STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675808	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Rehabilitation and Healthcare	250 W British Flying School Blvd Terrell, TX 75160

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15976 Based on observations, interviews, and record review, the facility failed to develop comprehensive care plan within seven days after completion of the comprehensive assessment, for one (Resident #52) of 18 residents reviewed for comprehensive care plans as evident by: The facility failed to ensure that Resident #52's care plan was updated to address her blood pressure medications. This failure could place residents on high blood pressure medication at risk for not getting the therapeutic value of their mediations. Findings Included: Record review of Resident #52's face sheet dated 11/20/2024 revealed she was a 67- year-old female who was admitted to the facility on [DATE]. Her diagnoses included Alzheimer's diseases , COPD (difficulty breathing) , hypertension (high blood pressure), hypotension (low blood pressure), anxiety disorder (worry or fear), hyperlipidemia (high levels of fat in the blood), protein calorie malnutrition (inadequate amount of protein and calories to meet nutritional needs), gastro esophageal reflux disease (heart burn), Emphysema (enlargement of air spaces in the lungs), and Type 11 diabetes (high blood sugar). Record review of Resident #52's Quarterly MDS dated [DATE] revealed she had a BIMS score of 10 which meant minimum cognitive impairment. Record review of Resident #52's quarterly MDS revealed the resident needed minimum assistance with ADLs and was incontinent of bowel and bladder. Record review of Resident #52's physician consolidated orders dated November 2024 revealed an order for Midodrine 10mg by mouth two times a day. Hold if SBP was greater than 130 and DBP greater than 90. Amlodipine 5 mg by mouth one time a day. Hold if SBP was less than 110 and DBP was less than 60. Record review of Resident #52's care plan initiated 5/30/2024 and last updated/revised 10/26/2024 revealed no documentation that the resident was care planned for Midodrine for hypotension and Amlodipine for hypertension. Observation on 11/19/2024 at 1:30 pm revealed Resident #52 was in bed; she was clean and groomed with no offensive odor. She was alert and oriented with some confusion but could make her needs known. (continued on next page)

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
	675808	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Rehabilitation and Healthcare	250 W British Flying School Blvd Terrell, TX 75160

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with Resident #44 on 11/19/2024 at 1:30pm she said she was not abused or neglected. She said her only problem was that she did not get her medication for sleep on time the previous night. In an interview on 11/21/2024 at 3:30pm with MDS Coordinator J she said care plans were updated when there were changes in a resident's condition or medications. She looked at Resident #52's care plan and said the care plan did not address Resident #52's blood pressure medications. She said that she was going to update the care plan to address Resident #52's blood pressure medications . Record review of the Resident Assessments policy last reviewed January 2022, it stated that residents will be assessed, and the findings documented in their clinical record and will be conducted initially and periodically as part of an ongoing process through which each resident's preferences and goals of care, functional and health status, and strengths and needs will be identified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675808	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Rehabilitation and Healthcare	250 W British Flying School Blvd Terrell, TX 75160

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46678 Based on interview and record review, the facility failed to provide pharmaceutical services, including procedures that assure the accurate dispensing and administering of all drugs and biologicals to meet the needs of each resident for 1 of 18 residents (Resident #16) reviewed for pharmacy services. ADON A failed to follow physician's orders when Resident #16's blood pressure was above the prescribed parameters for November 2024. This failure could lead to residents being prescribed medications without indication and placed residents who required blood pressure monitoring at risk of not receiving the care and services ordered by the physician which could lead to a decrease in their overall health. Findings included: Record review of Resident #16's face sheet dated 11/19/24 revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included essential hypertension. Record review of the quarterly MDS assessment dated [DATE] indicated Resident #16 had a BIMS score of 15 which indicated cognition was intact. She had a diagnosis of hypertension. Record review of Resident #16's care plan dated 11/20/24 did not show any interventions for hypertension. Record review of physician orders dated November 2024 indicated Resident #16 was prescribed Midodrine HCL oral tablet 10 mg three times daily for hypotension. Hold if SBP greater than 130 or DBP greater than 70. Record review of the MAR dated November 1 -19, 2024 indicated on the following dates and times Resident #16 was administered midodrine 10 mg: 11/01/24 at 6:00 a.m., B/P (blood pressure) was 124/88, 11/03/24 at 6:00 a.m., B/P was 106/74, 11/05/24 at 6:00 p.m., B/P was 140/80, 11/09/24 at 6:00 a.m., B/P was 121/72, 11/18/24 at 6:00 a.m., B/P was 124/83, 11/18/24 at 12:00 p.m., B/P was 139/72. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675808	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Rehabilitation and Healthcare	250 W British Flying School Blvd Terrell, TX 75160

