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	05/07/2026

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure they provided notice to residents when changes in coverage were made to items and services covered by Medicare as soon as reasonably possible for one (Resident #4) of three residents reviewed who received Medicare skilled services but were discharged , in that: Resident #4 was not given a Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) when she was discharged from skilled services at the facility. This failure could affect residents who were discharged prior to using all their Medicare benefits and could deny them of their right to be fully informed about services covered or their right to appeal.The findings included: Review of Resident #4's face sheet, dated 05/07/26, revealed the resident was an [AGE] year-old female, initially admitted to the facility on [DATE], and re-admitted on [DATE]. She had diagnoses that included Alzheimer's disease, major depressive disorder (a mood disorder which can affect both emotional and physical health, and interferes with daily functioning), and unspecified encephalopathy (a type of brain dysfunction or damage in which the specific cause is unknown.) Review of a Department of Health and Human Services Centers for Medicare & Medicaid Services SNF Beneficiary Protection Notification Review worksheet reflected Resident #4's Medicare Part A Skilled Services Episode Start Date was 10/14/25, and the last day her part A stay was covered, due to her voluntary discharge was 01/08/26. Section 1 of the form, regarding the SNF ABN form was left blank. Section 2 of the form reflected the resident received a Notice of Medicare Non-coverage (NOMNC) form. A copy of the NOMNC form was attached to the document, but SNF ABN form was attached. Review of the NOMNC form, dated 01/05/26, reflected her Medicare Skilled Services would end on 01/07/26 the document was signed by Resident #4's representative. During an interview with the BOM on 05/07/26 at 1:46 PM she said she had only been in the position since January of 2026, and had not done this job prior to that. She had not been aware she needed to provide the SNF ABN form before this interview. During an interview with the ED on 05/07/26 at 3:44 PM she said the residents who were living there were not living there for free, and it was their right to know what was being covered, and what was not. She said the facility had the responsibility to educate and advise them of this information ,and it was all about communication. Review of an email response by the ED, sent on 05/07/26 at 3:06 PM reflected the facility did not have a policy specifically for SNF ABN and NOMNC noticed, and they used the Medicare documents on the Medicare web site, and instructions such as the Medicare Learning Network (MLN). Review of the undated document Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) Form CMS-10055 (2024), provided by the ED, reflected Overview: [.] Medicare requires Skilled Nursing Facilities (SNFs) to issue the SNF ABN to Original Medicare, also called fee-for-service (FFS), patients prior to providing care that Medicare usually covers, but may not pay for [.] The SNF ABN provides information to the patient so that s/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. [.] It is important to note that the SNF ABN, CMS-10055, is only issued if the beneficiary intends to continue services and the SNF believes the services may not be covered under Medicare.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews and record reviews, the facility failed to use proper food handling procedures and chemical storage for * 1of 1 facility kitchen reviewed for food lunch preparation. The facility failed to use proper serving utensil during food preparation.The facility failed to properly store chemicals away from ready-to-eat food.This failure could place residents at risk of cross contamination, food borne illness, and negative effects of ingesting potentially harmful non-food substances. Findings Included:Observation on 05/06/26 at 11:48 AM of [NAME] A picked up a prepared grill cheese sandwich with her gloved hand and placed it on plate for lunch services.Observation on 05/06/26 at 11:59 AM of [NAME] A revealed during lunch observation [NAME] A reached into a plastic bag with her gloved hand, removed ad hamburger bun, separated the bun, and placed it on a resident's plate. Without removing her glove she picked up a cooked ground beef patty and placed it on the bun, then also without changing her glove picked up lettuce, tomato, and cheese, and placed it on the same plate. [NAME] A continued to plate lunch trays without changing gloves, using her hand to pick up grilled cheese sandwiches, hamburger buns, ground beef patties, lettuce and cheese.During an interview on 05/07/26 11:04 AM with [NAME] A revealed she was not supposed to pick up food items with gloved hands. She stated she was supposed to use a utensil, like tongs. She said the risk for using hands to touch multiple food items was cross-contamination of the food. [NAME] A stated she was not supposed to touch food with her hand. Observation on 05/06/26 at12;26 PM of [NAME] B revealed [NAME] B used sanitation wipes to clean the serving line then placed the sanitation wipe container on the service cart that contained pre-made salad and fruit salad plate. [NAME] B did not close the container or place additional the wipes, which were hanging down the side of the open container, back in the container. During an interview on 05/07/26 at 11:10 AM with [NAME] B revealed, I was not supposed to put the wipes there next to the food because it could cause cross-contamination. During an interview on 05/07/26 at 3:16 PM with Dietary Manager he said his expectation was that staff use proper utensils during service, because the use of utensils limited the risk of cross contamination. He stated that he ordered more tongs for the service line. He said the sanitation wipes were safe to use during service because they were food-grade safe, however the cook should have flipped the lid back shut and not placed them next to prepared food. During an interview on 05/07/26 a 3:42 PM with ED revealed the risk of using hands to pick up different food items was cross contamination of the food and/or food borne illnesses. She said the Dietary Manager would buy more utensils to ensure staff had enough utensils for serving. She said staff should follow the chemicals policy and procedure for storing the wipes which was away from food.Record review of the undated policy handling clean equipment and utensils revealed: When handling cleaned and sanitized equipment, staff will avoid touching the parts that come in contact with the food. Record review of the policy Chemical Storage, dated 12/01/25, revealed 3. chemical supplies will be kept separate from food and paper storage.