

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Vista Hills Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1599 Lomaland Dr 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>49854</p> <p>Based on interviews and record review, the facility failed to consider the views of the residents and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. The facility failed to demonstrate their responses and rational's for such response for 1 of 1 resident council.</p> <p>The facility failed to ensure concerns expressed in the resident council meetings for (the past 7 months) were reported to the administrator and designated department heads.</p> <p>This failure could lead to residents feeling unheard and unvalued in their place of residence.</p> <p>Findings included:</p> <p>In a confidential interview during the Resident Group revealed stated they felt the administrator did not make any efforts to address their concerns and grievances discussed in previous months at the resident council meetings. The residents stated they had requested copies of the Resident Council minutes from the previous meetings so that they could see what efforts had been made to resolve the grievances expressed by the residents but were denied a copy of the minutes by the administrator. It was reported the Administrator retaliates against the Resident Council President and [NAME] President for reporting concerns about her interference with Resident Council Elections, concerns with cold food temperatures and request to review Resident Council Minutes to see what the facility was doing to address those concerns voiced at the Resident Council Meetings. It was reported that they had reported these concerns to the local ombudsman.</p> <p>In an interview with the Activities Director on 11/19/2024 at 2:33 PM, she stated the residents had voiced concerns regarding food served cold during meals. She stated once the resident council meeting was over, she would complete the grievance form for all the concerns voiced during the meeting and give them to the administrator. The activities director said the administrator would review the Grievance Reports and Grievances Resolution at the morning meetings and the DON or administrator would provide in-services to address the concerns voiced at the Resident Council. She said Meal Test Tray checks were done by the Administrator on a quarterly basis to address concerns voiced regarding food. She said these concerns were also addressed at the Monthly QAPI Meeting where they reviewed the in-service training to verify if it was effective and to retrain staff as needed until the area of concern had been resolved.</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview and record review with the Administrator on 11/19/2024 at 2:56 PM, revealed the Activities Director and her assistant were responsible for writing the Resident Council Meeting Minutes and for turning them in to the Administrator for review. The Administrator stated, I was not aware they were not writing down all of the concerns voiced by the residents during the Resident Council Meetings. After the Resident Council Meeting, I will follow up with the Resident Council President on any concerns voiced at the Resident Council Meeting. The Resident Council President sometimes becomes very defensive because I will be asking questions about what was reported at the meeting so I can address his concerns. That is why I always have a witness with me when I talk to him. The Administrator stated the Activities Director had not documented any concerns in the Resident Council Minutes regarding concerns voiced by the resident regarding serving cold during meals.</p> <p>In an interview on 11/20/24 at 9:44 AM, with the Administrator revealed their corporate staff would not permit the residents to review the Resident Council Minutes and were only allowed to provide the Resident Council President a list of residents who had attended the Resident Council Minutes. The Administrator stated the Activities Director wrote the minutes for the Resident Council Meetings and that is what she acted on.</p> <p>In an interview on 11/20/24 at 9:51 AM, with the Director of Food and Nutrition stated, I get concerns from the residents regarding cold food temperatures sporadically or occasionally. I did not write a Grievance Form for the concerns voiced regarding cold food temperatures. I do not remember when was the last time that we checked food temperatures on a test tray. The meal carts are not insulated and the staff needed to keep the door closed while they were passing trays to keep the food warm in the meal cart.</p> <p>Interview on 11/20/24 at 12:00 PM, with Administer reported they conduct monthly QAPI meetings. She said that as of now only the Dietary Manager, Maintenance Supervisor, Medical Director, Administrator and Director of Nursing. Topics discussed: Infection Control, Pharmacy Services, Incidents, PIPs, Immunizations and Staffing.</p> <p>Interview on 11/20/24 at 12:11 PM, with Director of Food and Nutrition reported they conduct monthly QAPI meetings. He said Administrator, Director of Nursing, Human Resource Coordinator, Medical Director, Maintenance Supervisor, and Admissions Marketer. Topics discussed: Weight Loss, Incident Reports, Safety, and Immunizations.</p> <p>Interview on 11/20/24 at 3:50 PM, Director of Nursing reported they conduct monthly QAPI meetings. Most of the department managers attend including the wound care nurses and one direct care staff. Medical Director attends all of the meeting. Topics discussed: Decline in ADLS, psychotropic drugs.</p> <p>Interview on 11/21/24 at 10:36 AM, Director of Rehab Services occasionally attend QAPI meetings. I do not remember when was the last time I attended a QAPI meeting. It has been a while since a attended a meeting.</p> <p>Interview on 11/21/24 at 10:43 AM, Maintenance Director Dietary new equipment, Cold Food, Falls, Admissions, Medications delivered on times, medical supplies ensure we have enough briefs; Who attends Medical Director, Dietary Supervisor, and DON.</p> <p>Review of Resident Council Minutes dated 05/31/24 through 10/01/24 did not document documents any concerns related to cold food temperatures.