

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 03/31/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** Based on observations, 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 one of eight residents (Resident#1) reviewed for ADL care. -The facility failed to ensure Resident #1's face was clean and free of facial hair on 03/30/26.This failure could place residents who required assistance with ADL's at risk for unmet care needs.Findings included:Record review of Resident # 1's admission record dated 03/30/2026 revealed an [AGE] year-old female admitted on [DATE].Record review of Resident #1's diagnosis list dated 03/30/2026 revealed age-related cognitive decline (normal gradual changes in memory) and polyosteoarthritis (arthritis affecting multiple joints at one time causing pain stiffness and reduced mobility).Record review of Resident #1's Quarterly MDS dated [DATE] revealed a BIMS score of 09 indicating moderate cognitive impairment.Record review of Resident #1's care plan revised 03/13/2026 revealed Resident #1 had an ADL self-care performance deficit and interventions included assistance with personal hygiene as required, hair, shaving, oral care as needed.In an observation and interview on 03/30/2026 at 9:56 AM with Resident #1, she was observed with black hair on her upper lip and black and gray hair on her chin. She stated that if she could shave herself, she would do so, but she did not want to ask the staff because she did not want to bother staff. In an interview on 03/31/2026 at 1:51 p.m., with CNA A, revealed facial grooming was done on shower days. She stated that if facial hair was noted, they were to ask the resident if they wanted it shaved. She stated that it was the responsibility of the CNAs to monitor residents' grooming. She stated that if female residents were to have long facial hair , it could affect their self-esteem. In an interview on 03/31/2026 at 3:20 p.m., with LVN B revealed residents were offered facial grooming on shower days, about 2 days a week. She stated that it was the responsibility of the nurses to ensure that all residents were well groomed. She stated that that female residents with long facial hair could potentially be affected emotionally and they could be embarrassed by it.In an interview on 03/31/2026 at 3:55p.m., with the DON revealed that staff offered facial grooming on shower days. She stated nurses and CNAs were responsible for ensuring all residents' facial hair was groomed as per their wishes. She stated that it would depend on how each resident felt about their facial hair to determine if there was a possible risk to their dignity or self-esteem.In an interview on 03/31/2026 at 4:48 p.m., with the Administrator revealed that grooming to include facial grooming for all residents, female and male, should be done as needed. She stated that facial grooming should be done as per the resident's preference. She stated that it was all the staff's responsibility to ensure all residents were well groomed. She stated that depending on how the resident felt about the facial hair, that would reveal the possible risk to the resident's self-esteem or dignity.Review of facility policy titled Dressing and Personal Grooming not dated read in part . The purposes of these procedures are to assist the resident as necessary with dressing and undressing and to promote cleanliness.</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 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>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. - The facility's kitchen staff failed to ensure a zip top bag that contained meat slices was sealed in the walk-in refrigerator on 03/28/2026.- The facility's kitchen staff failed to maintain safe consumable produce as evidence by overripened whole bananas with black peels in a container in the walk-in refrigerator. On 03/28/2026.-The facility's kitchen staff failed to ensure the rims of 2 containers in the walk-in refrigerator were free from dried drippings on 03/28/2026-The facility's kitchen staff failed to ensure whole eggs were sealed in a labeled and dated container in the walk-in refrigerator on 03/28/2026.-The facility's kitchen staff failed to ensure that two refrigerator temperature logs and one freezer temperature logs were filled out for the date of 03/27/2026 on 03/28/2026. These failures could place all residents who received meals from the kitchen at risk of food-borne illnesses from cross-contaminated food and beverages. Findings included:Observation on 03/28/2026 at 3:55 p.m., of walk-in refrigerator revealed:-One zip top bag containing meat slices, was not fully sealed. Exposed to air.-One gallon of sauce had black drippings on the handle-One jar of sauce had yellow, dried drippings around the rim.-One container with approximately 10 over ripened whole bananas with black peels.- 3 whole eggs uncovered, exposed to air in a container bowl that was not dated or labeled.-Two temperature logs for the reach in refrigerators missing a temperature check and signature for the PM shift for date 03/27/2026.-One temperature log for the reach in freezer was missing a temperature check and signature for the PM shift for date 03/27/2026.In an interview on 03/31/2026 at 12:57 p.m., with Dietary [NAME] C revealed that the temperature logs were to be completed at the start of their shift and at the end of the shift. She stated that the cook and dietary aides were responsible for filling out the temperature logs and the Dietary Manger would be responsible for ensuring that they were being completed as well. She stated that it was pertinent for staff to fill the logs out to ensure the refrigerator and freezer were at adequate temperatures to avoid food spoilage that could potentially affect the resident. She stated that eggs needed to be returned to the original container not left out due to sanitation reasons. She stated that when bananas were observed to be overripe, they were to be thrown out. She stated that all zip top bags were to be sealed properly to prevent any cross contamination. She stated that jars and gallon containers were to be wiped down after every use. She stated that all kitchen staff were responsible to ensure everything was stored properly, sealed and labeled and cleaned. She stated that this could potentially cause harm to residents by making them sick.In an interview on 03/31/2026 at 1:32 p.m., with the Dietary Manager revealed the temperature logs were filled out at the start of every shift both in the morning and in the evening by the dietary aids and the cooks. He stated that it was important for the staff to fill the logs out to ensure proper temperature and report any discrepancy in a timely manner. He stated that all containers to include zip top bags were to be closed properly to avoid cross contamination. He stated that the veggies and fruits were to be discarded as soon as they were visibly damaged or rotting. He stated that was done to prevent residents from being served food that could possibly make them sick. He stated that all jars and gallon containers were to be cleaned after each use to prevent cross contamination. He stated that whole eggs were to be stored in a container, sealed, labeled with what the food was and dated with the open date He stated that all kitchen staff were responsible for ensuring all containers were clean, labeled with what the food was and dated with the open date and closed properly.In an interview on 03/31/2026 at 3:55 p.m., with the Administrator revealed, temperature logs were to be filled out daily, the kitchen staff were responsible for filling them out and the Dietary Manager was responsible for oversight. She stated that eggs were to be covered, labeled and dated. She stated that ripened bananas could be placed in the refrigerator and used to make banana bread. She stated that jars and gallon containers were to be (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>cleaned after use. She stated that zip top bags were to be completely sealed to prevent cross contamination. She stated that depending on how the food was handled there was no risk of harm to the residents. Review of facility policy titled Food Storage and Supplies dated 2012 revealed in part 4. open packages of food are stored in closed containers with covers or in sealed bags and dated as to when opened. Review of facility policy titled Dietary Food Service Personnel Policy and Procedure dated 2012 revealed in part .11. All unused food must be securely covered. All items are to be dated and labeled as to their content. Store items in their original container unless instructed otherwise.</p>		