

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/05/2026
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)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility failed to ensure efforts were made to resolve resident grievances, for 1 (Resident #2) of 7 residents reviewed for grievance resolution. The facility failed to ensure they followed their facility policy and procedure on Grievance/Complaints when Resident #2's family member and PASRR Caseworker voiced concerns on 04/09/26 during the care plan conference. This failure could place residents at risk of feeling that their voices were not being heard or taken seriously and could cause feelings of worthlessness. Findings included: Review of the admission Record dated 06/03/26 revealed Resident #2 was originally admitted on [DATE] and re-admitted on [DATE]. Review of the History & Physical dated 06/16/25 for Resident #2 revealed [AGE] year-old male with past medical history of dementia(a general term for a group of brain disorders that cause a gradual decline in cognitive abilities such as memory, thinking, language, problem-solving, judgement, and orientation), complete trisomy 21 syndrome (a genetic condition where a person is born with an extra copy of chromosome 21, that alters how the brain develops, causing physical traits and learning challenges) and seizure disorder. Not oriented x 3. Review of PASRR IDD Evaluation dated 07/07/25 for Resident #2 revealed Intellectual Disability - Yes. Developmental Disability - Yes. Specialized Services Determination/ Recommendations: Self-monitoring and coordinating medical treatment. Self-help with ADLs such as toileting, grooming, dressing and eating. Unclear speech. Sometimes he understood. Review of Quarterly MDS dated [DATE] for Resident #2 revealed, Reentry 06/16/2025. No speech and rarely understand others. Cognitive Skills for Daily Decision Making - severely impaired. Toileting - dependent. Dressing - dependent. Turing & Repositioning in bed - Dependent. Incontinent of bowel & bladder. Active Diagnoses: Non-Alzheimer's Dementia, Anxiety, Downs Syndrome (A genetic condition where a person is born with an extra chromosome causing distinct physical traits and varying levels of learning delays), Seizures. Review of Care Plan revised 02/17/26 for Resident #2 revealed: -Bladder incontinence r/t activity intolerance. Interventions: Encourage fluids during the day to promote voiding responses. Check the resident on rounds and as required for incontinent episodes. Monitor for signs of urinary tract infection: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, altered mental status, change in behavior, change in eating pattern. Review of Care Plan Conference Note dated 04/09/26 at 2:48 p.m. for Resident #2 revealed, Contributors: Resident Representative, MDS Nurse, Social Worker, PASRR Caseworker. Additional Information: Concerns about being soaked and not changed. Lack of water. Drinking water is not left within reach. Need more help on the floor, not enough staff. Overwhelmed with work. PASRR asked about the IV fluids given last month for dehydration and the UTIs and ABT given for that. Family concerned with the hydration and UTi x 3 .During a telephone interview on 06/03/26 at 3:33 p.m., PASRR Case Worker F stated she and the resident's family member attended a Care Plan Conference on 04/09/26. She stated they reported to the facility short of staff ,Resident #2 was frequently found soaking wet with urine, the resident was not offered water to drink, and was not checked for incontinence on a regular basis. She said they (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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/05/2026
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)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	were also concerned about the recurrence of urinary tract infections. She said the MDS Nurse, Social Worker, Therapy Staff and the Nurse assigned to the resident were present during the care plan meeting . She said no one had ever called them back to follow up on what they were going to about the concerns voiced during the care plan meeting on 04/09/26. She said the resident's family member did not want to file a complaint with state office. She said the family member placed a camera in the resident's room and now was doing better with keeping clean and dry. She said she was worried about the recurrence of UTIs, leaving the resident wet for long periods of time and not offering water to the resident. During an interview on 06/03/26 at 11:17 a.m., LVN B stated Resident #2 had intellectual disabilities and was only oriented to person, recognized familiar people, required total care, chairfast, required a Hoyer Lift for transfers, was incontinent of bowel & bladder. She said the resident could not talk. She said the CNAs made rounds every two hours to check for incontinence and offer water to the residents. She said that she was not aware of any concerns related to leaving residents wet for long periods of time. During an observation and interview with CNA G, in the presence of LVN B it was revealed that she was assigned to Resident #2 revealed she had just finished changing the resident because she had had a bowel movement and asked Nurse [NAME] to assist her with moving the resident from the bed to the reclining Geri-Chair using the Hoyer lift. The resident was clean and well groomed. It was observed that there was a camera in his room by his bed next to the divider curtain. CNA G said the resident was only oriented to person, he occasionally said a word or two, followed simple commands, was up in the Geri-chair as tolerated, ate his meals in the dining room, required total care, incontinent of bowel & bladder. She said the resident was checked every two hours and as needed to check if he was incontinent. She said, I need to check him more often for