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record Review revealed QAA Committee members were Director of Nursing, Administrator, Medical Director, Maintenance Director, Director of Rehabilitation Services, and Director of Food and Nutrition.</p> <p>Record Review of the QAPI Sign in sheets revealed:</p> <ul style="list-style-type: none"> -10/19/24 Continue to work with Care Planning concerns of clustering & individualizing the plan of care. -09/19/24 CS focus is to keep an accurate inventory count. MDS focus on documentation accuracy. -08/22/24 Medical Records continuing to compile the accuracy of rental inventory. MDS focus is to work on MDS assessments to submit on time. -07/28/24 Care Plans over due -06/11/24 Care Plans over-due -05/16/24 MDS focus is to do a follow-up on all care plans to update any areas identified on audit log e.g. clustering and individualize plans. <p>Record review of the Grievance Policy Revised 11/19/2016 read: Residents and their families have the right to file a grievance without fear of reprisal. The designated grievance officer is the Administrator. Fundamental Information: Resident concerns should be taken seriously and that the ability to voice a grievance is an important right and protection of residents. Procedure: Social service, under the guidance of the Administrator is responsible for the following: Maintain a system to keep records (file, log, copy of grievance registration forms, etc.) of all complaints reported which contains the date of report, circumstances, specifics of investigation, action taken, and follow up with the complainant. Conduct/designate routine interviews with residents and families related to specific areas of facility life and resident care. Document negative findings on the grievance form. The Administrator (grievance officer) is responsible for the following: Review grievances to validate the investigation of the facts and circumstances of the grievance. Written findings of fact, conclusion and recommendations and validated with person issuing the grievance timely. Establish a mechanism for all associates to communicate resident or family grievances to the designated staff so that all grievances will be documented and timely response developed and implemented. Coordinate orientation and in-service training to ensure that all facility associates are knowledgeable of the facilities grievance procedure and their role in providing responsive customer service to residents and families and grievance resolution. Validates designee follow up with resident family regarding resolution or explanation. A reasonable expected time frame for completing the review of the grievance. The right to obtain a written decision regarding his or her agreements. Provide a copy of the grievance policy to the resident upon request. Coordinate to validate residence or notice of rights and services, including the right to file the grievance prior to or upon admission and during the resident stay.</p>

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>49854</p> <p>Based on interview, and record review the facility failed to treat residents with respect, dignity and care for each resident in a manner that promotes maintenance or enhancement of his or her quality of life for 5 of 13 residents in the confidential group interview.</p> <p>The facility failed to provide privacy by conducting care plan meetings in resident rooms.</p> <p>These failures could place residents at risk of decreased feelings of self-worth and decreased quality of life.</p> <p>Findings included:</p> <p>In a confidential interview during the Resident Group revealed Care Plan reviews were being done in the residents' rooms in the presence of their roommates and staff members and/or visitors were able to go into the room and hear everything that was being discussed. The residents said this made them feel embarrassed and was a violation of their privacy.</p> <p>In an interview on 11/19/24 at 4:53 PM, with LVN MDS Nurse revealed resident care plans were conducted in resident room's and she was not aware if residents had voiced any concerns about this practice.</p> <p>In an interview with the Administrator on 11/20/2024 at 10:13 AM, revealed she was not aware Care Plan reviews were being done in the resident rooms. She said the residents had not reported any concerns regarding staff discussing care plans in their room in front of other residents and/or visitors. She stated, The care plans should be discussed individually and in private with the residents.</p> <p>Record review of the Nursing Facility Residents' Rights dated November 2021 documented, Nursing Facility Resident Rights: Privacy and Confidentiality - You have the right to: Privacy, including privacy during visits, phone calls and while attending to personal needs. Have facility information about you maintained as confidential.</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>49854</p> <p>Based on interview and record review, the facility failed to ensure the prompt resolution of all grievances to include all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns, a statement as to whether the grievance was confirmed, any corrective action or to be taken by the facility as a result of the grievance, and the date when the decision was issued for 5 of 13 confidential residents reviewed for resident rights.</p> <ol style="list-style-type: none"> 1. - The Activities Director failed to initiate grievance reports on behalf of the residents regarding grievances and concerns voiced during the Resident Council Meetings. 2. - The facility Administrator failed to document, resolve, and follow-up on grievances related to quality of care voiced by the residents during the Resident Council Meetings. 3. - The facility failed to ensure residents received responses to grievances and concerns voiced during the Resident Council Meetings. <p>These failures placed residents at risk of having their rights violated, not receiving responses to their grievances, a decrease in self-worth and a decline in quality of life.</p> <p>Findings included:</p> <p>In a confidential interview with 13 of 13 residents revealed the meals were being delivered cold. Residents reported that this was an on-going problem, and nothing was being done to address their concerns.