STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455731	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health & Rehab Center of Garland	1201 Colonel Drive Garland, TX 75043

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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
	455731	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health & Rehab Center of Garland	1201 Colonel Drive Garland, TX 75043

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop and implement a comprehensive person-centered care plan to include measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for each resident for 1 of 6 residents (Resident #2) reviewed for Comprehensive Care Plans. The facility failed to ensure Resident #2 had comprehensive care plan identified to reflect his transfer requirement of a hydraulic lift and transfer device. Additionally, the facility failed to ensure CNA A used two people during a hydraulic lift and transfer device when she obtained the weight of Resident #2 on 10/02/2025. This failure could place residents at risk for comprehensive care plans that do not meet the resident's customized mobility needs, which could result in accidents, serious injuries, and/or death while at the facility.Findings included:Record review of Resident #2's Face Sheet dated 11/05/2025 at 10:44 AM revealed he was a [AGE] year-old male admitted from an acute care hospital on [DATE]. Relevant diagnoses included cerebrovascular disease (group of conditions that affect blood flow to the brain), hemiplegia of right side (right side paralysis), Peripheral Vascular Disease (narrowing, blockage, or spasms in blood vessels that lead to restricted blood flow to the limbs), dementia (decline in cognitive function), major depressive disorder (persistent sadness, loss of interest in activities, and emotional problems), and bipolar disorder (chronic mood disorder that causes intense shifts in mood, energy levels, and behavior). Record review of Resident #2's annual MDS, dated [DATE], revealed he was severely cognitively impaired with a BIMS score of 0. Resident #2 required a wheelchair for mobility. He was always incontinent of bowel and bladder. He was dependent upon staff for personal hygiene, shower/baths, toileting, and dressing himself. Record review of Resident #2's provider orders revealed: Admit to [Hospice Company] with diagnosis of Senile Degeneration. with a start date of 06/12/2025 at 2:00 PM. Record review of Resident #2 Comprehensive Care Plan, dated 10/28/2025, revealed: ADL self-care performance deficit related to CVA with right side hemiparesis with intervention that stated he required assistance from staff for self-care activities. Further review of Resident #2's Comprehensive Care Plan revealed no focus, goal, nor intervention related to hydraulic lift and transfers. During an interview with CNA A on 11/06/2025 at 11:31 AM she stated she worked at the facility on 10/02/2025. She stated part of her responsibilities were to obtain resident weights and vital signs, assist with resident showers/baths, and to assist residents during meals. She stated Resident #2 was bedbound, required two [staff member] assist and required a hydraulic lift and transfer device for any transfers. She stated on 10/02/2025 she obtained Resident #2's weight by herself with the hydraulic lift and transfer device because the staff member that was assigned to work with her that day was running late and she just started anyways. She stated when she looked for a nurse for assistance, she stated they were busy. She stated this was not the correct thing to do because of safety. She stated safety was very important and the facility had trained her to use two staff members for all hydraulic lift and transfer maneuvers. She stated it was her responsibility to follow facility policy. She stated she was not sure what was documented on Resident #2's Comprehensive Care Plan but she stated his mobility needs should be stated on the document, and all staff were to required to follow resident care plans for safety. An interview with ADON on 11/07/2025 at 10:45 AM revealed Resident #2 was bedbound, required a hydraulic lift for all transfers, and that he has required that for a while. She stated it was not acceptable for CNA A to operate the hydraulic lift by herself, even if it was for obtaining resident weights. Stated assistance from two staff was required for safety purposes. She stated the facility does skills checkoffs 2-3 times per year and she was responsible for the majority of CNA education. Additionally, she stated that Resident #2 should have hydraulic lift and transfer care on his Comprehensive Care Plan, so anyone that takes care of him will know how to transfer him properly. She stated this was ultimately the DON's responsibility to ensure resident care needs were identified on resident Comprehensive Care Plans, but she was not sure why this was not captured. An interview with DON on 11/07/2025 at 11:11 AM revealed Resident #2 required a hydraulic lift for all transfers and was not certain how long he has required this equipment. She stated it was not acceptable for CNA A to operate the hydraulic lift by herself, even if it was for obtaining resident weights. Stated assistance from two staff was required for safety purposes. She stated the facility does skills checkoffs annually along with mini skills check refresh at other times of the year. She stated ADON was responsible for the majority of CNA education. Additionally, she stated that Resident #2 should have hydraulic lift and transfer care on his Comprehensive Care Plan, so anyone that takes care of him will know

