

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 05/22/2026
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)		
F 0850 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Hire a qualified full-time social worker in a facility with more than 120 beds. Based on interview and record review the facility failed to ensure that it employed a qualified social worker on a full-time basis for one of one social worker positions reviewed for social services, in that: The facility, which was licensed for 120 beds, failed to employ a qualified social worker on a full-time basis since 05/20/2026. This failure put facility residents at risk of not having their psychosocial or discharge planning needs met. Findings included: Review of the Facility's Summary Report revealed the facility was licensed for 120 beds. Record review of the facility's Census Report dated 05/20/2026 revealed that the facility had a capacity of 120 beds and had a census of ninety-five. During a telephone interview on 05/22/26 at 2:08 p.m. with the current Social Worker J it was revealed he was hired on 05/19/26. He said, I have a master's degree in social services, and yes I am the social worker at the facility. He said he had finished school on 05/15/26 and was scheduled to take his licensing exam on 06/06/26 for Licensed Master Social Worker. He said he was responsible for completing Discharge Planning, Social Services assessments, Care Plans, and addressing Grievances/Concerns at the facility. He said he was not familiar with Resident #1. During interview on 05/22/26 at 3:05 p.m. with the Administrator, it was revealed that the facility was licensed for 120 beds and had to have licensed Social Worker full time at the facility. She said she was not aware that Social Worker J could not work as the Social Worker prior to taking the licensing exam. She said they had a difficult time hiring a social worker because they had very few applicants apply for the position. She said the previous Social Worker was licensed and her last day was 05/20/26. She said, I just moved to Texas and was under the impression that Social Worker were allowed to work pending to take their licensing exam like in Florida. The state surveyor requested a copy of the Social Worker Job Description. The Administrator did not provide a copy of the Social Worker Job description prior to exit.		

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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on interview and record review, the facility failed to have a designated Infection Preventionist who had completed specialized training in infection prevention and control for 2 of 2 nurses reviewed as designated Infection Preventionists. The facility failed to ensure DON and ADON LVN K, designated Infection Preventionists, completed the required specialized training in infection prevention and control. This failure could affect the facility's ability to appropriately recognize and respond to communicable diseases and infections including COVID-19. Findings include: During an interview on 05/22/26 at 10:37 a.m. with Regional Compliance Nurse M and DON revealed that the DON and ADONs implemented and monitored infection control protocols and surveillance activities for infection control. The state surveyor was provided with a copy of the training certificate for completion for Nursing Home Infection Preventionist Training Course - WB4973 dated 03/20/26 for ADON RN L. During an interview on 05/22/26 at 2:48 p.m. with ADON RN L she said, I am not the Infection Control Preventionist. I do not assist at all with the Infection Control Program and do not track infections. During an interview on 05/22/26 at 2:54 p.m. with HR Coordinator N said the previous DON's last day of work was on 12/09/25. During an interview 05/22/26 at 2:55 p.m. with Regional Compliance Nurse M and DON revealed the previous DON was designated as the Infection Control Preventionist. The Regional Compliance Nurse said that the DON, ADON LVN K and the Administrator were in the process of completing the required Infection Control Preventionist. The DON said that she and ADON LVN K had started the Infection Control Preventionist training and it had not been completed as of 05/22/26. Record review of facility's Infection Control Plan: Overview updated 3/2025 provided by Regional Compliance Nurse M revealed: Infection Control: The facility will establish and maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Infection Control Program: The facility will establish an infection control program which it - Investigates, controls and prevents infection in the facility. Decides what procedures, such as isolation should be applied to an individual resident; and maintains records of incidents and corrective actions related to infections. Intent: The intent of this policy is to assure that the facility develops, implements, and maintains an infection prevention and control program in order to prevent, recognize and control to the extent possible, the onset and spread of infection within the facility. Infection Preventionist (IP) The IP will ensure education and training coordinate the specific activities necessary. For the implementation of the infection control program at the facility. The IP function includes evaluation and appropriate performance improvement activities designed to improve the quality of care rendered by the providers of healthcare services within the facility. Facility IP, DON and Administrator will complete the CDC training course to provide initial and ongoing education of all health care workers and the theory and practice of infection control prevention. The IP will monitor the infection control program and will recommend corrective actions as needed. Responsibilities include: reviewing and assisting with the development of specific infection control policies and procedures, ensuring the development and implementation of facility policy and procedures as they relate to the prevention and control of infections and communicable disease, provide initial and ongoing education to ALL healthcare workers in the theory and practice of infection control and prevention, recommend prudent infection control measures, techniques, and practices based on the analysis of monitoring and surveillance activities for infection control, provide input into the purchase of equipment and supplies used for sterilization, decontamination, disinfection and cleaning within the home in compliance with the regulating and licensing agents.		