</p> <p>Interview and record review 11/20/24 at 9:44 AM, with the Administrator revealed she was not aware of resident grievances regarding food being served cold. She said no concerns had been reported during the monthly QAPI meetings regarding cold food served to the residents.</p> <p>Interview on 11/20/24 at 9:51 AM, with the Director of Food and Nutrition reflected he occasionally got concerns from the residents regarding cold food temperatures. He said he could not recall when they had checked food temperatures on a test tray at the facility. He said the facility did not have insulated meal carts and they did not have a system in place to check meal trays were promptly served to the residents who ate their meals in the rooms. He stated he was not aware CNAs were leaving the meal carts open when they were passing trays in the resident halls. He stated, Leaving the meal carts opened could affect the food temperatures.</p> <p>Record Review of the Grievance Forms dated May 2024 through November 2024 revealed Residents reported food was served cold.</p> <p>Record Review of the monthly QAPI attendance records dated May 06,2024 - 11/20/24 did not document any concerns regarding cold food served to the residents.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with the Local Ombudsman on 11/19/24 at 11:15 AM, stated said residents had reported to him that the facility was not addressing grievances or concerns voiced at the Resident Council Meetings.</p> <p>In an interview with the Activities Director on 11/19/2024 at 2:33 PM, she said that the residents had voiced concerns regarding food served cold during meals. She stated once the resident council meeting was over, she would complete the grievance form for all the concerns voiced during the meeting and give them to the administrator. The activities director said the administrator would review the Grievance Reports and Grievances Resolution at the morning meetings and the DON or administrator would provide in-services to address the concerns voiced at the Resident Council. She said Meal Test Tray checks were done by the Administrator on a quarterly basis to address concerns voiced regarding food. She said these concerns are also addressed at the Monthly QAPI Meeting where they reviewed the in-service training to verify if it was effective and to retrain staff as needed until the area of concern had been resolved.</p> <p>In an interview on 11/19/24 at 2:55 PM with Administrator revealed she would go and talk to the residents after the Resident Council Meetings to discuss the concerns that were voiced during the Resident Council Meeting and would not complete a Grievance if she felt that there was not a problem. The Administrator stated the facility policy on Grievances states that facility will complete a Grievance for all concerns voiced to ensure that resident concerns are investigated and resolved. The administrator stated that she does not write a grievance for every concern expressed by the residents during the resident council meetings.</p> <p>Review of facility's Grievance policy (not dated) revealed in part: all adverse events are investigated each time they occur, using action plan process and root cause analysis methods. The facility will identify and prioritize quality deficiencies and will utilize all opportunities to identify areas with the potential for improving resident outcomes to include but not limited to resident interview, family interview and staff interviews, observation and reviews. Resident and family council minutes, grievance review process, reportable incidents. The self-assessment tool will be utilized at least quarterly as a means of measuring the progress of the QAPI program until the program is 100% in all areas. The facility will use the QA action plan as a method of documenting identification of concerns identified from the review of data at all weekly meetings (standards of care, champion rounds etc.) and any other time that an issue should present a potential negative outcome. Root cause will be used in determining why a situation occurred. Performance improvement project areas will be developed through the action plan process, after gathering all the information in a systematic manner to clarify issues and problems from the above areas. The action plan will be used to intervene in improving identified areas of concern. The PIP committee is a team effort for improvement and will consider each event a learning experience. Potential topics for PIPs can be identified through reviewing monthly/quarterly data that is not showing expected outcomes that are being measured against thresholds/benchmarks. Establishing a timeline and communicate it to the QAPI committee. The action plan process will be used to improve identified areas of concern. Root cause analysis will be used to determine when in-depth analysis is needed to fully understand a problem/event, its causes, and implications of a change. The committee will review all involved systems to prevent future events and promote sustained improvement. The facility will focus on continued training, learning and continuous improvement. A means whereby all negative outcomes relative to resident care and services are identified and resolved using root cause analysis with an interdisciplinary approach. Positive outcomes will be established through education and monitoring as well as development of a PIP committee.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49854</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 1 (Resident #27) of 18 residents reviewed for assistance with ADLs.</p> <p>The facility failed to ensure Resident #27, who required assistance with ADLs, did not have long and dirty fingernails.</p> <p>This failure could affect residents who were dependent on assistance with ADLs and could result in poor care, lack of dignity, infection, and skin tears due to long nails.</p> <p>Findings include:</p> <p>Record review of Resident #27's Admission Record, dated 11/18/24, reflected 61-year-female who was admitted on [DATE].