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Resident #16 on 11/19/24 at 9:28 AM, she said she did not sleep well last night because her blood pressure was high. Resident #16 said the medication that was given to her yesterday may have caused her blood pressure to rise. She said the facility was able to regulate her blood pressure and she did not have to go to the hospital. Record review of the nurse's notes for Resident #16 dated November 1 through November 19th, 2024, gave no indication of notifying the physician when blood pressure medication was administered outside of the parameters. Interview with the DON on 11/19/24 at 3:21 pm, she said ADON A administered the medication outside the parameters. ADON A notified the physician but did not document it. The DON stated the physician has seen elevated blood pressure for Resident #16 after she smoked. Interview with ADON A on 11/21/24 at 10:00 am, she had worked at the facility for 3 years. ADON A said she was the nurse on duty on 11/18/24 when she administered the midodrine. She said the physician was in the facility that day and she verbally asked him if she could give Resident #16 her medication because she was outside of the required parameters. ADON A said she did not think to put a note in Resident #16's chart when she had the medication cart. She said the risk could be it could give the next shift an unclear assessment and Resident #16's BP could have elevated even more. ADON A said the expectation was the Med-Aides administer medications and notify the charge nurse to update the records. She said the ADONs check charts to see if there was anything to follow-up on for the residents. Interview with the DON on 11/21/24 at 10:20 am she stated she had worked at the facility since 2/16/23. She said the expectation was when the BP was outside of parameters was to report it to the nurse on duty and the nurse would call the physician. The DON said the risk to the resident was the blood pressure would continue to rise and result in hospitalization or use extra medication to bring the BP down. Record review of the facility's Physician Orders policy last reviewed August 2023, it stated that it is the policy of the facility that drugs shall be administered only upon the order of a person duly licensed and authorized to prescribe such drugs and in accordance with the resident's plan of care. All drug and biological orders shall be written, dated, and signed by the person lawfully authorized to give such an order. Record review of the Medication Administration policy, not dated, read in part . it is the policy of this facility to accurately prepare, administer, and document oral medications .take vital signs if required, hold drugs if indicated .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675808	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Rehabilitation and Healthcare	250 W British Flying School Blvd Terrell, TX 75160

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15976 Based on observation, interview, and record review, the facility must ensure residents were free of any significant medication errors for two (Residents #44, and #52) of eighteen residents reviewed for medications. - The facility failed to follow physician's orders by administering blood pressure medications when Resident #44 and Resident #52's blood pressure were out of the prescribed parameter that it should be held. These failures could place residents at risk of not getting the therapeutic outcomes of their blood pressure medications, that could caused, increased negative side effects, and decline in health status. Findings Included Resident #44 Record review of Resident #44's face sheet revealed he was a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnoses included lack of coordination (impaired balance), muscle weakness (decreased strength in the muscle), dementia (memory loss), seizures (uncontrolled jerking), depression (mental illness), psychotic disorder (a mental disorder that disconnect from reality), hypertension (high blood pressure), and schizophrenia (disorder that affects a person's ability think, feel, and behave clearly). Record review of Resident #44's Quarterly MDS dated [DATE] revealed she had a BIMS score of 11 which meant minimum cognitive impairment. Further review of Resident #44's quarterly MDS revealed the resident needed minimum assistance with ADLs and was incontinent of bowel and bladder. Observation on 11/20/2024 at 12:45pm revealed Resident #44 in the dining room eating his lunch. Resident was alert and oriented with some confusion. He was self-fed. In an interview with Resident #44 he was not abuse or neglected. He said said he had no issues with his medications. Record review of Resident #44's physician consolidated orders dated November 2024 revealed an order for carvedilol 3.125 mg by mouth two times a day. Hold if SBP was less than 130 and DBP less than 70 and heart rate less than 60. Record review of Resident #44's November MARs revealed that on the following Carvedilol 3.125mg was not held as ordered by the physician. 11/01/2024 in the AM the resident's blood pressure was 128/88. 11/13/2024 in the AM the resident's blood pressure was 113/71. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675808	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Rehabilitation and Healthcare	250 W British Flying School Blvd Terrell, TX 75160

