

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 12/05/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure assessments accurately reflected the resident's status for 1 of 6 Residents (Resident #9) whose MDS records were reviewed for accuracy. Resident #9's Discharge MDS assessment dated [DATE] incorrectly documented the resident was discharged to a Short-term hospital. This failure could place residents at risk for inadequate care due to inaccurate assessments. The findings included: Record review of Resident #9's face sheet dated 12/03/2017 revealed Resident #9 was admitted to the facility on [DATE] with diagnoses that included: Type 1 diabetes mellitus with ketoacidosis (no insulin with fat burning creating acid buildup), major depressive disorder (persistent feeling of sadness and loss of interest), and anemia (not enough red blood cells to carry oxygen to the lungs). Record review of Resident #9's Discharge MDS assessment, dated 09/26/2025, revealed under section for identification, Discharge Status was coded as being discharged to Short-Term General Hospital. Record Review of Resident #9's Progress note, dated 9/25/2025 at 5:22 pm, it stated, Resident is planning to be discharging home to Arizona tomorrow morning. 12/4/2025 at 9:44 am staff interview with LVN B, stated the resident was discharged home but was coded as discharged to a short-term general hospital. She stated that the MDS was coded incorrectly. 12/4/2025 at 10:22 am Staff interview with Administrator, he stated resident was discharged with family. He was discharged home but coded to short term hospital. He stated a POC has been completed. He also stated that staff education was completed by administrator. Record review of the CMS MDS 3.0 Manual dated October 2025 revealed in part, .The OBRA regulations require nursing homes that are Medicare certified, Medicaid certified or both, to conduct initial and periodic assessments for all their residents. The Resident Assessment Instrument (RAI) process is the basis for the accurate assessment of each resident. MDS 3.0 is part of that assessment process and is required by CMS .</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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