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455731	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health & Rehab Center of Garland	1201 Colonel Drive Garland, TX 75043

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455731	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health & Rehab Center of Garland	1201 Colonel Drive Garland, TX 75043

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for one of five residents (Resident #1) reviewed for Wound Care treatment and services. The facility failed to ensure Resident #1's wounds were dressed and covered while at the facility. These failures could place the residents at risk for the development or worsening of pressure wounds, cross contamination and infections. Findings Included:Record review of Resident #1's Face Sheet dated 11/06/2025 at 11:35 AM revealed he was a [AGE] year-old male admitted from an acute care hospital on [DATE]. Relevant diagnoses included: heart failure (decrease in heart circulation, major depressive disorder (mood disorder that causes persistent feeling of sadness and loss of interest), Alzheimer's disease (degenerative cognitive decline), vascular dementia (reduced blood flow to brain resulting in brain damage), pressure ulcer (skin breakdown) of the sacral (tailbone) region stage IV (most severe, full thickness tissue loss that exposes the underlying muscle, tendon, and/or bone), and [NAME] Syndrome (rare condition characterized by severe dilation of the colon without any physical obstruction). Record review of Resident #1's Providers Orders on 11/06/2025 at 11:40 AM revealed: STAGE 4 PRESSURE WOUND TO THE SACRUM: Cleanse area with [cleanser] pat dry, apply [topical medication] and [topical medication]. every day shift for wound care. with a start date of 10/29/2025. Admit to [Hospice]. DX: Alzheimer's disease. with a start date of 05/14/2025. Record review of Resident #1's Comprehensive Care Plan, dated 09/09/2025, revealed:-Incontinence of bowel and bladder, requires assistance of 2 staff members for incontinent care-Hospice/Terminal Prognosis and received hospice care-Resident had a pressure ulcer and was at risk for infection, pain, and decline in functional abilities. Interventions included: -To provide wound care per order, keep dressing clean, dry, and intact-Replace the dressing as needed for soiling-Monitor dressing to ensure it is intact and adhering-Report loose or soiled dressings to treatment or charge nurse-Low air loss mattress Record review of Resident #1's BIMS - V2 dated 09/08/2025 revealed he was severely cognitively impaired with a BIMS score of 0. Record review of Resident #1's Braden Scale for Predicting Pressure Sore Risk revealed he scored as a very high risk for skin breakdown at a 6. An observation and interview with LVN E of Resident #1 on 11/05/2025 at 12:00 PM revealed Resident #1 was in bed, dressed, and no distress was noted. LVN E turned Resident #1 to his left side, removed part of his incontinence brief, and revealed a large, uncovered area to his sacral area. The wound appeared to have full thickness tissue loss that exposed the underlying muscle, tendon, and bone. Resident #1 was not able to participate in an interview due to his cognitive status. LVN E stated Resident #1's wound should be covered at all times because we don't want it to be infected. She stated it was the facility CNA's responsibility to provide incontinent care, but ultimately, she was responsible for ensuring residents' wounds were covered and properly dressed per provider's order. She stated that CNAs that provide incontinent care to residents and remove any wound dressings should report to the nurse and/or treatment nurse so they can re-apply the dressing. She stated that the CNA that most likely provided incontinent care for Resident #1 was CNA B. An interview with CNA B at 11/05/2025 at 1:19 PM revealed she rounded on Resident #1 around 10:00 AM, which was after Resident #1's hospice aide completed her care with him. She stated she observed the front of Resident #1's brief as part of her incontinent care duties but stated she did not check his bottom/sacral area at this time. She stated she was not able to say for certain if his sacral area had a dressing on and was covered at this time. She stated she should have checked Resident #1's front and back genital areas to ensure proper rounding and incontinent care was completed. She stated she has been trained to do this but stated she did not do it at this time. She stated it was important to check residents for incontinence to prevent skin breakdown and prevent pressure sores. An interview with CNA C on 11/05/2025 at 12:25 PM revealed Resident #1's Hospice Aide came in today between 9:00 AM and 10:00 AM today and it was her responsibility to inform the nurses that his sacral area was uncovered. She stated that it was her responsibility to ensure both the front and the back of resident's genitals were observed to ensure the resident is clean and dry, and to ensure any wounds were covered and dressed per providers order for the wellness of the resident. An interview with facility's Treatment Nurse on 11/05/2025 at 12:26 PM revealed he was responsible for the facility's wound care treatments and care. He stated Resident #1 was on hospice and the overall goal was to prevent infection and to keep the resident [wounds] clean. He further stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455731	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health & Rehab Center of Garland	1201 Colonel Drive Garland, TX 75043