</p> <p>Record review of Resident #27's History and Physical dated 10/13/24, revealed diagnoses: intracerebral hemorrhage, non-verbal, limited range of motion and strength with hemiparesis (weakness on one side of the body).</p> <p>Record review of Resident #27's Admission MDS dated [DATE], revealed BIMS score of 3 (severely impaired). The MDS did not document resident, had flexion contractures to both hands. The resident required maximal assistance with shower and personal hygiene.</p> <p>Record review of Resident #27's Care Plan dated 10/11/24, revealed she needed assistance with personal hygiene and bathing. During assistance with bathing, check nail length and trim and clean on bath days and as necessary.</p> <p>During a telephone interview with Resident #27's family member on 11/18/24 at 3:13 PM stated resident's fingernails were too long and was concerned they would injure her hands. It was reported Resident #27 was admitted to the facility a month ago and her fingernails had not been cut since admission. The family member said he had reported this to the nursing staff, and no one had cut her fingernails.</p> <p>Observation and interview on 11/18/24 at 3:24 PM with the DON, revealed Resident #27 was lying in bed, bilateral flexion contractures to hands and had long and dirty fingernails. The DON demonstrated to state surveyors that the long fingernails had caused light purple discoloration to the right palm. The DON said she did not know why Resident #27 did not have hand rolls in place to relieve the pressure to the palm of the hands caused by the contracture fingers and long fingernails. The DON said, I need to check if we have a doctor's order to use hand rolls and ask Therapy to evaluate the resident to see if it would be appropriate to use handrolls. The DON demonstrated to state surveyors Resident's fingernails were long and had light brown substance underneath some of her fingernails. The DON stated the CNAs should be checking fingernails when residents were showered and trimmed as necessary.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/20/24 at 3:48 PM with LVN C, stated he was assigned to Resident # 27 and did not know who was responsible for trimming her fingernails. He was not aware of the resident having long and dirty fingernails.</p> <p>During an observation and interview on 11/21/24 at 11:11 AM with Treatment Nurse, confirmed Resident #27's fingernails were long and needed to be trimmed to prevent injury to the palms due to her contractures.</p> <p>During an observation and interview on 11/21/24 at 11:27 AM with CNA H, said she had been working at the facility for 1 year and had been trained to cut or trim the residents' fingernails, as needed. CNA E said the risk of Resident #27 having long fingernails could dig into her palms because she had contractures.</p> <p>Record review of the facility's Nursing Policy and Procedure Manual dated 2003 revealed: Nail Care - Nail management is regular care of fingernails to promote cleanliness and skin integrity of tissues, to prevent infection, injury from scratching by fingernails. It includes cleansing, trimming, smoothing, and cuticle area and is usually done during the bath.</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49854</p> <p>Based on observation, interview, and record review the facility failed to provide proper treatment and care to maintain mobility and good foot health in accordance with professional standards of practice, including to prevent complications from the resident's medical conditions and if necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments for 1 of 18 residents (Resident #27) reviewed for foot care.</p> <p>The facility failed to provide access to podiatrist for Resident #27.</p> <p>This failure placed residents at risk of poor foot hygiene and decline in residents' physical condition.</p> <p>Findings include:</p> <p>Record review of Resident #27's Admission Record, dated 11/18/24, reflected 61-year-female who was admitted on [DATE].</p> <p>Record review of Resident #27's History and Physical dated 10/13/24, revealed diagnoses: intracerebral hemorrhage and was non-verbal with limited range of motion and strength with hemiparesis (weakness on one side of the body), cerebrovascular disease (a problem with the blood vessels in the brain that carry oxygen and nutrients). Diabetes, seizures, muscle wasting and atrophy (when muscles start to shrink and get weaker), muscle weakness, cognitive communication deficit (trouble understanding or using language due to brain damage).</p> <p>Record review of Resident #27's Admission MDS dated [DATE], revealed she had a BIMS score of 3 demonstrating she was severely impaired. Resident required maximal assistance with shower/bathe and personal hygiene.</p> <p>Record review of Resident #27's Care Plan dated 10/11/24, revealed she needed assistance with personal hygiene and bathing. It stated that if the resident was diabetic, the nurse would provide toenail care.</p> <p>Observation and interview on 11/18/24 at 3:24 PM with the DON, revealed Resident #27 was lying in bed. The DON said there was no in-house podiatrist at that time. It was observed that Resident #27 had long toenails and this was confirmed by the DON during observation. Resident #27's toenails were brown and yellow in color. The DON said Resident #27 had not been seen by a podiatrist since she was admitted because due to her tracheotomy, she would not be able to go out of the facility. The DON said they would need a podiatrist to provide care for Resident #27 in the facility.</p> <p>During an interview on 11/20/24 at 3:48 PM with LVN C, he said he had known Resident # 27 for about a week. LVN C stated he had not been trained in toenail care. LVN C said Resident #27 was at risk of getting cut because of her long toenails. LVN C said that Resident #27's toenails need to be trimmed at least once a week. He said he did not know who was responsible for trimming her toenails.</p> <p>(continued on next page)</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 11/21/24 at 11:11 AM with Treatment Nurse confirmed Resident #27's toenails were long and needed to be trimmed to prevent injuries.