

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER El Paso Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11525 Vista Del Sol 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** 51012</p> <p>Based on observation, interview, and record review, the facility failed to ensure that a resident who is unable to carry out activities of daily living receives the necessary services to maintain good grooming, personal and oral hygiene, for 1 Resident (#1) of 6 residents reviewed for activities of daily living.</p> <p>The facility failed to provide fingernail care for Resident #1 by not maintaining trim and clean fingernails.</p> <p>This failure could place residents at risk of not having their personal hygiene needs met and cause low self-esteem.</p> <p>The findings include:</p> <p>Record review of Resident #1's face sheet, dated 3/27/25, indicated the resident was admitted on [DATE] with diagnoses: hemiplegia (paralysis of one side of the body, either right or left) and hemiparesis (weakness of one side of the body, either right or left) following cerebral infarction (stroke) affecting left non-dominant side, dysarthria (difficulty in speech because of weakness of the speech muscles), unspecified dementia, and Alzheimer's disease (a brain disorder that affects memory, thinking, and behavior).</p> <p>Record review of Resident #1's Admission MDS dated [DATE] indicated a BIMS score of 2, indicating severe cognitive impairment. Per the MDS, Resident #1 required moderate assistance with personal hygiene meaning the helper did more than half the effort.</p> <p>Record review of Resident #1's Care Plan dated 03/15/25, revealed ADL Self-care performance deficit and interventions included nursing staff to Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. If diabetic, the nurse will provide toenail care.</p> <p>Observation on 3/26/25 at 11:24 AM of Resident #1 revealed she had nails approximately 1 inch off the nail bed for all fingers on both her hands. Her fingernails on both hand hands were observed with dirt under them and chipped nail polish. Resident #1 was not able to voice whether she liked her nails this length or not.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/26/25 at 1:32 PM with CNA A, she said that residents are offered nail trimming services during the resident's scheduled shower. She stated if the resident is diabetic, nurses were to trim fingernails. CNA A stated that fingernails of residents should be maintained short and clean. She stated long fingernails can cause an infection control risk.</p> <p>During an interview on 3/26/25 at 3:27 PM with LVN B, she said that nursing staff such as nursing assistants were to offer residents nail trimming during the resident's shower. She stated if the resident was diabetic only nurses were to file down fingernails. LVN B stated if a resident did not want nails groomed, the ADON, DON and family member were notified. She stated the risks for residents having long nails included residents could scratch themselves causing injury, or also an infection control issue as there are possible bacteria entrapped under the nail.</p> <p>In an interview on 03/26/25 at 4:00 PM with the ADON, she said that residents received grooming services with their fingernails on Sundays. She stated that if resident's nails are observed long, the service could be offered at any time. She stated the nurses were responsible for monitoring (checking during daily rounds) residents through their rounding during their shift and could offer to trim or cut the resident's nails. She stated the risks for residents having long and dirty nails included infection risk, as the resident could touch their face or scratch their skin.</p> <p>In an interview on 3/26/25 at 4:15 PM with the DON, she said that residents were offered nail grooming services from CNAs on the residents' scheduled shower days. She stated the nurses were to offer nail grooming service if the resident is diabetic. She stated the CNAs are responsible for monitoring, filing and cleaning the resident's nails, and the nurses could file and trim nails including diabetic residents. The DON stated If any resident declined care, they are to notify the charge nurse so that nurse could go in to assess and find the reason on why the resident does not want care at the time. She stated the resident had the right to have clean nails. The DON stated the risks of residents having ungroomed nails included an infection control concern to the resident.</p> <p>Record review of facility's policy and procedures titled Activities of Daily Living, revised 2007, read in part: The facility provides necessary care to all residents that are unable to carry out activities of daily living on their own.