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455731	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health & Rehab Center of Garland	1201 Colonel Drive Garland, TX 75043

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that each resident received adequate supervision and assistance devices to prevent any risk of hazards and/or accidents for 1 of 5 residents (Resident #2) reviewed for accidents and supervision. The facility failed to ensure CNA A used two staff members during a hydraulic lift transfer when she obtained the weight of Resident #2 on 10/02/2025. The failure could place residents at risk for accidents and injuries, limiting their quality of life.Findings included: Record review of Resident #2's Face Sheet dated 11/05/2025 10:44 AM revealed he was a [AGE] year-old male admitted from an acute care hospital. Relevant diagnoses included cerebrovascular disease (group of conditions that affect blood flow to the brain,) hemiplegia of right side (right side paralysis,) Peripheral Vascular Disease (narrowing, blockage, or spasms in blood vessels that lead to restricted blood flow to the limbs,) dementia (decline in cognitive function,) major depressive disorder (persistent sadness, loss of interest in activities, and emotional problems,) and bipolar disorder (chronic mood disorder that causes intense shifts in mood, energy levels, and behavior). Record review of Resident #2's annual MDS, dated [DATE], revealed he was severely cognitively impaired with a BIMS score of 0. Resident #2 required a wheelchair for mobility. He was always incontinent of bowel and bladder. He was dependent upon staff for personal hygiene, shower/baths, toileting, and dressing himself. Record review of Resident #2's provider orders revealed: Admit to [Hospice Company] with diagnosis of Senile Degeneration. with a start date of 06/12/2025 at 2:00 PM. Record review of Resident #2 Comprehensive Care Plan, dated 10/28/2025, revealed: ADL self-care performance deficit related to CVA with right side hemiparesis with intervention that stated he required assistance from staff for self-care activities. Further review of Resident #2's Comprehensive Care Plan revealed no focus, goal, nor intervention related to hydraulic lift and transfers. In interview with CNA A on 11/06/2025 at 11:31 AM revealed she worked at the facility on 10/02/2025. She stated part of her responsibilities were to obtain resident weights and vital signs, assist with resident showers/baths, and to assist residents during meals. She stated Resident #2 was bedbound, required two [staff member] assist and required a hydraulic lift and transfer device for any transfers. She stated on 10/02/2025 she obtained Resident #2's weight by herself with the hydraulic lift and transfer device because the staff member that was assigned to work with her that day was running late and she just started anyways. She stated when she looked for a nurse for assistance, she stated they were busy. She stated this was not the correct thing to do because of safety. She stated safety was very important and the facility had trained her to use two staff members for all hydraulic lift and transfer maneuvers. She stated it was her responsibility to follow facility policy. She stated she was not sure what was documented on Resident #2's Comprehensive Care Plan but she stated his mobility needs should be stated on the document, and all staff were to required to follow resident care plans for safety. In interview with ADON on 11/07/2025 at 10:45 AM revealed Resident #2 was bedbound, required a hydraulic lift for all transfers, and that he has required that for a while. She stated it was not acceptable for CNA A to operate the hydraulic lift by herself, even if it was for obtaining resident weights. Stated assistance from two staff was required for safety purposes. She stated the facility does skills checkoffs 2-3 times per year and she was responsible for the majority of CNA education. Additionally, she stated that Resident #2 should have hydraulic lift and transfer care on his Comprehensive Care Plan, so anyone that takes care of him will know how to transfer him properly. She stated this was ultimately the DON's responsibility to ensure resident care needs were identified on resident Comprehensive Care Plans but she was not sure why this was not captured. In interview with DON on 11/07/2025 at 11:11 AM revealed Resident #2 required a hydraulic lift for all transfers and was not certain how long he has required this equipment. She stated it was not acceptable for CNA A to operate the hydraulic lift by herself, even if it was for obtaining resident weights. Stated assistance from two staff was required for safety purposes. She stated the facility does skills checkoffs annually along with mini skills check refresh at other times of the year. She stated ADON was responsible for the majority of CNA education. Additionally, she stated that Resident #2 should have hydraulic lift and transfer care on his Comprehensive Care Plan, so anyone that takes care of him will know how to transfer him properly. She stated this was ultimately the DON's responsibility to ensure resident care needs were identified on resident Comprehensive Care Plans but stated she recently was hired and would review this concern immediately. Record review of facility staffing provided by Administrator, dated 10/02/2025, revealed documentation that CNA A worked on 10/02/2025. Record review of facility policy, Hydraulic Lift (Hover Lift)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455731	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health & Rehab Center of Garland	1201 Colonel Drive Garland, TX 75043

