STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675025	A. Building B. Wing	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Acres Wellness & Rehabilitation	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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. (continued on next page)

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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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to have a discharge summary that included a recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment and/or therapy, and pertinent lab, radiology, consultation results and final summary of resident status at the time of discharge for three (Residents #1, #2, and #3) of three residents reviewed for discharge summaries. The facility failed to complete a concise discharge summary of the residents stay and course of treatment in the facility for Residents #1, #2, and #3. This failure could place residents at risk of not receiving continuation of care to reduce the risk of complications and adverse events during the resident's transition to a new setting. Findings included:1. Review of the admission Record dated 11/13/25 for Resident #1 revealed, admission date 06/10/25; discharge date [DATE]. Review of the History & Physical dated 06/12/25 for Resident #1 revealed, [AGE] year-old female status post (after) upper respiratory infection, ureteral stones (a kidney stone that has moved from the kidney into the ureter, which is the tube that carries urine from the kidney to the bladder), Obstructive uropathy (a condition where urine flow is blocked, causing urine to back up and potentially damage the kidneys), pyelonephritis (is a kidney infection) and Alzheimer's dementia (a progressive and irreversible brain condition where brain cells are damaged and die, leading to memory loss, difficulty with daily tasks, and changes in personality).Record review of the admission MDS assessment dated [DATE] for Resident #1 revealed, entry Date: 06/10/25. Resident #1 entered from short-term general hospital. BIMS Summary Score - 11 (cognition was moderately impaired). Active Diagnoses: Obstructive Uropathy (medical condition where a blockage in the urinary tract prevents urine from flowing out of the body, causing it to back up and potentially injure the kidneys), Non-Alzheimer's Dementia, acute pyelonephritis, Muscle wasting, muscle weakness, calculus of kidney (kidney stone). Stage 3 pressure ulcer (a deep wound that has gone through the full thickness of the skin and into the fatty layer of tissue underneath, like a deep crater). Anticoagulant. Oxygen continuous therapy. Speech/Occupational/Physical Therapy. Section Q: Participation in Assessment and Goal Setting: Resident and Family. Resident's Overall Goal: Discharge to community. Source of information: Resident. Is active discharge Planning already occurring for the resident to return to community? Yes. Has a referral been made to the Local Contact Agency (LCA)? No. Reason Referral to Local Contact Agency (LCA) not made. Referral not wanted. Review of the Care Plan for Resident #1 dated 06/11/25 revealed Resident #1 wished to discharge home. Approaches were to make arrangements with required community resources. Review of the Order Audit Report dated 11/13/25 for Resident #1 revealed, an order dated 06/26/25 for DC home with meds. Home Health for PT/OT eval, skilled nursing for medication management and treatment, home health aide to assist with ADLs. Follow-up with PCP. Review of the Transfer/Discharge Report dated 11/13/25 for Resident #1 revealed, Resident #1 was discharged home on [DATE] with Home Health Services. Review of the Social Services Progress Notes for Resident #1 written by the former Social Worker K revealed:08/08/25 Discharge Planning/Discharge. Resident will DC home with meds today. Discharging due to NOMNC from therapy department. Home Health for PT/OT, Nursing evaluation and home health aide. Resident's family member to provide transportation at 10 AM. Resident confirmed she does have a wheelchair and walker at home. Wound Care Services provider will continue to provide wound care upon discharge. Resident will follow up with PCP. No concerns at this time.Review of the undated Notice of Medicare Non-Coverage (NOMNC) revealed Medicare Coverage of Current Skilled Nursing Facility Services would end on 08/07/25. The NOMNC was signed by Resident #1 on 08/01/25 and stated, I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.Review of the Discharge summary dated [DATE] for Resident #1 revealed, the form did not document if Influenza/Pneumovax were administered or declined. Under Discharge Summary, it stated patient completed all required exercises for skilled therapy. Disposition of Medications: documented See MARS. Prognosis was blank. Special Treatments/Procedures were blank. Summary of Course in Facility: patient completed all required exercises for skilled therapy. Medical (vital signs, labs, diagnostic, etc. were left blank. Follow-up and Discharge Medication (instructions to resident) were left blank. Cognitive Function: was left blank. Psychosocial: was left blank. Sensory & Physical Impairments: were left blank. Skin Condition at discharge: Intact. Dental Condition: was blank. Physician's Order for Immediate Care: See primary physician as soon as possible for continue medication regime. Status Upon Discharge comment was blank