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51012</p> <p>Based on observations, interviews and record reviews the facility failed to ensure a resident who needs respiratory care is provided such care consistent with professional standards of practice for 2 of 10 residents (Residents #2, #3) who were reviewed for respiratory care in that:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure Resident #2's oxygen concentrator filter was clean. 2. The facility failed to ensure Resident #3's oxygen concentrator filter was clean. <p>These deficiencies could affect the residents who received continuous oxygen and oxygen as needed and can result in a respiratory infection.</p> <p>Findings include:</p> <p>Resident #2</p> <p>Record Review of Resident #2's face sheet dated 3/27/25 revealed a [AGE] year-old male that was admitted [DATE]. Resident #2 diagnoses included: Lymphedema (a condition of localized swelling caused by compromised lymphatic system), muscle weakness, obstructive sleep apnea, and peripheral vascular disease (a condition that narrows the vessels away from the heart and brain causing pain and discomfort in the limbs).</p> <p>Record Review of Resident #2's MDS dated [DATE] revealed a BIMS score of 15, indicating no cognitive impairment. The MDS revealed the resident required extensive assistance in bed mobility from 2 persons to physically assist.</p> <p>Record Review of Resident #2's Care Plan last revised 10/22/24 revealed that Resident #2 is at risk for ineffective gas exchange and used oxygen therapy routinely or as needed. The interventions included administering oxygen therapy per physician's orders.</p> <p>Observation on 3/26/25 at 10:13 AM at revealed Resident #2 sitting in bed with oxygen on through a nasal cannula (a medical device used to deliver supplemental oxygen to individuals with respiratory issues; it consists of a thin, flexible tube that wraps around the head, with two prongs that fit into the nostrils to provide oxygen directly) and an oxygen concentrator with dust particles on the filter.</p> <p>Resident #3</p> <p>Record review of Resident #3's face sheet dated 3/29/25 revealed a [AGE] year-old male with an initial admitted [DATE], and re-admitted [DATE]. The face sheet revealed Resident #3's diagnoses included: cerebral infarction due to embolism (stroke due to a blockage in the blood vessel), metabolic syndrome (a cluster of conditions that increased the risk of heart disease, stroke, and type 2 diabetes), dysthymic disorder (persistent depressive disorder), cognitive communication disorder, hypertension (high blood pressure), and muscle weakness.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #3's MDS dated [DATE] revealed a BIMS score of 15 , indicating no cognitive impairment. The MDS revealed Resident #3 required a 2-person limited to extensive assistance with ADLs such as bed mobility.</p> <p>Record review of Resident #3's head and physical physician note dated 02/26/25 revealed Resident #3 is diagnosed with Acute Hypoxic respiratory failure and required oxygen supplementation, 4 liters, to achieve oxygen level of 92% or more.</p> <p>Observation on 3/26/25 at 10:20 AM revealed Resident #3 sitting at his bed with oxygen on through a nasal cannula and an oxygen concentrator with dust on the filter.</p> <p>In an interview on 3/26/25 at 3:29 PM with LVN , she stated that the resident's oxygen filters are cleaned every Sunday night. She stated that nursing staff, nurses, were responsible for monitoring, and maintaining oxygen filters. LVN stated the ADON and DON are also responsible for monitoring the cleanliness of the oxygen concentrator filters when they round. She stated the risks for oxygen concentrator filters not being clean included infection control issues since bacteria and dust collect.</p> <p>In an interview on 03/26/25 at 4:05 PM with the ADON, she said that oxygen concentrator filters were to be cleaned once a week. She stated that CNAs can clean them. She stated that if the filter was damaged or needed a replacement, Central Supply are to supply a new filter. The ADON stated the risks for oxygen air filters being dirty included infection risk and possible malfunction of the oxygen concentrator.</p> <p>During an interview on 3/26/25 at 4:19 PM with the DON, revealed she said that it is everybody's responsibility to monitor and clean the oxygen concentrator air filters. She stated Central Supply can also change them. She stated if staff are not able to clean or replace the filter, they should notify the nurse so it can be completed. The DON stated if the oxygen concentrator air filters were not cleaned, it can introduce foreign objects or bacteria to the resident's body.</p> <p>Record Review of the oxygen concentrator manufacturer manual , read in part: recommended cleaning interval for the air filter is every 7 days.</p>