

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 03/13/2025
NAME OF PROVIDER OR SUPPLIER White Acres Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7304 Good Samaritan Court 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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45217</p> <p>Based on interviews and record reviews, the facility failed to ensure that the assessment accurately reflected the resident's status for 3 (Resident #7, #8, and #9) of 3 residents reviewed for accuracy of MDS assessment, in that:</p> <p>-The facility failed to ensure Residents #7's, #8's, and #9's MDS accurately reflected the residents' history of falls.</p> <p>This deficient practice could affect residents at the facility who had been assessed for risk of falls and could contribute to inadequate care.</p> <p>Findings included:</p> <p>Resident #7:</p> <p>Record review of Resident #7's Admission Record dated 03/19/2025, revealed an [AGE] year-old female was originally admitted to the facility on [DATE] and readmitted on [DATE]. Diagnoses included dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), and unsteadiness on feet.</p> <p>Record review of Resident #7's MDS dated [DATE], revealed a BIMS of 06 indicating that the resident had severe cognitive impairment. Section I - Active Diagnoses revealed resident diagnosed with unsteadiness on feet. Section J - Health Conditions under fall history revealed that resident had not had any falls since admission or re-entry to the facility.</p> <p>Review of Resident #7's fall history revealed that Resident #7 had a fall on 01/27/2025.</p> <p>Record review of Resident #7's Care Plan dated 02/27/2025, reads in part on 1/27/25: Resident had an actual fall with injury related to dementia with behaviors, poor safety awareness, impulsive behaviors. Another part of the plan revealed that resident was at risk for falls related to gait/balance problems, dementia, history of falls, self-transferring, high risk medications, recurrent falls, and poor safety awareness.</p> <p>Resident #8:</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #8's Admission Record dated 03/19/2025, revealed a [AGE] year-old female with an admitted [DATE]. Diagnoses included dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), unsteadiness on feet, and history of falling.</p> <p>Record review of Resident #8's quarterly MDS dated [DATE], revealed a BIMS of 04 indicating that the resident had severe cognitive impairment. Section I - Active Diagnoses revealed resident diagnosed with unsteadiness on feet. Section J - Health Conditions under fall history revealed that resident had not had any falls since admission or re-entry to the facility.</p> <p>Review of Resident #8's fall history revealed that Resident #7 had a fall on 01/12/2025.</p> <p>Record review of Resident #8's Care Plan dated 02/27/2025, reads in part resident was found on the floor mat with no injury related to confusion and stated she was looking for her children. Another care area reads resident was at risk for falls related to weakness, anxiety, poor safety awareness, prefers to lie at the edge of the bed, confusion, nightmares, and history of recurring falls.</p> <p>Resident #9:</p> <p>Record review of Resident #9's Admission Record dated 03/19/2025, revealed an [AGE] year-old male with admitted [DATE]. Diagnoses included dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), and unsteadiness on feet.</p> <p>Record review of Resident #9's quarterly MDS dated [DATE], revealed a BIMS of 12 indicating that the resident had moderate cognitive impairment. Section I - Active Diagnoses revealed resident diagnosed with unsteadiness on feet. Section J - Health Conditions under fall history revealed that resident had not had any falls since admission or re-entry to the facility.</p> <p>Review of Resident #9's fall history revealed that Resident #7 had a fall on 01/1/2025.</p> <p>Record review of Resident #9's Care Plan dated 02/27/2025, reads in part resident was at risk for falls related to CVA (cerebrovascular accident) weakness, left hemiparesis, history of falls, attempts to get out of bed. Another care area reads on 1/1/25 resident had an actual fall with minor injury of discoloration/abrasion/bruise to back of right hand.</p> <p>During an interview on 02/28/2025 at 1:04 p.m., the MDS Coordinator said an MDS covers everything about a resident's health conditions. The MDS Coordinator said it was very important for the MDS to be accurate as it was used to care plan. The MDS Coordinator said she was responsible to ensure that MDS was accurate and up to date. The MDS Coordinator reviewed Resident #7's, #8's, and #9's MDS's and said that the falls should have been captured on the assessments. The MDS Coordinator said the facility had undergone a change in ownership back in November 2024 and believes that she may not have had all the correct information when completing the MDS's for the residents. The MDS Coordinator said she should have followed up to ensure she had all the information she needed to complete the MDS .</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/28/2025 at 3:15 p.m., the DON said the purpose of the MDS was assess resident in all care areas. The DON said it was very important for the MDS to be accurate as it may impact care planning for a resident. The DON said the MDS Coordinator was responsible for the MDS completion and accuracy. The DON said the MDS was done annually, quarterly, and when there was any change in condition including falls. The DON said the risk of falls not being captured accurately on the MDS may impact the interventions that were in place for the residents .</p> <p>Review of facility provided Fall Evaluation and Prevention policy dated 08/2020, reads in part The facility will evaluate residents for their fall risk and develop interventions for prevention.</p> <p>Review of RAI Version 3.0 manual dated October of 2019, reads in part regarding Section J fall assessment, the review period is from the day after the ARD of the last MDS assessment to the ARD of the current assessment; Review all available sources for any fall since the last assessment, no matter whether it occurred while out in the community, in an acute hospital, or in the nursing home. Include medical records generated in any health care setting since last assessment. All relevant records received from acute and post-acute facilities where the resident was admitted during the look-back period should be reviewed for evidence of one or more falls; Review nursing home incident reports and medical record (physician, nursing, therapy, and nursing assistant notes) for falls and level of injury; Ask the resident, staff, and family about falls during the look-back period. Resident and family reports of falls should be captured here, whether or not these incidents are documented in the medical record; Review any follow-up medical information received pertaining to the fall, even if this information is received after the ARD (e.g., emergency room x-ray, MRI, CT scan results), and ensure that this information is used to code the assessment .</p>		