

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675025	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society--White Acres		STREET ADDRESS, CITY, STATE, ZIP CODE 7304 Good Samaritan CT El Paso, TX 79912	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45217</p> <p>Based on interview, and record review the facility failed to ensure the prompt resolution of all grievances to include ensuring that all written grievances decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent finding or conclusions regarding the resident's concerns; a statement as to whether the grievance was confirmed, any corrective action or to be taken by the facility as a result of the grievance, and the date when the decision was issued for 1 of 4 (Resident #1) reviewed for resident rights.</p> <p>The facility failed to initiate and complete a grievance for Resident #1 who voiced a complaint of the facility response to cable service outage resulting in a delay to resolve the issue.</p> <p>This failure could place residents at risk for grievances not being addressed or resolved promptly.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet dated 01/07/25 revealed a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses of major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).</p> <p>Record review of Resident #1's initial MDS assessment dated [DATE] revealed a BIMS score of 14 indicating she was cognitively intact.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a private interview on 01/07/2025 at 10:43 a.m., Resident #1 said the cable television channels went out the day before Christmas (12/24/2024), and there was only one channel available which was CSPAN. She said that she was admitted to the facility for recovery from knee surgery and watching the television was her preferred source of entertainment. Resident #1 said she complained immediately about the issue to staff and that the Maintenance Director attempted to do something to get more available channels but was not successful. Resident #1 said the facility activities staff offered her several things to do but she did not want any of those items. Resident #1 said the issue was not resolved until 01/06/2025. Resident #1 said when she was admitted to the facility, she was not informed of any facility grievance policy. Resident #1 said four days later, on 12/30/2024, she just talked to some lady at the facility who she thought was a boss at the facility. Resident #1 said she told the lady about her complaint. (Lady that was mentioned by Resident #1 was identified as the Facility Administrator). Resident #1 said no one explained to her how to file a grievance at the facility. Resident #1 said she was not provided any policy regarding the grievance process. Resident #1 said she was fine and was only inconvenienced by the issue. Resident #1 said the issue may have been resolved faster had an immediate grievance been filed.</p> <p>Review of Resident #1's admission packet revealed a blank grievance form. The document of policy Resident Grievance/Complaint Procedures was not part of the packet.</p> <p>During an interview on 01/07/2025 at 11:07 a.m., LVN C said the cable went out around Christmas time. LVN C said activities were provided to the residents who did not have other channels available. LVN C said Resident #1 was the person who complained about the cable not working. LVN C said she did not complete a written grievance form as the Maintenance Director was already aware and working on the issue. LVN C said she thought a grievance had already been filed. LVN C said if a resident had a grievance, the Grievance report forms are always located on a door file at the DON office and available. LVN C said she did not know if a grievance was filed for the issue. LVN C said the issue was not resolved until 01/06/2025.</p> <p>During an interview on 01/07/2025 at 1:15 p.m., the Maintenance Director said on Christmas day, the cable went out throughout the facility. He said due to a transition of new ownership, there was an issue with payment of services for the cable. The Maintenance Director said about 80% of the televisions in the facility were able to receive more channels by connecting to the internet. The Maintenance Director said Resident #1's television was one of the televisions that was not able to receive any other channels. The Maintenance Director said he was aware of the issue and attempted to rig the television to get more channels. The Maintenance Director said he did not file a grievance and only knew of the issue by visiting residents. The Maintenance Director said he did not know when administration learned of the issue. The Maintenance Director said the issue was resolved on 01/06/2025.</p> <p>Record review of the grievances for November 2024 through January 2025 revealed no grievance found for Resident #1's concern regarding the cable issue.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/07/2025 at 2:53 p.m., the Facility Administrator (FA) said she heard about the cable being out during a morning meeting on 12/27/2024. The FA said no formal written grievance was done. The FA said all grievances are forwarded to the Administrator to follow-up and address the issue until resolved. The FA said she was informed that the Maintenance Director would fix the issue. The FA said the activities department offered residents affected by the cable outage activities. The FA said on 12/30/2024, she learned that the issue was not resolved. The FA said Resident #1 was complaining about the issue and she went and spoke with the resident. The FA said she did not know that Resident #1 was only able to see one channel and not getting enough channels. The FA said she was told by Maintenance that it was a quick fix which did not turn out to be true. The FA said she did not complete a grievance for the issue and that a written grievance should have been completed. The FA said the facility grievance process broke down and she would have to take the hit for that one because there was no documented grievance and she believe she was given misinformation regarding the cable issue. The FA said if the process was followed, the issue may have been resolved sooner. The FA said there was no negative outcome to Resident #1, or any other residents affected by the cable outage.</p> <p>Record review of the facility provided Resident Grievance/Complaint Procedures, undated, reflected in part, A resident, representative, family member, visitor or advocate may file a verbal or written grievance or complaint concerning treatment, abuse, neglect, harassment, medical care, behavior of other residents or staff members, theft of property, etc., without fear of threat or reprisal in any form. It is the policy of the facility to assist you in filing a grievance or complaint. Requested procedure to follow when filing a written grievance or complaint, obtain a Resident Grievance/Complaint Form from the nurse's station or from the Business Office; give the completed form to the Administrator or designee; after you have filed the grievance, you will receive a written summary of the results of the investigation within a reasonable time frame.</p>		