</p> <p>During an observation and interview on 11/21/24 at 11:27 AM with CNA H, said she had been working at the facility for 1 year. CNA H said Resident #27 toenails should be trimmed . CNA H stated that a nurse would be responsible for cutting a resident's toenails. CNA H said the risk of Resident #27 having long toenails had the potential for her to get cut or injured while moving in her bed or when she gets assistance with transfers.</p> <p>Record review of the facility's nursing policy and procedure manual dated 2003 titled Nail Care reads in part: Nail management is regular care of toenails to promote cleanliness and skin integrity of tissues, to prevent infection, injury or pressure of shoes on toenails. It includes cleansing, trimming, smoothing, and cuticle area and is usually done during the bath. Ingrown toenails are also common in elderly. Fungal infections of the toenails, dry, brittle ridges and thickening of the toenails all occur in the elderly with some frequency. Nail care, especially trimming, is performed by a podiatrist in those with diabetes and peripheral vascular disease.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Vista Hills Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1599 Lomaland Dr El Paso, TX 79935	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>51010</p> <p>Based on observation, interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological's) to meet the needs of each resident for 3 (ADON L, RN A, and LVN C) of 4 licensed staff.</p> <p>The facility failed to ensure ADON L, RN A, and LVN C, signed off on the Controlled Drugs-Count Record after verifying all controlled substances in the medication cart were accounted for with the on-coming nurse at the change of shift.</p> <p>These failures could place residents at risk for not receiving the intended therapeutic response of prescribed medications and drug diversion of controlled substances.</p> <p>Findings include:</p> <p>Observation and Record Review on 11/18/24 at 9:42 AM, ADON L revealed she had already counted controlled substances at the change of shift with the nurse going off shift and had not sign the Controlled Drugs-Count Record right after she completed the count and had verified all controlled drug counts were correct with nurse going off shift. ADON L said she had been trained to count controlled substance at the change of shift with the nurse coming on duty and/or the nurse going off duty to verify controlled medication counts were correct and to immediately sign the Controlled Drugs Count Record after both nurses had verified the controlled substance counts were correct.</p> <p>Observation and Record Review on 11/18/24 at 4:01 PM, with RN A revealed she had already counted controlled substances at the change of shift with the nurse going off shift and she had already signed the Controlled Drugs-Count Record before counting controlled substances at the change of shift with the on-coming nurse. RN stated, I signed the Controlled Drugs-Count Record before I counted controlled substances at the change of shift, so I would not forget to sign the Controlled Drugs-Count Record after I finished accounting for all of the controlled substances in the medication cart. RN A said she had been trained to count controlled substance at the change of shift with the nurse coming on duty and the nurse going off duty to verify controlled medication counts were correct and to immediately sign the Controlled Medication Count Record after both nurses verified that the controlled substance counts were accurate and correct.</p> <p>Observation and Record Review on 11/18/24 at 4:21 PM , with LVN C revealed he had already counted controlled substances at the change of shift with the nurse going off shift and he had signed the Controlled Drugs-Count Record before counting controlled substances at the change of shift with the on-coming nurse. LVN C stated, I signed the Controlled Drugs-Count Record before I counted controlled substances at the change of shift, mainly for convenience. LVN C said he had been trained to count controlled substance at the change of shift with the nurse coming on duty and the nurse going off duty to verify controlled medication counts were correct and to immediately sign the Controlled Medication Count Record after both nurses verified that the controlled substance counts were correct .</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's policies and procedure on Medication Administration Revised on 10/25/17 reflected, there shall be narcotics audit in each shift to ensure against any discrepancy. Upon a correct audit, the nurses or Med aides involved will sign the Narcotic Checklist at the time of the audit, the nurses are to observe for both the correct count and the correct medication.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>51010</p> <p>Based on observation, interview, and record review, the facility failed to provide safe and secure storage of medications for 3 of 3 medication carts (halls E, B and C), 1 of 1 medication rooms checked for medication storage.</p> <ol style="list-style-type: none"> 1. -The facility failed to ensure medications were stored according to routes of administration. 2. -The facility failed to ensure opened bottles of Acidophilus Probiotic Dietary Supplement were refrigerated after opening in 2 of 3 medication carts 3. -The facility failed to ensure medication cart drawers were clean and free of trash. <p>These failures could affect residents that received medications from the facility and drug diversion.</p> <p>Medication Carts:</p> <p>Observation and interview on 11/20/24 at 3:20 PM with LVN H, on hall E revealed oral medications, and topical medications in a drawer were not stored according to routes of administration. LVN H, stated they had been trained to store medication in the medication cart according to route of administration.</p> <p>Observation and interview on 11/20/24 at 3:25 PM with Medication Aide J on hall B, revealed a bottle of Acidophilus Probiotic Dietary Supplement that was dated as opened on 11/02/24. Medication Aide J confirmed the manufacturer's label on the bottle reflected to Refrigerate after opening. Med J said he was not aware the medication needed to be refrigerated after opening. It was observed that one of the drawers in the medication cart was dusty and had multiple paper particles in the bottom of the drawer.