

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 08/27/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>455493                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY<br>COMPLETED<br><br>07/01/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Vista Hills Health Care Center                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1599 Lomaland Drive<br>El Paso, TX 79935 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                 |
| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs for 1 of 4 residents reviewed for care plans. (Resident #1). The facility failed to ensure Resident #1's care plan addressed wound care. This failure had the potential to affect residents by placing them at risk for unmet care needs. Findings included: Record review of Resident # 1's admission record dated 07/01/2026 revealed a [AGE] year-old female with an initial admission date of 04/09/2025 and a readmission date of 06/17/2026. Record review of Resident #1's History and Physical dated 06/21/2026 revealed diagnoses of hepatic encephalopathy (a condition where a damaged liver allows toxins to build up in the blood, which then affect the brain, causing confusion, memory problems, and changes in behavior). Record review of Resident #1's Comprehensive MDS dated [DATE] revealed a BIMS of 15 indicating intact cognitive function. Section J- Health Conditions revealed Resident #1 had one injury categorized as any of the following- skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain. Record review of Resident #1's care plan revised on 06/17/2026 did not address the hematoma she sustained after a fall on 06/16/2026. Record review of Resident #1's hospital discharge paperwork dated 06/17/2026 revealed Resident #1 was seen for a hematoma (localized collection of blood outside of a blood vessel, typically caused by a break or injury to vessel wall), and was discharged with orders for Tylenol 500mg. Record review of Resident #1's physician progress note dated 06/17/2026 revealed Resident #1 was seen upon return from the ER for a fall resulting in a facial laceration. In an interview on 07/01/2026 at 2:14 p.m., LVN A stated that the purpose of the care plan was to address the care that the resident was receiving. He stated that any skin injuries were to be documented in the care plan to reflect the care that the resident will be provided and any follow ups needed. He stated that the care plan could be updated by the floor nurses, the charge nurse or wound care nurse. He stated that the ADONs oversee that the care plans are being updated accordingly as well as the MDS nurse. He stated that the risk of the care plan not being updated was that follow ups could be missed or there could be a delay in care. In an interview on 07/01/2026 at 2:40 p.m., the ADON stated that the purpose of the care plan being updated was to document any changes that the resident experiences, and to document the care that was to be provided to the resident. She stated that charge nurses, floor nurses, and wound care nurse could update the care plan. She stated that the ADONs received a report from the DON indicating which resident needed the care plan to be updated, and the ADONs were responsible to ensure the care plans were updated. She stated that the MDS nurse was also responsible, but she did not know how often she updated it. She stated that the risk could be staff overlooking care needed causing a delay in care. In an interview on 07/01/2026 at 2:53 p.m., the MDS nurse stated that after that after the fall that Resident #1 had she returned to the facility with a hematoma to the forehead. She stated that the care plan should have been updated to reflect the injury. She stated that the care plan needed to be (continued on next page)</p> |                                                                                       |                                                 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                                   | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>Facility ID:<br>455493 | If continuation sheet<br>Page 1 of 2 |

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>updated so that the staff was informed about the injury. She stated that there was no risk to the resident by the care plan not being updated. She stated that the floor nurses, the DON and herself were responsible for ensuring that the care plans were updated. In an interview on 07/01/2026 at 4:05 p.m., the DON stated that the purpose of a care plan was to detail the care that the resident was receiving. She stated that the care plan was updated as needed and needed to include any injuries or skin changes that the resident sustained. She stated that mds nurse was responsible for reviewing the care plan; she stated bot knowing how often they review them. She stated that the corporate MDS consultant oversees the MDS nurse to ensure that the MDS nurse was updating the care plans. She stated that the risk of not updating the care plan was that the staff would not be aware of the changes or treatments being given. She stated that for Resident #1, the laceration/hematoma should have been included in the care plan when she returned from the emergency room. In an interview on 07/01/2026 at 4:30 p.m., the Administrator stated that the MDS nurse was responsible for updating the care plan and the DON and herself were responsible for overseeing that this was being done. She stated that the importance of updating the care plan was to reflect the current care and conditions the resident had. She stated that there could be a delay in care if the care plan was not updated to reflect any new injuries or treatment. She stated that for Resident #1 the injuries sustained after the fall had to be care planned to reflect the change in the residents condition. Record review of the facility's Nursing Policy &amp; Procedure Manual, titled Comprehensive Care Plan, undated, read in part: The Facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that includes measurable objectives and timeframes to meet a residnet's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> |                                                                                       |                                                 |