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	11/16/2024 in the AM the resident's blood pressure was 117/64. 11/18/2024 in the AM the resident's blood pressure was 122/68. 11/04/2024 in the PM the resident's blood pressure was 125/68. 11/05/2024 in the PM the resident's blood pressure was 120/73. 11/08/2024 in the PM the resident's blood pressure was 127/84. 11/11/2024 in the PM the resident's blood pressure was 121/66. 11/16/2024 in the PM the resident's blood pressure was 121/70 11/18/2024 in the PM the resident's blood pressure was 117/67 In an interview on 11/21/2024 at 12:20pm with Medication Aide C she said that she was not the one who gave Resident #44 his medication on the dates when they were documented as not held. She said if there was no indication on the MARs that the medication was held or it was given then it would be hard to say it was not given or it was given. She said if a medication was given when it was to be held it could cause the blood pressure to drop lower and the resident could pass out. In an interview on 11/21/2024 at 12:25pm with RN A he said when medications were given it should be documented on the MARs. He said if medications have parameters in which they should be held, then they should document on the MARs with a number. He said if blood pressure medications were not held when it was to be held then it could cause the resident's blood pressure to drop lower and the resident could get dizzy and passed out. He said his expectations of Med Aides were to follow the physician's order and inform the nurse when blood pressure was too low. He said if the Med Aide reported low blood pressure to him, he would recheck the blood pressure and based on the result he would inform the physician. Resident #52 Record review of Resident #52's face sheet dated 11/20/2024 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included Alzheimer's diseases , COPD (difficulty breathing) , hypertension (high blood pressure), hypotension (low blood pressure), anxiety disorder (worry or fear), hyperlipidemia (high levels of fat in the blood), protein calorie malnutrition (inadequate amount of protein and calories to meet nutritional needs), gastro esophageal reflux disease (heart burn), emphysema (enlargement of air spaces in the lungs), and Type 11 diabetes (high blood sugar). Record review of Resident #52's Quarterly MDS dated [DATE] revealed she had a BIMS score of 10 which meant minimum cognitive impairment. Record review of Resident #52's quarterly MDS revealed the resident needed minimum assistance with ADLs and was incontinent of bowel and bladder. Observation on 11/19/2024 at 1:30 pm revealed Resident #52 was in bed; she was clean and groomed with no offensive odor. She was alert and oriented with some confusion but could make her needs known. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675808	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Rehabilitation and Healthcare	250 W British Flying School Blvd Terrell, TX 75160