</p> <p>Observation on 11/20/24 at 3:27PM with LVN I on hall C, revealed a bottle of Acidophilus Probiotic Dietary Supplement that was dated as opened on 11/15/24. LVN I, confirmed the manufacturer's label on the bottle said to Refrigerate after opening. LVN I, said he was not aware medication needed to be refrigerated after opening.</p> <p>Interview on 11/21/24 at 4:00 PM with Regional Compliance Nurse revealed Nurses, Medication Aides and ADONS are responsible for checking that medications are stored properly in the medication carts, that includes medications that need to be refrigerated after opening. The risks of medications not being refrigerated after opening could result in the medication not being as effective.</p> <p>Medication room:</p> <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an observation and interview on 11/20/24 at 8:30 AM with ADON M revealed medications were not stored according to routes of administration on the shelves located in the medication room. On one shelf, the oral and topical medications were stored together in the same container and on another shelf had oral medications and ear drops stored in the same container. ADON M said, I will fix it right away.</p> <p>Review of facility's Pharmacy policy & procedure manual 2003 on Storage of Medication revealed, Medications and biologicals are stored safely, securely, and properly following manufacturer recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedures include Orally administered medications are kept separate from externally used medications, e.g., suppositories, liquids, lotions and tablets. Eye medications are kept separate from ear medications. except for those requiring refrigeration, medications intended for internal use are stored in a medication cart or other designated area.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>51012</p> <p>Based on observation, interview, and record review, the facility failed to provide food that was palatable and served at an appetizing temperature for 1 of 1 diet test tray reviewed for food temperatures.</p> <p>1. - The facility failed to maintain food hot on diet serve test tray.</p> <p>2. - The facility failed to maintain cold foods in palatable temperatures of less than 41 degrees F.</p> <p>These failures could affect the residents by placing them at risk for malnutrition due to not providing appetizing temperature meal.</p> <p>Findings include:</p> <p>In a confidential interview with 13 of 13 residents revealed the meals were being delivered cold. Residents reported that this was an on-going problem, and nothing was being done to address their concerns.</p> <p>Food Temperature:</p> <p>In an observation and interview on 11/19/24 at 10:46 AM with the Director of Food and Nutrition revealed during food temperature checks revealed the Guacamole (a dip made from avocados) temperature was 43.3 degrees F. He said, The guacamole is not at the appropriate temperature, it should be less than 41 degrees F, so, I am going to put it in the freezer so it can cool down before it is served to the residents.</p> <p>Test Tray:</p> <p>Sampling of the test tray on 11/20/24 at 12:35 PM in the conference room with Director of Food and Nutrition revealed, The Regular Diet tray: [NAME] Pozole was 125 degrees F, Quesadilla was 104 degrees F, and the Cheesecake was 62 degrees F. The Director of Food and Nutrition kept stirring the pozole with a spoon, to get a higher temperature. He stated, Keep in mind that the test tray was served last and that makes the temperatures drop.</p> <p>In an interview with the Activities Director on 11/19/2024 at 2:33 PM, she stated the residents had voiced concerns regarding food served cold during meals. She stated once the resident council meeting was over, she would complete the grievance form for all the concerns voiced during the meeting and give them to the administrator. The activities director said the administrator would review the Grievance Reports and Grievances Resolution at the morning meetings and the DON or administrator would provide in-services to address the concerns voiced at the Resident Council. She said Meal Test Tray checks were done by the Administrator on a quarterly basis to address concerns voiced regarding food. She said these concerns were also addressed at the Monthly QAPI Meeting where they reviewed the in-service training to verify if it was effective and to retrain staff as needed until the area of concern had been resolved.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview and record review with the Administrator on 11/19/2024 at 2:56 PM, revealed the Activities Director and her assistant were responsible for writing the Resident Council Meeting Minutes and for turning them in to the Administrator for review. The Administrator stated, I was not aware they were not writing down all of the concerns voiced by the residents during the Resident Council Meetings. After the Resident Council Meeting, I will follow up with the Resident Council President on any concerns voiced at the Resident Council Meeting. The Resident Council President sometimes becomes very defensive because I will be asking questions about what was reported at the meeting so I can address his concerns. That is why I always have a witness with me when I talk to him. The Administrator stated the Activities Director had not documented any concerns in the Resident Council Minutes regarding concerns voiced by the resident regarding serving cold during meals.</p> <p>In an interview on 11/20/24 at 9:44 AM, with the Administrator revealed their corporate staff would not permit the residents to review the Resident Council Minutes and were only allowed to provide the Resident Council President a list of residents who had attended the Resident Council Minutes. The Administrator stated the Activities Director wrote the minutes for the Resident Council Meetings and that is what she acted on. the Administrator revealed she was not aware of resident grievances regarding food being served cold. She said no concerns had been reported during the monthly QAPI meetings regarding cold food served to the residents.