incontinence, because the nurses give him a medication that causes him to have loose stools. She said the resident's family member visited daily and would feed him his lunch meal. She said the resident would be put back to bed after meals. She said that residents were frequently found soaking wet at the start of shift. She said it usually happened when new CNAs are working. She said they had a high turnover of CNAs. She said she had reported this to the Nurses, and nothing was done to address this concern. She said, All they said is, OK then go change the residents. The CNA was observed taking the resident to the TV lounge at 11:26 a.m., after the interview was completed. During an interview on 06/03/26 at 12:33 p.m., a Family Member stated the facility was occasionally short of staff. The Family member said Resident #2 had been at the facility for over a year. The Family member said initially she would frequently find the resident soaking wet with urine. The Family member said the facility had a high turnover of staff and the new staff did not know resident's needs. The Family member said that she visited the resident every day and usually came to feed him lunch and stayed until the staff put him back to bed. The Family member said staff did not have time to check on the resident on a regular basis because there were days when the facility was short on staff and he was left wet for long periods of time. The Family member said that she had voiced her concerns during a care plan conference, and she did not know what the facility was doing to make sure that her brother was not left wet for long periods of times. During an observation and interview on 06/03/26 at 3:13 p.m., CNA D said she checked Resident #2 every two hours for incontinence. She said she needed to get help to change the resident's brief. It was observed that the resident did not assist with turning and repositioning in bed. The disposable brief was wet with fresh urine. The CNA cleaned the resident's buttocks with wipes. The resident's bed sheets were clean and dry. During an interview on 06/03/26 at 9:05 a.m., the Administrator stated he had started working at the facility on 05/11/26. He said the DON had started working at the facility in April 2026. He said that he was not aware of any concern reported by residents and/or families related to shortage of staff, leaving residents wet for long periods of time, or recurrent UTIs. During an interview on 06/04/26 at 10:27 a.m., LVN MDS Nurse E revealed the resident's Family Member and PASRR Case Worker had attended the care plan conference on 04/09/26 and had reported that Resident #2 was always found soaking wet with urine when she came to visit. The family member also said that the resident needed (continued on next page)		

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 06/05/2026
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)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assistance to drink water. The family member said the resident was getting a lot of UTIs due to not getting enough water. She said the Family Member said she had reported this to the DON after the care plan conference. The MDS nurse said the resident could not use his call light for assistance and she did not know if the resident needed assistance to drink water. She said the resident should be checked every two hours for incontinence and as needed. She said that the PASRR Caseworker had stated at the meeting that the facility needed more staff. She said that they had a high turnover of staff and currently had sufficient CNAs. She said the resident had received IV fluids and was treated for antibiotics for a UTI. She said the family member had voiced concerns during the care plan conference about dehydration and UTIs. During an observation on 06/04/26 at 11:39 a.m., it was observed there were two CNAs in the room preparing to get Resident #2 out to bed and sit him in the Geri-chair for lunch. The resident was lying in bed. The resident was awake, lying on his back, and did not respond when the CNAs talked to him. The bed sheets were clean and dry. The resident kept moving his legs and arms up and down. The CNA said they attached the call light to the pillowcase; however, the resident could not use the call light. The CNA said they were going to check the disposable brief to see if the resident needed to be changed prior to sitting him in the Geri-chair. It was observed that the under pad was clean and dry. The disposable brief had fresh urine and was not soaking wet. The resident did not have any skin irritation or skin rash on his private parts and/or buttocks. During an interview and record review on 06/04/26 at 1:31 p.m., Social Worker H stated she had attended the care plan conference for Resident #2 on 04/09/26 and had not completed a Grievance Form when the resident's family member and PASRR Caseworker had voiced concerns about resident being left wet for long periods of time and frequently found soaking wet with urine by the resident's responsible party family member, the resident not being offered water and having a recurrence of UTIs. She said that she did not know if the concerns had been addressed by the nursing staff. She said that anyone can complete the Grievance/Concern form and the form can be given to her and/or the nurses. She said Grievances were addressed by the Department Heads and each Department Head was responsible for calling the person who had filed the complaint with a resolution. She said the Grievance Forms were kept in a binder in her office. During an interview on 06/04/26 at 1:37 p.m., the Administrator and the DON stated that a Grievance Form should have been completed after the care plan conference on 04/09/26 when the Family member and the PASRR Caseworker had voiced concerns about Resident #2 being wet for long periods of time and frequently finding the resident soaking wet