

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455737	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Concho Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 613 Eaker St Eden, TX 76837	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview, and record review the facility failed to maintain clinical records on each resident that were complete and accurately documented in accordance with accepted professional standards and practices for 1 (Resident #1) of 3 residents reviewed for accuracy and completeness. Facility failed to document that Resident #1 wound care was completed on 12.9.25, 12.13.25, 12.17.25, 12.19.25 and 12.22.25. This deficient practice could put residents at risk of not receiving needed services although services are documented as having been provided. Record review of Resident #1's detailed summary report/face sheet dated 12.18.25 indicated he was admitted to facility on 11.17.25 with diagnoses of heart failure, anemia, and type 2 diabetes. Record review of Resident #1's Minimum Data Set (MDS) dated 11.25.25 indicated the Brief Interview Mental Status (BIMS) score = 14 indicating resident had no impairment. Record review of Resident #1's care plan dated 12.18.25 indicated the resident has a pressure ulcer or potential for pressure ulcer development. The resident's pressure ulcer will show signs of healing and remain free from infection. Avoid positioning the resident on the location of the pressure ulcer. During an interview on 12.18.25 at 9:25 a.m., Resident #1 stated he does get his wound care as ordered by his physician. He stated he has never had an issue with his wound care and all of his wounds were healing. He stated he has never missed wound care. Record review of Resident #1's TAR indicated missed wound care for dates of 12.9.25, 12.13.25, 12.17.25, 12.19.25 and 12.22.25. During an interview on 12.18.25 at 2:15 p.m., the DON stated that she knows all residents get their wound care. She stated that if there was a blank in the TAR, this indicated an employee did not click that the care was completed. She stated but none of the residents in the facility have ever missed their wound care. During an interview on 12.18.25 at 2:35 p.m., LVN A stated that the gap in a TAR indicated that the wound care was either not done or the employee did not click complete in the electronic tracking system indicating the task was completed. She stated the miss on 12.19.25 for Resident #1 was on her shift but she remembers directly that she did do the residents wound care. She stated she must have gotten super busy and just forgot to click that the treatment was completed. She stated overall this can happen sometimes because it gets so busy in the facility. During an interview on 12.18.25 at 2:45 p.m., RN B stated she made sure to do everyone's wound care. She stated when looking at Resident #1's TAR she does see the gaps and stated that does not mean the residents missed their care it means whoever provided the care did not click out of the system notifying that the task was completed. She stated for example Resident #1's treatment on the 22nd she knows she did it but might have gotten distracted to help another resident or by other staff and just didn't click completed. Record review of facility policy titled documentation, not dated indicated: Goal-1. the facility will maintain complete and accurate documentation for each resident on all appropriate clinical records sheets. 2. The facility will ensure that information is comprehensive and timely and properly signed.</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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