</p> <p>Interview on 11/20/24 at 9:51 AM, with the Director of Food and Nutrition reflected he occasionally got concerns from the residents regarding cold food temperatures. He said he could not recall when they had checked food temperatures on a test tray at the facility. He said the facility did not have insulated meal carts and they did not have a system in place to check meal trays were promptly served to the residents who ate their meals in the rooms. He stated he was not aware CNAs were leaving the meal carts open when they were passing trays in the resident halls. He stated, Leaving the meal carts opened could affect the food temperatures.</p> <p>Interview on 11/20/24 at 12:00 PM, with Administer reported they conduct monthly QAPI meetings. She said that as of now only the Dietary Manager, Maintenance Supervisor, Medical Director, Administrator and Director of Nursing. Topics discussed: Infection Control, Pharmacy Services, Incidents, PIPs, Immunizations and Staffing.</p> <p>Interview on 11/20/24 at 12:11 PM, with Director of Food and Nutrition reported they conduct monthly QAPI meetings. He said Administrator, Director of Nursing, Human Resource Coordinator, Medical Director, Maintenance Supervisor, and Admissions Marketer. Topics discussed: Weight Loss, Incident Reports, Safety, and Immunizations.</p> <p>Review of Resident Council Minutes dated 05/31/24 through 10/01/24 did not document documents any concerns related to cold food temperatures.</p> <p>Record Review of the Grievance Forms dated May 2024 through November 2024 revealed Residents reported food was served cold.</p> <p>Record Review of the monthly QAPI attendance records dated 05/06/24 - 11/20/24 did not document any concerns regarding cold food served to the residents.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record Review facility's Dietary Services Policy & Procedure Manual dated 2012 revealed: Daily Food Temperature Control. We will assure that food is served at a safe temperature. Temperatures of all hot and cold foods shall be taken prior to every meal and recorded on the Temperature Log. This is done to help ensure that food is safe and is served within acceptable ranges. Procedure: There is a thermometer available for use in the department to test the temperature of foods which is sanitized between food tastings. Prior to meal service, the cook shall take the temperature of all hot and cold foods. All hot foods shall be cooked and held for service at temperatures of 140 degrees F or above. Any hot or cold food which does not meet the minimum acceptable temperature shall be heated to a temperature of 165 degrees F and held for at least 15 seconds. Cold foods shall be less than 41 degrees F.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51012</p> <p>Based on observation, interview, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen sanitation and food storage.</p> <ol style="list-style-type: none"> 1. - The facility failed to keep metal shelving in the food preparation area free of food particles. 2. - The facility failed to discard expired perishable foods stored in the refrigerator. 3. - The facility failed to store food in refrigerators and freezers in sealed containers. 4. - The facility failed to label food containers stored in the refrigerators. 5. - The facility failed to keep the tile floor in the dry food storage area free of dust, white stains and food particles. 6. - The facility failed to keep food containers in the dry storage room free of dust, food particles and sealed. 8. - The facility failed to ensure Dietary Staff used gloves while taking food temperatures. 9.- The facility failed to ensure Dietary Staff sanitized the food thermometer in between foods when checking food temperatures. <p>These failures could place residents at risk of food borne illnesses.</p> <p>Findings include:</p> <p>Observation and interview [DATE] at 7:48 AM, with the Director of Food and Nutrition during the initial kitchen tour revealed the following:</p> <p>Food Preparation Area revealed:</p> <ul style="list-style-type: none"> -Plastic cups that contained tea, were stored in the refrigerator and were not dated. -Plastic cottage cheese container was not dated when opened. -Plastic container that contained carrots revealed the carrots were soft, limp, wilted and had mold growing on them. The celery was limp and [NAME]. The Director of Food and Nutrition said, Let me remove the carrots and celery so I can throw them away. <p>Dry Food Storage Area revealed:</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- The tile floor was full of dust, white stains and food particles.</p> <p>-There was a water bottle on the tile floor under the metal shelving used to store food.</p> <p>-Plastic containers that contained breadcrumbs, raisin bran cereal, gordita mix, had dust and food particles on the lids.</p> <p>-Pecan pieces stored in plastic bags were not sealed.</p> <p>-Large ingredient storage bins that contained beans, sugar and flour had white powdery substances and food particles on the covers. The Director of Food and Nutrition said the kitchen staff should be cleaning the plastic food containers as needed.</p> <p>Food Temperatures:</p> <p>Observation on [DATE] at 10:46 AM with the Director of Food and Nutrition revealed: he did not wash his hands prior to checking food temperatures and was not using gloves or using the thermometer holder while he was checking food temperatures on the serving line. The Director of Food and Nutrition did not consistently clean the food thermometer between foods, occasionally would clean the food thermometer with a paper towel, and at times would stab the plastic cover on the metal food tray with the thermometer to check the food temperatures.</p> <p>Food Test Tray:</p> <p>Sampling of the test tray on [DATE] at 12:35 PM in the conference room with the Director of Food and Nutrition revealed: He did not use gloves when checking food temperatures and did not sanitize the food thermometer in between foods when checking food temperatures.