with urine, not giving the resident water, and having recurrent UTIs. He said that Grievances were assigned to the Department Head, and they needed to call the person who filed a Grievance/Concern with a resolution. The DON said they had in-serviced the nursing staff on hydration and peri care. The DON said, I was never given a Grievance Form regarding these concerns, so I did not follow up on these concerns. She said right now they had sufficient CNAs and currently had two nursing positions opened on the evening shift. She said the number of CNAs was adjusted according to the resident census. She said they had a high turnover of CNAs. During a confidential interview on an undisclosed date at an undisclosed time, it was revealed that this morning at the start of shift a Resident #2 had been found soaking wet and dried urine ring. It was reported that this had been reported to the DON today at approximately 7:30 a.m. It was reported that residents are frequently found soaking wet at the change of shift when they schedule new CNAs and they do not know the residents. She said that the nurses ignored the staff when these concerns were reported to the nurses and they would say, Ok go and change the resident. It was reported that there was a high turnover of CNAs and sometimes they were short of staff so rounds could not be made every two hours, rushing to provide care and at times showers were not given as ordered. During an interview on 06/04/26 at 2:34 p.m., the DON in the presence of the Administrator, stated that one of the CNAs had reported to her this morning Resident #2 was found wet at the start of shift. She said she went to check the resident; however, the resident was already up and was sitting in the Geri-chair. She said the sheets were wet and did not have a dried urine ring. The DON said, I was going to do a counseling. (continued on next page)		

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 06/05/2026
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)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's Grievance and Complaints Policy and Procedure Revised 08/2020 provided by the Administrator revealed, Purpose: To ensure that residents, family members, and representatives know about the procedure for filing grievances and complaints. Policy: The facility advises residents and their representatives (including family, legal representatives and advocates) of their rights to file grievances without discrimination or reprisal and other process for finding grievances or complaints. The facility notifies residents of the rights to receive information from agencies acting as client advocates and provides information on how to contact these agencies. The facility ensures that there is no retaliation for filing a grievance or a complaint and ensures that there is a prompt review, investigation and response to and resolution of grievances and complaints. The disposition of all resident grievances and/or complaints is recorded in the facility's Resident Grievance/Complaint log. Procedure: Upon admission, residents or their representatives are provided with written information on how to file a grievance or complaint including the right to file grievances anonymously. Upon request, the facility will give a copy of the grievance policy to the resident. Any resident, representative, family member, staff, visitor, or appointed advocate may file a grievance or complaint concerning treatment, medical care, behavior of other residents, theft of property, etc., without fear of threat or reprisal in any form. Grievances and/or complaints may be submitted orally or in writing and can be made anonymously through the Compliance Hotline. Individuals will use Facility complaint forms or may use Resident Grievance complaint Form to submit written grievance reports. Designation of Grievance Official: The facility will identify a Grievance Official who is responsible for: Overseeing the grievance process; Receiving and tracking grievances through to their conclusion; Leading any necessary investigations by the facility; Issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary for specific allegations. Grievance Investigation: Upon receiving a resident grievance/complaint form, the Grievance Official or designee begins an investigation into the allegations. The Grievance Official will take immediate action to prevent further potential violations of any resident right while the alleged investigation is being investigated. The investigation and report includes, as applicable: The date and time the grievance was received; The date and time of alleged incident; The circumstances surrounding the alleged incident; The location of the alleged incident; Steps taken to investigate the grievance; The names of any witnesses and their accounts of the alleged incident; The residents account of the alleged incident; The employees account of the alleged incident; Accounts of any other individual involved (i.e., employee's supervisor, etc.); Summary of the pertinent findings, including whether the grievance was confirmed or not confirmed; Recommendations for corrective action; and Date the written grievance was issued. The Administrator will be provided with a complete Resident Grievance/Complaint Investigation Report within five (5) working days of the incident utilizing facilities specific forms. If follow-up is required, the Administrator is responsible for ensuring that the follow-up action is taken in a timely manner. The Facility will inform the resident or his or her representative or concerned party of the findings of the investigation and any corrective actions recommended in a timely manner. Grievance Complaint Log: The disposition of all written grievances and/or complaints is recorded on the Resident Grievance/Complaint Log. The Administrator or designee is responsible for recording and maintaining the log.		