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with Resident #52 on 11/19/2024 at 1:30pm she said she was not abuse or neglected. She said she did not have any problems with her medication. Record review of Resident #52's physician orders dated November 2024 revealed order Midodrine 10mg by mouth two times a day. Hold if SBP was greater than 130 and DBP greater than 90 and heart rate less than 60. Record review of Resident #52's November MARs revealed that on the following dated Midodrine 10mg was not held as ordered by the physician. 11/02/2024 in the AM the resident's blood pressure was 133/72. 11/12/2024 in the AM the resident's blood pressure was 140/56. In an interview on 11/21/2024 at 11:48pm with LVN L he said that the medication aides should not give medication when it was supposed to be held. He said that if the medication was held too frequently, the expectation of the medication aides were to let the nurse know and they would call and inform the doctor about the medication to see what he wants to do. In an interview on 11/21/2024 at 12:05pm with Med Aide E she said she usually reported to the nurse when the blood pressure medication was to be held and document it on the MARs. She said she did not know what happened, why she did not indicate on the MAR's that the medication was held. She said that if the blood pressure medication was not held when it was supposed to be held it could cause the blood pressure to get higher and could cause the resident to get dizzy. She said moving forward she will have to focus more when passing her medication and not be distracted. Record review of the facility's Physician Orders policy last reviewed August 2023, it stated that it is the policy of the facility that drugs shall be administered only upon the order of a person duly licensed and authorized to prescribe such drugs and in accordance with the resident's plan of care. All drug and biological orders shall be written, dated, and signed by the person lawfully authorized to give such an order. Record review of the Medication Administration policy, not dated, read in part . it is the policy of this facility to accurately prepare, administer, and document oral medications .take vital signs if required, hold drugs if indicated .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675808	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Rehabilitation and Healthcare	250 W British Flying School Blvd Terrell, TX 75160

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15976 Based on interviews and record review, the facility failed to maintain clinical records in accordance with accepted professional standards and practices that were complete and accurately documented for 1 of 18 residents (Resident #64) reviewed for medication administration. -The facility failed to ensure that Resident #64's MAR was accurate and complete with no blanks for Levothyroxine (for thyroid dysfunction). This failure could place all resident at risk of not getting medications as ordered by their physicians that could lead to residents not getting the therapeutic effect of their medications. Findings Included: Record review of Resident #64's face sheet dated 11/20/2024 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included acute embolism and thrombosis of right calf (blood clot forming in a blood vessel and break free), skin infection (bacteria, fungus viruses on the skin), hyperparathyroidism (excess of the hormone made by four small gland in the neck), hyperthyroidism (over production of hormone), dysphagia (difficulty swallowing), depressive disorder ((mental disorder) , anxiety (a feeling of worry and fear), psychotic disturbance (mental disorder that causes people to lose touch with reality), and vascular dementia (memory loss). Record review of Resident #64's admission MDS dated [DATE] revealed a BIMs score of 08 indicating resident was moderately impaired for cognition for decision making, for ADL's she was substantial/maximal assistance, and was always incontinent of bowel and occasionally incontinent of bladder. Record review of Resident #64 physician's order dated 10/08/2024 revealed an order for Levothyroxine 25mcg 1 tablet by mouth once a day for thyroid. Record review of Resident #64 MARs for October 2024 and November 2024 revealed there were blanks for 10/31/2024 and 11/18/2024. In an interview on 11/21/2024 at 3:40pm with RN F she stated that there should be no blanks on the MARs. She said when residents were given medications the nurse or medication aide should document ited on the MARs. She said if the resident refused his/her medications it should be documented on the MARs and the reason/reasons why the medication was not given. She looked at the MAR and said thyroid medication, usually would be given by the night staff. She said blanks on the MARs madekes it difficult to determine if the medication was given or not given and the resident could go without their medications or being overdosed if there were blanks on the MARs. In an interview with the DON on 11/21/2024 at 3:50pm she said her expectations ofor nurses and medication aides were to document on the MARs when medications were administered or not administered . Record review of the undated policy and procedure on Medication Administration - Oral read in part . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675808	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Rehabilitation and Healthcare	250 W British Flying School Blvd Terrell, TX 75160

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Policy: It is the policy of this facility to accurately, prepare, administer, and document oral medication. Record review of the facility's policy/procedure-Nursing Clinical dated 05/2007 read in part . Section: Documentation Subject: Charting and Documentation. Definition of Records: The resident's clinical record is a concise account of treatment, care, and response to care, signs and symptoms and progress of the resident's condition. It is also necessary to include data needed for identification and communication with family and friends. Complete history of resident and present illness is required under current law and regulations at the time of admission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675808	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Rehabilitation and Healthcare	250 W British Flying School Blvd Terrell, TX 75160