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455731	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health & Rehab Center of Garland	1201 Colonel Drive Garland, TX 75043

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that a resident who needed respiratory care was provided such care, consistent with the comprehensive care plan and professional standards of practice, for 1 of 4 residents (Resident #3) reviewed for respiratory care. The facility failed to ensure Resident #3's oxygen tubing was positioned off the floor and was unencumbered from the bedside table. This failure placed residents at risk of not receiving safe and sufficient respiratory care. Findings Included: Record review of Resident #3's Face Sheet dated 11/07/2025 at 9:04 AM revealed he was a [AGE] year-old male admitted from an acute care hospital on [DATE]. Relevant diagnoses included cerebral infarction (blood clot that deprives brain cells of oxygen,) venous thrombosis (formation of blood clot) and embolism (blood clot that blocks the artery to the lungs,) and tracheostomy (surgically created opening in the windpipe/trachea). Record review of Resident #3's MDS dated [DATE] revealed he had memory problems and was severely impaired related to his cognitive skills for daily decision making. He was fully dependent upon staff for oral hygiene, toileting, shower/baths, and other personal hygiene. Record review of Resident #3's Provider Orders on 11/06/2025 at 3:00 PM revealed: Change humidifier bottle, corrugated tubing, drainage bag, trach mask. Ensure each item is labeled and dated. Every night shift. with a start date of 09/24/2025. During an observation of Resident #3 with LVN F on 11/06/2025 at 2:28 PM, she entered his room directly from where she was touching the computer and charting at the nurse's station. Without performing hand hygiene, LVN F leaned over above Resident #3's bed and cleaned his mouth of secretions with a towel located nearby. LVN F failed to perform hand hygiene and/or don clean gloves prior to contact with Resident #3's mouth. Additionally, his tracheostomy corrugated tubing was located on the floor next to his bed. Finally, Resident #3's corrugated tubing was adhered and zip-tied to the bedside table. Resident #3 was not able to provide an interview due to his cognitive status. During an interview with LVN F on 11/06/2025 at 2:30 PM she stated she was Resident #3's nurse for the day and she changed out his tracheostomy corrugated tubing earlier in the day. Upon observation of Resident #3, she stated his tubing should not touch the floor for infection control purposes and his tubing should not be zip-tied to the bedside table for safety purposes. She stated it was her responsibility to set up his respiratory equipment safely as his nurse for the day. In further interview, she stated she did not perform hand hygiene upon entering Resident #3's room and prior to making contact with his mouth and secretions. She did not provide a reason; but stated she should have, and this was important for infection control purposes. During an interview with ADON on 11/07/2025 at 10:45 AM, she stated it was her expectation for all respiratory tubing to be kept off the floor, to not be zip-tied to the bedside table, and for all staff to perform hand hygiene prior to resident contact for infection control purposes. During an interview with DON on 11/07/2025 at 11:11 AM, she stated it was her expectation for all respiratory tubing to be kept off the floor, to not be zip-tied to the bedside table, and for all staff to perform hand hygiene prior to resident contact for infection control purposes. During an interview with Administrator on 11/07/2025 at 11:59 AM, she stated it was her expectation for all respiratory tubing to be kept off the floor, to not be zip-tied to the bedside table, and for all staff to perform hand hygiene prior to resident contact for infection control purposes. She stated she expected her new DON to ensure this will be completed by facility staff moving forward. Record review of facility policy, Respiratory: Oxygen Administration rev. 02/10/2020 revealed Completion of Procedure. 5. Wash Hands. Record review of facility policy, Hand Hygiene, rev. 11/12/2017, revealed Staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. 6. Additional Considerations: b. Wash hands after removing gloves. Hand Hygiene table. between resident contact. after handling contaminated objects, before applying and after removing personal protective equipment, including gloves. before performing resident care procedures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455731	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health & Rehab Center of Garland	1201 Colonel Drive Garland, TX 75043

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. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455731	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health & Rehab Center of Garland	1201 Colonel Drive Garland, TX 75043

