

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455718	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/17/2026
NAME OF PROVIDER OR SUPPLIER  Pebble Creek Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11608 Scott Simpson Dr El Paso, TX 79936	

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 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>Based on observation, interview and record review the facility failed to ensure the resident had the right to and the facility must make prompt efforts to resolve grievances the resident may have and identify a Grievance Official who was responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusion, leading any necessary investigations by the facility, maintaining the confidentiality of all information associated with grievances, issuing written grievances decisions to the resident, and coordinating with state and federal agencies as necessary in light of specific allegations for 1 of 1 grievance binders reviewed. The facility failed to ensure they were adhering to the facility grievance policy to receive and track grievances that were filed orally by residents prior to 3/13/2026. This failure could place residents at risk of not having their grievances properly resolved, tracked, and documented for future review. The findings include: During an observation conducted on 3/13/2026 at 2:45 PM, the Social Worker provided the facility grievance binder that only had supported grievance documentation back to December 2025. During an interview on 3/13/2026 at 2:56 PM with the Social Worker, who stated she did not have any documented grievance forms from residents regarding care from staff. She stated under the previous DON and Administrator she was instructed not to complete grievance forms that pertained to care provided by staff and instead directly report them to the previous DON and Administrator. She clarified this method was no longer in place since the new DON and Administrator began and she was to document all grievances regarding care from staff. In a follow-up interview on 3/16/2026 at 10:12 AM, the Social Worker identified herself as the appointed grievance coordinator and had been responsible for grievances since October 2024. She stated if a resident provided a concern for their care it did qualify as a grievance. She stated it needed to be documented to ensure the facility was notified and it was corrected. She stated when the current DON began a month ago the grievances, she began formally documenting grievances that pertained to quality of care from staff. She clarified under her previous Administrator and DON she would verbally present the grievance to them and ask for guidance. She added she was instructed to not document it by the previous Administrator and DON, and they notified her they would handle it. She located the facility's grievance policy within the first pages of the grievance binder. She stated the concerns with CNA A aligned with the facility's policy and required her to document. She stated if the policy was not adhered to the same problem could continue happening. She stated it affected the residents' safety, physically, well-being and added grievances could escalate if it was not handled from the beginning. She added it would help with monitoring and tracking trends in grievances. She stated it was a requirement for the facility to have a policy in place for grievances and adhere to it. She stated the previous handling of the grievances was not in compliance with the facility policy. She stated the last in-service was for abuse, neglect, and exploitation was last week. She stated she explained the grievance process to new staff orientees so they could understand the process. She stated the Administrator oversaw the work grievance tracking and resolution by the Social Worker every Quarter. She identified herself as the individual responsible for monitoring, tracking and completing the grievances. During an over-the-phone interview on 3/16/2026 at 4:30 PM with the ADON, she stated residents could report care concerns to any staff (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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>member. She stated nurses would complete witness testimonies and supply it to the DON. She identified the Social Worker was the grievance coordinator. She stated if quality of care concerns were reported to her it should have been documented on a grievance form. She stated she participated in the grievance process if there was a concern that pertained to care from the nursing department and CNAs. She stated she was not aware of the previous Administrator's and DON's instructions to the Social Worker guidance of not documenting or completing grievances that were related to care provided by staff. She stated everything needed to be documented and completed in the system and grievance binder. She stated it could lead to the potential of someone being neglected and made it difficult to track and resolve resident's complaints. She stated if it was not documented it did not happen. During an interview on 3/17/2026 at 8:34 AM with the DON, she stated the grievance binder appeared empty and the earliest account of grievances was dated back to December 2025. She stated she did not provide the Social Worker guidance on completing grievances going forward. She stated it was not aligned with the facility's grievance policy to only verbally report concerns with care staff to the previous DON and previous Administrator. She stated the purpose of the grievance binder was to receive and track grievances. She added if the policy was not adhered to, grievances could get lost, the facility could be unaware if grievances were unresolved, the facility would not have documentation supporting a resolution. She stated it was unclear whether residents were affected by the previous grievance practice due to the lack of documentation. She stated documentation about CNA A's behavior in the grievances binder would have been something that could have been referenced during her investigation. Record review of the facility's policy titled Grievances, dated 11/2/2016, read in part, The resident had the right to voice grievances to the facility. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents; and other concerns regarding their long-term care facility stay. (Procedure section) The facility will notify residents on how to file a grievance orally, in writing, or anonymously with posting in prominent locations. The grievance official will: Oversee the grievance process. Receive and track grievances to their conclusion. Lead any necessary investigations by the facility. Issue written grievance decisions to the resident.</p>		