of the EBP that should be worn during wound care, colostomy care, and urinary catheter care. LVN A said the importance of EBP was infection control. During an interview on 6/2/26 at 9:54 a.m. the DON said EBP should be taken when direct care was being performed on a resident with a wound, IV, urinary catheter, of g-tube (a medical device surgically inserted through the abdomen directly into the stomach). The DON said EBP included staff wearing gowns and gloves. The DON said the importance of EBP was to prevent the spread of infections. Record review of the facility's Standard and Enhanced Precautions policy, dated 4/1/24, indicated To ensure the appropriate use of personal protective equipment to improve infection control as required in the care of residents.Enhanced Barrier Precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities and are associated with a high risk of MDRO colonization when contact precautions do not otherwise apply and/or transmission such as presence of indwelling devices and wounds or presence of unhealed pressure ulcers.Enhanced Barrier Precautions.B. For residents whom EBP are indicated, EBP should be used when performing the following high-contact resident care activities.viii. Wound care: any skin opening requiring a dressing.

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