

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455570	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Mineral Wells Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 316 SW 25th Ave Mineral Wells, TX 76067	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46641</p> <p>Based on interview, and record review, the facility failed to ensure residents were free from misappropriation of property for one (Resident #7) of 5 residents reviewed for misappropriation of property.</p> <p>The facility failed to ensure Resident #7 was free from misappropriation of property when AP borrowed money for personal benefit.</p> <p>The non-compliance was identified as past non-compliance dated 1/24/25. The facility had corrected the noncompliance on 1/28/25 before the survey began.</p> <p>This failure could place residents at risk of exploitation/misappropriation of property and financial distress.</p> <p>Findings include:</p> <p>Record review of Resident#7's face sheet dated 3/5/25 revealed [AGE] year-old male, with an original admitted [DATE] and a re-admitted [DATE]. Resident #7 Diagnoses include Traumatic subarachnoid hemorrhage with loss of consciousness (brain injury), depression, anxiety, apraxia (motor disorder caused by brain), hemiplegia affecting left side (paralysis on one side).</p> <p>Record review of Resident #7's MDS assessment dated [DATE], revealed Resident #7 had a BIMS score of 11 out of 15, which indicated moderate cognitive impairment. Resident #7 was extensive assist with ADLs for toileting, bathing, and dressing.</p> <p>Record review of the PIR (Form 3613-A of Texas Health and Human Services) dated 1/30/25, revealed in part:</p> <p>POA of [Resident #7] reported to ADON and DON that AP began texting resident asking for money, POA and resident agreed to help AP and sent money to AP via Cashapp (transfer money by phone), using [Resident #7's] account. [Resident #7] and POA asked AP to repay when payday arrived. AP has not been in contact with POA or [Resident #7] and has failed to repay the full amount. PIR confirmed allegation.</p> <p>Record review on 3/5/25 of photos taken from Resident #7's phone revealed cash amounts sent to AP, and AP acknowledging and replying to Resident #7.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with Resident #7 on 3/5/25 at 11:30am, Resident #7 stated on 1/24/25, unsure of the time, the AP told him she had no heat at her home. Resident #7 stated the weather was cold and he felt sorry for the AP. Resident #7 stated he used his \$310 out of his account to give to the AP. Resident #7 stated his POA was also in room on 1/24/25 talking to the AP and they both felt that they could loan the AP money and she would pay back when she got paid, Resident #7 stated the AP avoided coming to his room after she received the money. Resident #7 stated that the facility did not know any of this, it was just between him (the resident), the POA, and the AP. When the AP failed to repay, the resident stated his POA told the facility Assistant Administrator and Administrator. Resident #7 stated the amount was around \$310. Resident #7 stated the AP did pay him \$80. Resident #7 stated that the facility reimbursed him his full amount. Resident #7 stated that he had a big heart and wanted to help but had learned his lesson.</p> <p>An interview on 3/5/25 at 11:38am with Resident #7's POA, the POA stated she and Resident #7 felt sorry for the AP and agreed to give her money with the agreement the AP would pay back the money on payday. The POA stated money was voluntarily taken out of Resident #7's account by Resident #7 and sent by Cashapp to AP on 1/8/25 for \$250 and on 1/10/25 for \$20, on 1/13/25 \$80, and on 1/14/25 \$40. POA stated that AP did repay \$80 on 1/14/25 back to Resident #7. The POA stated the AP was not seen again. The POA stated she told the Administrator what had happened on 1/24/25.</p> <p>An interview on 3/6/25 at 9:27am, the Administrator stated on 1/24/25 at 10:09am (POA) told her about loaning money to the AP and that AP was not paying the resident back. The POA showed transactions with the AP's name and phone number with a picture on CashApp. The Administrator stated on 1/28/25 (time unknown) she interviewed the AP. The Administrator stated the AP never admitted to taking money from the resident and the money came from the resident's POA. AP stated she paid \$80 back. The Administrator stated that phone records from Resident #7's phone revealed the AP knowingly was in contact with Resident #7, and Resident #7's phone showed that money was sent to the AP and that AP acknowledged that she received money. The Administrator stated her investigation confirmed that AP took money from the resident and that AP was terminated from the facility. Resident #7 was fully reimbursed by facility. Police were notified and a report made. The Police Report number was #250000119. The Administrator stated there was a warrant out for the AP but at this time the AP's whereabouts were unknown.</p> <p>A phone call to the AP, 3/5/25 at 11:55am, revealed a nonworking number.</p> <p>Record review of facility of facility's provided policy on abuse, neglect and exploitation dated 9/9/24 revealed in part The purpose of this policy is to ensure that each resident has the right to be free from any type of Abuse, Neglect, Intimidation, Involuntary Seclusion/Confinement, and or Misappropriation of property.</p>		