STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455641	A. Building B. Wing	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palo Duro Nursing Home	405 S Collins St Claude, TX 79019

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Based on interviews, and record reviews the facility failed to develop, implement, and maintain an effective training program for all new and existing staff, consistent with their expected roles. The facility failed to ensure Abuse, Neglect and Exploitation Training, Fall Prevention, Restraint Reduction, HIV and Bloodborne Pathogens, Emergency Procedures, and Dementia Training were completed upon hire for 2 of 5 employees (Marketing/Admissions Coordinator and CNA A) reviewed for required trainings. Based on interviews, and record reviews the facility failed to develop, implement, and maintain an effective training program for all new and existing staff, consistent with their expected roles. The facility failed to ensure Abuse, Neglect and Exploitation Training, Fall Prevention, Restraint Reduction, HIV and Bloodborne Pathogens, Emergency Procedures, and Dementia Training were completed upon hire for 2 of 5 employees reviewed for required trainings. The facility failed to ensure the Marketing/Admissions Coordinator and CNA A received required training in Abuse, Neglect and Exploitation, Fall Prevention, Restraint Reduction, HIV and Bloodborne Pathogens, Emergency Procedures and Dementia upon hire and prior to providing care for or working with residents. This failure could cause a lack of understanding and skill needed to provide adequate care of residents with varying conditions and levels of care.Findings included:Record review of the Marketing/ admission Coordinator's employee file on 07/15/2025 at 1:50PM reflected she had not been trained in Resident Abuse, Neglect and Exploitation, Fall Prevention, Restraint Reduction, HIV and Bloodborne Pathogens, Emergency Procedures or Dementia prior to or on her first day of employment, which was 06/17/2025.Record review of CNA A's employee file on 07/15/2025 at 2:09PM reflected she had not been trained in Resident Abuse, Neglect and Exploitation, Fall Prevention, Restraint Reduction, HIV and Bloodborne Pathogens, Emergency Procedures or Dementia prior to or on her first day of employment, which was 06/04/2025.An interview on 07/15/2025 at 4:00PM revealed the BOM/HR was aware employees completed their required trainings on a computer, but she did not know much about the trainings themselves. She stated she assigned the trainings to employees upon hire, but I needed to speak with the DON to see when the trainings took place and what they were about.An interview on 07/15/2025 at 4:20PM revealed the DON was not aware required training had not been provided to the Marketing/Admissions Coordinator and CNA A prior to them working with residents. The DON stated the BOM/HR assigned all of the required trainings to employees through a computer-based learning system. She stated the negative outcome of not being trained would be staff members might not have all of the skills and understanding needed in order to work with and care for residents, especially those with Dementia, Alzheimer's Disease or behavioral issues. An interview with the Administrator on 07/15/2025 at 4:42PM revealed it was his second day on the job, and he had a lot of cleanup work to do. He stated he would ensure the BOM was assigning all trainings before employees started their first day of resident care.The facility provided no policy on required trainings at hire.

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