</p> <p>Interview on [DATE] at 9:51 AM, with Director of Food and Nutrition reflected he occasionally got concerns from the residents regarding cold food temperatures. He said he could not recall when they had checked food temperatures on a test tray at the facility. He said the facility did not have insulated meal carts and they did not have a system in place to check meal trays were promptly served to the residents who ate their meals in the rooms. He stated he was not aware CNAs were leaving the meal carts opened when they were passing trays in the resident halls. He stated, Leaving the meal carts opened could affect the food temperatures.</p> <p>Telephone interview on [DATE] 3:38 with the Dietary Consultant revealed the food thermometer should be cleaned with an alcohol wipe in between food temperature checks. The Dietary Consultant stated, It is not best practice for them to not wear gloves when checking food temperatures, but it is okay if staff are not touching food with bare hands.</p> <p>Record review of the Food Code 2022 reflected the following:</p> <p>(C) Packaged Food shall be labeled as specified in law, including 21 CFR 101 Food Labeling, 9 CFR 317 Labeling, Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S ,d+[DATE].18.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>,d+[DATE].15 Package Integrity. Food packages shall be in good condition and protect the integrity of the contents so that the FOOD is not exposed to ADULTERATION or potential contaminants.</p> <p>Review of the facility's policy on Food Storage and Supplies from Dietary Services Policy & Procedure Manual 2012 revealed: All food and supplies are to be stored six (6) inches above the floor on surfaces which facilitate thorough cleaning. Containers are cleaned regularly. Open packages of food are stored in closed containers with covers or in sealed bags and dated as to when opened. Storeroom floors should be swept and mopped to be maintained in a sanitary manner to prevent vermin or pest infestation. On perishable foods, microorganisms such as molds, yeasts, and bacteria can multiply and cause food to spoil. Spoiled foods will develop an off odor, flavor or texture due to naturally occurring spoilage bacteria. If a food has developed such spoilage characteristics, it should not be eaten.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>49854</p> <p>51010</p> <p>Based on observations, and interviews, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public in 1 of 1 laundry room, 2 of 2 linen closets and residents' rooms reviewed for environmental conditions.</p> <ol style="list-style-type: none"> 1. - The facility failed to maintain wood linen closet shelves in clean linen closets and ensure the shelves were free from splintered edges. 2. -The facility failed to replace missing floor baseboards in the laundry room. 3. - The facility failed to maintain walls in the laundry room and ensure they remained free of holes and chipped paint. 4. -The facility failed to replace broken or missing tiles in the shower room. 5. -The facility failed to keep water drains in the shower room free of rust. <p>This deficient practice could place residents at risk of not living in a safe, functional, sanitary, and comfortable environment.</p> <p>Findings included:</p> <p>Clean Linen Closets:</p> <p>In an observation on 11/20/24 at 3:14 PM with the Housekeeping Supervisor revealed multiple wood shelves edges in the clean linen closet were splintered in Resident Halls A-C.</p> <p>In an observation on 11/20/24 at 3:16 PM with the Housekeeping Supervisor revealed multiple wood shelves edges in the clean linen closet were splintered in Resident Halls D-F. The Housekeeping Supervisor stated that she had not seen the splintered wood shelves in the clean linen closets. She said that the wood splinters could get in the linen and/or injure the staff when they pulled the linen from the shelves.</p> <p>Laundry Room:</p> <p>Observation on 11/20/24 at 3:05 PM with Housekeeping Supervisor revealed the floor baseboards in the laundry room by the washers were missing and the paint on the wall was chipped and had multiple holes on the wall.</p> <p>Shower Room:</p> <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an observation on 11/19/24 at 4:05 PM the Maintenance Supervisor revealed multiple tiles were missing and/or broken in the shower stalls . The Maintenance Supervisor stated that he was new, and he was doing the best he could to address environmental issues because he did not have anyone else to help him in his department.</p> <p>In an interview and observation on 11/21/24 at 9:50 AM the Administrator stated, the broken tiles in the shower stalls and rusted water drains put the residents at risk injury because they can get cut. She said facility staff had been trained to report any issues with the building and equipment that needed to be repaired or replaced by scanning the QR code, which created a work order for maintenance to address as soon as possible. She said, I think these two items need to be repaired as soon as possible because they can possibly harm the residents. The Administrator stated she did not know why the staff had not reported the broken and/or missing tiles in the shower stalls, and the rusted water drains in the shower room. She stated, I need to do another in-service training with all staff to remind them how to report needed repairs by using the QR code application.</p> <p>In an interview on 11/21/24 at 9:56 AM the Maintenance Director revealed he received the work orders and fixed whatever the issue was and makes notes of what he did to fix it. He said he will check for work orders daily at the start of the day and go and fix the issues. Once he completes whatever he needed to repair, he enters a note into the system alerting the staff that it has been taken care of. The Maintenance Director stated he has not received work orders regarding the rusted drain covers and the missing or broken tiles in the shower room in Resident Halls A-C.</p> <p>In an interview on 11/21/24 1at 0:29 AM LVN D stated, I believe that the broken tiles and the rusted drain covers are not acceptable. This could place the resident at risk of being cut with the edges of those broken tiles. We have been trained in how to report to maintenance where there's an issue with the environment by scanning the QR code and reporting to the Maintenance Supervisor .</p> <p>51012</p>		