STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455528	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laredo West Nursing and Rehabilitation Center	1200 Lane Laredo, TX 78043

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents had the right to personal privacy for 2 (Resident #1 and #2) of 5 residents reviewed for respect and dignity.The facility failed to ensure staff closed Resident #1's door to provide privacy during incontinent and wound care on 04/16/2026.The facility failed to ensure staff closed Resident #2's privacy curtain to provide privacy during incontinent care on 04/16/2026.These failures could place residents at risk of emotional or psychological distress and embarrassment.The findings included:Record review of Resident #1's face sheet, dated 04/17/2026, revealed an [AGE] year-old female with an original admission date of 03/18/2022, and a current admission date of 08/15/2025. Pertinent diagnoses included Pressure Ulcer of Sacral Region (the triangular bone area at the base of the spine) - Stage 4 and Diabetes (a chronic disorder characterized by high blood sugar levels due to insufficient insulin [a crucial hormone which regulates blood sugar levels and plays a vital role in energy metabolism] production or ineffective use of insulin by the body).Record review of Resident #1's care plan, initiated 05/03/2023, and revised 03/19/2026, revealed Resident #1 had a Stage 4 Sacral Pressure Injury. Interventions included administer treatments as ordered and monitor for effectiveness. In an observation on 04/16/2026 at 11:00 AM, the WCN was observed to have left Resident #1's room to obtain supplies with the privacy curtain loosely pulled and the door completely open. CNA-A was at the bedside with Resident #1 who was lying exposed in bed with her gown pulled up to her breasts and her brief completely removed.Record review of Resident #2's face sheet, dated 04/17/2026, revealed a [AGE] year-old male with an admission date of 01/30/2026. Pertinent diagnoses included Hemiplegia (complete paralysis on one side of the body) and Hemiparesis (partial weakness on one side of the body) following Cerebral Infarction (a stroke which occurred when a blood clot disrupted blood flow in the brain) Affecting the Left Non-Dominant Side. Record review of Resident #2's care plan, initiated 02/11/2026, revealed Resident #2 had an ADL self-care performance deficit related to left Hemiplegia following a CVA. Interventions included Resident #2 was dependent for toileting hygiene. In an observation on 04/16/2026 at 3:04 PM, CNA-B and CNA-C were observed to perform incontinent care on Resident #2. While the CNAs had closed Resident #2's door, they had not pulled his privacy curtain, and a visitor walked in while Resident #2 was lying completely exposed in his bed. In an interview on 04/16/2026 at 2:44 PM, the WCN stated she should have made sure the privacy curtain was completely closed and the door was shut to Resident #1's room while she stepped out to grab supplies. She also stated she should have covered Resident #1 up and not left her body exposed as this could have caused her embarrassment or humiliation. In an interview on 04/16/2025 at 4:19 PM, CNA-A stated she should have covered Resident #1 with a sheet or towel when the nurse stepped out of the room instead of leaving Resident #1 completely exposed.In an interview on 04/16/2025 at 4:36 PM, CNA-B stated she should have pulled Resident #2's privacy curtain closed prior to providing incontinent care because he was completely exposed when someone entered his room because this could have caused embarrassment for him.In an interview on 04/16/2025 at 4:36 PM, CNA-C stated she and CNA-B should have made sure Resident #2's privacy curtain was pulled closed so he was not exposed during incontinent care. In an interview on 04/17/2026 at 8:10 AM, the DON stated the CNAs (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

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and nurses knew they were supposed to provide dignity and privacy for the residents by closing the privacy curtains and doors during care. They should also cover the areas of the residents' bodies where no care was being provided. Residents could feel humiliated if they were not treated with dignity or respect. Record review of facility's Perineal Care policy, implemented 10/24/2022, revealed 5. Provide privacy by pulling privacy curtain or closing room door if a private room.Record review of facility's Statement of Residents Rights, no date identified, revealed You have the right to (4) be treated with courtesy, consideration, and respect; (6) privacy. Rights Of The Elderly: (b) An elderly individual has the right to be treated with dignity and respect for the personal integrity of the individual without regard to race, religion, national origin, sex age, disability, marital status, or source of payment (g) An elderly individual is entitled to privacy while attending to personal needs. This right applies to medical treatment.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 (Resident #1 and #2) of 5 residents reviewed for infection control practices.1. The facility failed to ensure the WCN knew the correct procedures or professional practices to cleanse the wound adequately on Resident #1. 2.The facility failed to ensure the WCN, CNA-A, CNA-B and CNA-C performed proper hand hygiene when providing care to Resident #1 and Resident #2.3. The facility failed to ensure CNA-A and CNA-C did not enter clean packages or containers with contaminated gloves and not take contaminated supplies from Resident #2's room and place them back on the clean supply cart. These failures and deficient practices could place residents at risk for healthcare associated cross-contamination and the spread of infectionThe findings included:Record review of Resident #1's face sheet, dated 04/17/2026, revealed an [AGE] year-old female with an original admission date of 03/18/2022, and a current admission date of 08/15/2025. Pertinent diagnoses included Pressure Ulcer of Sacral Region (the triangular bone area at the base of the spine) - Stage 4 and Diabetes (a chronic disorder characterized by high blood sugar levels due to insufficient insulin [a crucial hormone which regulates blood sugar levels and plays a vital role in energy metabolism] production or ineffective use of insulin by the body).Record review of Resident #1's physician order summary, dated 02/03/2026, revealed an order to cleanse the wound with normal saline, pat dry, apply Iodosorb Gel (a gel used to promote healing of wounds and ulcers) and Calcium Alginate (a type of dressing which absorbs large amounts of