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	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based 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 diseases and infections for 5 of 6 residents (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5) observed for infection control. 1. The facility failed to ensure CNA C sufficiently performed hand hygiene during incontinent care of Resident #1 on 11/05/2025. 2. The facility failed to ensure CNA B sufficiently performed hand hygrine during incontinent care of Resident #2 on 11/05/2025. 3. The facility failed to ensure LVN F performed hand hygiene prior to entering room and making resident contact to Resident #3 on 11/06/2025. 4. The facility failed to ensure LVN G performed hand hygiene prior to contact with Resident #1, Resident #4, and Resident #5 on 11/06/2025. These failures could place the residents at risk of cross-contamination and the development of infection.Findings included: Record review of Resident #1's Face Sheet dated 11/06/2025 at 11:35 AM revealed he was a [AGE] year-old male admitted from an acute care hospital on [DATE]. Relevant diagnoses included: heart failure (decrease in heart circulation, major depressive disorder (mood disorder that causes persistent feeling of sadness and loss of interest,) Alzheimer's disease (degenerative cognitive decline,) vascular dementia (reduced blood flow to brain resulting in brain damage,) pressure ulcer (skin breakdown) of the sacral (tailbone) region stage IV (most severe, full thickness tissue loss that exposes the underlying muscle, tendon, and/or bone,) and [NAME] Syndrome (rare condition characterized by severe dilation of the colon without any physical obstruction). Record review of Resident #2's Face Sheet dated 11/05/2025 10:44 AM revealed he was a [AGE] year-old male admitted from an acute care hospital on [DATE]. Relevant diagnoses included cerebrovascular disease (group of conditions that affect blood flow to the brain,) hemiplegia of right side (right side paralysis,) Peripheral Vascular Disease (narrowing, blockage, or spasms in blood vessels that lead to restricted blood flow to the limbs,) dementia (decline in cognitive function,) major depressive disorder (persistent sadness, loss of interest in activities, and emotional problems,) and bipolar disorder (chronic mood disorder that causes intense shifts in mood, energy levels, and behavior.) Record review of Resident #3's Face Sheet dated 11/07/2025 at 9:04 AM revealed he was a [AGE] year-old male admitted from an acute care hospital on [DATE]. Relevant diagnoses included cerebral infarction (blood clot that deprives brain cells of oxygen,) venous thrombosis (formation of blood clot) and embolism (blood clot that blocks the artery to the lungs,) and tracheostomy (surgically created opening in the windpipe/trachea.) Record review of Resident #4's Face Sheet dated 11/06/2025 at 2:40 PM revealed she was a [AGE] year-old female admitted from an acute care hospital on [DATE]. Relevant diagnoses included left leg fracture, heart disease (disease of the heart,) and dementia (decline in cognitive function.) Record review of Resident #5's Face Sheet dated 11/06/2025 at 4:18 PM revealed she was an [AGE] year-old female admitted from an acute care hospital on [DATE]. Relevant diagnoses included subdural hemorrhage (bleeding near brain,) type 2 diabetes (insulin resistance,) urinary tract infection that led to sepsis (systemic wide infection.) During an observation of Resident #1 with Treatment Nurse and CNA C on 11/05/2025 at 12:26 PM, while wearing gloves, Treatment Nurse and CNA C provided incontinent care to Resident #1 after a bowel movement. With contaminated gloves, CNA C obtained a clean brief, opened it up, and removed the plastic tabs located on each side of the brief. CNA C then placed the new brief on the bed partially under Resident #1. CNA C then doffed her gloves, and performed hand hygiene in the bathroom sink while Treatment Nurse supported Resident #1 on the bed. CNA C then returned to Resident #1, donned clean gloves, and continued placing Resident #1's brief under his body. CNA C failed to perform hand hygiene and change her gloves when moving from a contaminated area to a clean area during incontinent care. During an interview with CNA C on 11/05/2025 at 12:50 PM, she stated she did not perform hand hygiene and change gloves prior to obtaining Resident #1's new brief because there was no visible poop on the glove. She stated it was important to perform proper hand hygiene for infection control purposes. During an observation of Resident #2 on with CNA B and LVN E on 10/05/2025 2:34 PM, while wearing gloves, CNA B and LVN E provided incontinent care to Resident #2 after he voided (urinated). CNA B then obtained a clean brief, opened it up, removed the plastic tabs located on each side and placed the new brief under Resident #2. CNA B and LVN E continued to complete his incontinent care and with contaminated gloves, they touched multiple items: Resident #2's pillow, linens, and his bedside remote. CNA B and LVN E then removed their gloves, performed hand hygiene, and donned