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** 46678 Based on observations, interviews, 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 (Resident #10) of 1 resident observed for wound care. RN A failed to properly wash or sanitize his hands after changing his gloves when providing wound care to Resident #10. This deficient practice placed 18 residents who received wound care at risk for cross contamination and/or spread of infection. Findings included: Record review of Resident #10's face sheet revealed a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included: multiple sclerosis (a disease in which the immune system eats away at the protective covering of the nerves), muscle weakness, metabolic encephalopathy (a group of neurological disorders that occur when the brain is affected by a chemical imbalance in the blood), need for assistance with personal care, Felty's syndrome (a rare complication of rheumatoid arthritis characterized by an enlarged spleen and low white blood cell count), contracture of the right hand, and contracture of the left hand. Record review of Resident #10's comprehensive care plan, dated 10/2/24, indicated Resident #10 had wounds on right medial buttocks-hydrocolloid and left medial sacrum-hydrocolloid and was receiving treatment for his wounds. Record review of the quarterly MDS dated [DATE] indicated Resident #10 had a BIMS of 15 which indicated cognition was intact. The MDS indicated Resident #10 was at risk of developing pressure ulcers/injuries. Resident #10 required skin treatments that used applications of nonsurgical dressings and applications of ointments/medication. Record review of physician orders dated 11/21/24 indicated Resident #10 had an order for non-pressure wound to left medial sacrum, apply triad paste every day and night shift. Resident #10 also had an order for non-pressure wound to right buttock, apply triad paste every day and night shift. Observation on 11/20/24 at 11:38 am, revealed RN A and ADON A assisted Resident #10 with wound care. Resident #10 was lying in bed on pressure relief mattress on his back. Further observation of wound revealed unstageable wound to right upper buttock and left medial buttock. ADON A said the wound was in-house acquired due to shearing while moving the resident in bed. RN A prepared set-up treatment dressing at Resident #10's bed side table, using 4x4 gauzes he cleaned the left medial buttock twice, then changed gloves without washing hands or using hand sanitizer. RN A put on clean gloves, picked up wet 4x4 gauzes soaked in normal saline and cleaned right upper buttock wound twice, changed gloves without washing hands or using hand sanitizer. RN A donned clean gloves, scoop Triad Hydrophilic wound dressing Hydrophile cream applied to right upper buttock and left medial buttock and then placed a clean brief on resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675808	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Rehabilitation and Healthcare	250 W British Flying School Blvd Terrell, TX 75160

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	Interview with ADON A on 11/20/24 at 11:54 am, regarding Resident #10's wound care, she stated RN A did not use hand sanitizer or wash hands after he changed gloves. Interview with RN A on 11/20/24 at 12:00 pm, he said he was very nervous, and he knew he could spread infection if he did not perform hand washing . Interview with ADON A on 11/21/24 at 10:00 am she said the expectation when nurse's perform wound care was to follow infection control protocols, make sure orders were followed, assess resident for pain and new wounds, and report changes. ADON A said the facility had an in-service on infection control earlier that week. She said the risk to the resident was it could potentially introduce new infections. Interview with DON on 11//21/24 at 10:20 am she said the expectation for staff when they provide care was to wash their hands after changing gloves. She said the facility had many in-services on infection control. She said the risk to the resident was possible infection. Record review of the facility's Infection Control policy dated 7/20/22 read in part . it is the policy of this facility to implement infection control measures to prevent the spread of communicable diseases and conditions . standard precautions include gloves are worn when contact with blood, body fluids, mucous membranes, non-intact skin, or potentially contaminated surfaces or equipment are anticipated, and hand hygiene . Review of the CDC website on 10/22/24: https://www/cdc.gov/clean-hands/hcp/clinical-safety/index.html indicated: Know when to clean your hands- immediately before touching a patient, before moving from work on a soiled body site to a clean body site on the same patient, after touching patient or patient's surroundings, after contact with blood, body fluids, or contaminated surfaces, immediately after glove removal. The facility provided a weekly skin assessment list of residents with wounds dated 11/13/24 and revealed 18 residents received wound care.