drainage), and cover with a super absorbent dressing three times per week. Record review of Resident #1's Annual MDS Assessment, dated 03/18/2026, revealed no BIMS score as Resident #1 was rarely or never understood. The MDS also revealed Resident #1 had one or more unhealed pressure ulcers. Record review of Resident #1's care plan, initiated 05/03/2023, and revised 03/19/2026, revealed Resident #1 had a Stage 4 Sacral Pressure Injury. Interventions included administer treatments as ordered and monitor for effectiveness. In an observation on 04/16/2026 at 11:00 AM, the WCN was observed performing hand hygiene with alcohol-based hand sanitizer multiple times during wound care on Resident #1. During each hand hygiene observation throughout Resident #1's wound care, the WCN was noted to put hand sanitizer into the palm of her hand, rub both hands 1 - 4 seconds each time, then hold both hands in the air and made fists or waved them for 1 - 3 seconds each time, after which she applied clean gloves with difficulty because the gloves would stick to her still wet hands. The WCN was also noted to cleanse Resident #1's wound during this observation by making one swipe with saline soaked gauze from above the sacral wound, wiping straight down, to below the sacral wound. During this observation, CNA-A was observed to have performed hand hygiene with alcohol-based hand sanitizer for approximately 5-6 seconds, and then she applied clean gloves with difficulty due to the gloves sticking to her still wet hands. Record review of Resident #2's face sheet, dated 04/17/2026, revealed a [AGE] year-old male with an admission date of 01/30/2026. Pertinent diagnoses included Hemiplegia (complete paralysis on one side of the body) and Hemiparesis (partial weakness on one side of the body) following Cerebral Infarction (a stroke which occurred when a blood clot disrupted blood flow in the brain) Affecting the Left Non-Dominant Side. Record review of Resident #2's care plan, initiated 02/11/2026, revealed Resident #2 had an ADL self-care performance deficit related to left Hemiplegia following a CVA. Interventions included Resident #2 was dependent for toileting hygiene.In an observation on 04/16/2026 at 3:04 PM, CNA-B and CNA-C were observed to perform hand hygiene at the same time with alcohol-based hand sanitizer by squirting it in the palm of their hands and rubbing their hands for approximately 3 - 4 seconds prior to attempting to apply clean gloves to their still wet hands. CNA-C was observed to perform hand washing during the observation (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and only scrubbed her hands for 6 seconds. CNA-C was also observed during Resident #2's incontinent care to touch the outside, as well as re-enter the clean package of wipes multiple times with her dirty gloves, as well as carry the contaminated package of contaminated wipes out of the resident's room and placed it back on her clean supply cart. In an interview on 04/16/2026 at 2:44 PM, the WCN stated the proper way to use hand sanitizer was to pour a little bit on your hands, rub them together, and then let it dry. After reviewing the facility policy, she then stated you should use enough hand sanitizer to cover all surface areas of the hands and rub the hands together covering all surfaces until dry, which should be approximately 20 seconds. The WCN stated the proper way to cleanse a wound, after removing the dirty dressing and performing hand hygiene, should have consisted of cleaning the wound from the center out, going from cleanest to dirtiest. She stated wiping or cleaning the wound by wiping across it could have caused contamination of the wound or introduced bacteria back into it. In an interview on 04/16/2025 at 4:19 PM, CNA-A stated she should have rubbed hand sanitizer all over both hands until it was dry, and she realized she had not done this. She stated she should not have re-entered the clean wipes with her dirty gloves, then put contaminated wipes away with clean gloves. She stated this could have caused cross-contamination and infections.In an interview on 04/16/2025 at 4:36 PM, CNA-B stated she should have rubbed alcohol-based hand sanitizer for 7 seconds before applying new gloves. After she read the facility policy, she stated she should apply alcohol-based hand sanitizer to cover all surfaces of her hands, then rub her hands until they were completely dry, approximately 20 seconds.In an interview on 04/16/2025 at 4:36 PM, CNA-C stated she should apply alcohol-based hand sanitizer to cover all surfaces of her hands, then rub her hands until they were completely dry. She stated when washing her hands she should scrub them for at least 20 seconds. She stated she was unsure how long she had done each. CNA-C stated she should not have re-entered the clean package of wipes with her dirty glove, and she should not have taken the package of wipes out of the resident's room and placed it back on the cart with her clean supplies. In an interview on 04/17/2026 at 8:10 AM, the DON stated she was currently acting in the role of ICP until a new one was hired. She stated in regard to hand hygiene, the staff should put enough alcohol-based hand sanitizer on their hands to cover all surface areas of the hands, then rub all areas of hands thoroughly until dry, or approximately 20 seconds. She also stated hand washing with soap and water should consist of scrubbing the hands at least 20 seconds. The DON stated the WCN should cleanse the wound from the cleanest to dirtiest areas of the wound so as not to have caused cross-contamination or re-introduce bacteria into the wound. She also stated CNAs should not re-enter clean containers or packages of wipes with dirty gloves and should not take contaminated supplies out of resident's rooms and restock on their supply cart. The DON also stated staff had previously been in-serviced regarding infection control and hand hygiene.Record review of the facility's Wound Care Power Point presentation, revised 01/17/2022, revealed Wound Cleansing: 3. Wipe wound with gauze from the middle outward, 5. Pat the wound and peri-wound dry from the middle outward.Record review of the facility's Hand Hygiene policy, implemented 10/24/2022, revealed Policy Explanation and Compliance Guidelines: 2. Alcohol-based hand rub with 60-95% alcohol is the preferred method for cleaning hands in most clinical situations. 3. Hand Hygiene technique when using an alcohol-based hand rub: A. Apply to palm of one hand the amount of product recommended by the manufacturer. B. Rub hand together, covering all surfaces of hands and fingers until hands feel dry. C. This should take about 20 seconds.