STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676488	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hollow Rehabilitation Center	5011 North US Hwy 75 Sherman, TX 75090

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 infection for 1 (Resident #1) of 6 residents reviewed for infection control. The facility failed on 06/12/26 to ensure infection control procedures were followed when the Staffing Coordinator, CNA B and CNA C provided perineal care, emptied catheter bag, changed linens and transferred Resident #1, who was on enhanced barrier precautions, from the bed to the wheelchair without donning appropriate PPE. This failure could place residents at risk of infection.Findings included: Record review of the Nursing Home Infection Preventionist Training course (web-based) certificate, revealed IPC completed training on 06/10/2026. Record review of Resident #1's face sheet, dated 06/12/26, reflected a [AGE] year-old female, admitted and readmitted [DATE]. She was diagnosed with acute kidney failure unspecified (kidneys can no longer effectively filter waste and toxins from the blood, leading to serious health complications), difficulty in walking; not classified elsewhere, overactive bladder (sudden urges to urinate that may be hard to control) and heart failure(Heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen). Record review of Resident #1's physicians' order summary, dated 06/12/26, revealed, Resident is on EBP and Standard Precautions r/t Catheter. Resident is not limited to room or activities. Every shift for Enhanced barrier precautions medical condition staff must don gown & gloves when performing high contact care such as bathing/showering, peri-care/brief changes, dressing changes, meds via enteral tube or central line, toileting, transfers, providing hygiene, changing linens, device care.initiated on 06/05/26. Record review of Resident #1's care plan, undated, revealed [Resident#1] have a condition that required Enhanced.Barrier Precautions. The care plan indicated EBP were related to catheter initiated on 05/07/2026. Goals reflected infection control intervention to reduce the transmission of multidrug-resistant organisms . Interventions reflected, Staff must don gown and gloves after entering the room to provide high contact resident care activities such as dressing, bathing/showering, transfers, providing hygiene, changing linens, toileting/brief changes, device care, med administration. During an observation on 06/12/26 at 9:40 A.M., Resident#1 had an EBP sign outside of his room that indicated: STOP:Everyone Must:Clean hands with alcohol-based hand rub (ABHR) when entering and leaving the room. Doctors and Staff Must:Wear gloves and a gown for the following high-contact resident care activities:DressingBathing/showeringTransferring (e.g., bed to wheelchair)Changing linensProviding hygieneChanging briefs or assisting with toiletingDevice care or use: central line, urinary catheter, feeding tube, tracheostomy.Wound care: any skin opening requiring a dressing During an observation on 06/12/26 at 9:50 A.M, the Staffing Coordinator and CNA C provided perineal care and changed Resident #1 linens with no disposable gowns. Observed CNA B empty Resident #1's catheter bag with no disposable gown on. Observed the Staffing Coordinator, CNA B and CNA C dress Resident #1 and transferred her from the bed to the wheelchair with no disposable gowns on. During an interview on 06/12/26 at 10:40 A.M., the Staffing Coordinator, CNA B and CNA C stated they were nervous and anxious and realized they did not put on the gown when (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
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	caring for Resident #1. CNA B stated she let the DON know right afterwards. CNA B stated that when high contact care was provided to residents on EBP gowns and gloves should be worn to prevent the spread of infection. The Staffing Coordinator stated residents with indwelling equipment like G-tube, catheters and wounds were on EBP. CNA C stated high contact care included change of brief and sheets. CNA B stated PPE was worn to protect the residents and protect staff from cross contamination. The Staffing Coordinator stated they were trained on infection control prevention as it seemed monthly. During an interview on 06/12/26 at 1:36 P.M., the DON stated the Staffing Coordinator, CNA B and CNA C were good nurse aides and were nervous and forgot to put on the gown. The DON/IPC stated staff were trained in infection control prevention often to help prevent cross contamination. During an interview on 06/12/26 at 4:15 P.M., Resident #1 stated nursing staff always washed their hands and put on gloves. Resident #1 stated the nursing staff usually did not wear the gowns. Record review of the facility policy titled, Enhanced Barrier Precautions Policy, revised 12/2025, reflected: 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.EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's to staff hands and clothing.1. Enhanced Barrier Precautions shall apply to the care of all residents in the facility with an infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or wounds.and/or indwelling medical devices even if the resident is not known to be infected or colonized with aMDRO.8. PPE for Enhanced Barrier Precautions is only necessary when staff are performing high contact care.activities and may not be donned prior to entering the resident's room.