

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455797	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Pearsall Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 169 Medical Dr Pearsall, TX 78061	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 (Resident #1) of 5 residents reviewed for incontinence care.</p> <p>When CNA-A was providing incontinent care to Resident #1 on 05/23/2025, CNA-A did not clean the resident's buttock area.</p> <p>This failure could place residents who required incontinence care at risk for cross contamination and the development of new or worsening urinary tract infections.</p> <p>The findings included:</p> <p>Record review of Resident #1's face sheet, dated 05/23/2025, revealed the resident was [AGE] years old male, originally admitted on [DATE], and re-admitted to the facility on [DATE] with diagnoses of dementia (over time destroy nerve cells and damage the brain), bronchitis (inflammation of the lining bronchial tubes), muscle wasting and atrophy (decrease in muscle mass, weakness and tingling in limbs), hypertension (high blood pressures), and anemia (the blood does not have enough healthy red blood cells to carry oxygen).</p> <p>Record review of Resident #1's quarterly MDS, dated [DATE], revealed the resident's BIMS score was 5 out of 15, which indicated the resident had severe cognitive impairment and had frequently urinary incontinence and occasionally bowel incontinence.</p> <p>Record review of Resident #1's comprehensive care plan, dated 03/07/2025, revealed the resident episodes of bowel and bladder incontinence. For intervention - incontinent care at least every 2 hour and clean peri-care with each incontinence episode.</p> <p>Observation on 05/23/2025 at 11:33 a.m. revealed CNA-A removed Resident #1's old and dirty brief and cleaned the resident's suprapubic area, left, right groin area, and the resident's genital area with circular motion, then turned the resident to right side and put the new and clean brief. CNA-A closed the new and clean brief without cleaning Resident #1's buttock area.</p> <p>Interview on 05/23/2025 at 11:45 a.m. CNA- A stated he did not clean Resident #1's buttock area because he was nervous and forgot. CNA-A said he should have cleaned Resident #1's buttock area. CNA-A said he had peri-care training in January 2025.</p> <p>(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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 05/23/2025 at 1:01 p.m. the ADON stated the DON was on vacation, so the ADON functioned as DON. The ADON said CNA-A should have cleaned Resident #1's buttock area to prevent possible infection. The ADON said she was responsible for providing training related to peri-care and monitoring skill checkoffs. CNA-A had a skill checkoff on 01/14/2025, and CNA-A passed perineal care for male.</p> <p>Record review of the facility policy, titled Incontinent Care Skills Checklist, undated, revealed . 10. With new wipe or cloth, cleanse the entire buttock area and surrounding hip area. Turn over surface of wipe to cleanse other side of buttock. Remove dirty towel.</p>