

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 06/16/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at S483.10(c)(2) and S483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs for 1 of 4 residents reviewed for care plans. (Resident #1). The facility failed to ensure Resident #1's care plan addressed wound care. This failure had the potential to affect residents by placing them at risk for unmet care needs. Findings included: Record review of Resident # 1's admission record dated 06/16/2026 revealed a [AGE] year-old male with an admission date of 04/26/2026. Record review of Resident #1's Diagnosis Information dated 06/16/2026 revealed Necrotizing Fasciitis (bacterial infection that destroys the body's soft tissue, fat and the tissue covering the muscles), and Other specified soft tissue disorder (a medical classification for conditions affecting muscles, fascia, ligaments, and tendons that don't fit into a strictly define category). Record review of Resident #1's Quarterly MDS dated [DATE] revealed a BIMS score of 14 indicating intact cognitive function. Section M- Skin Conditions revealed Resident #1 was receiving surgical wound care and application of nonsurgical dressings. Record review of Resident #1's orders dated 04/26/2026 revealed Wound Care to Right Forearm - Cleanse with NSS, pat dry, apply xeroform, apply ABD pad, wrap with kerlix, secure with tape QOD and PRN. Every day shift every other day and as needed. Record review of Resident #1's care plan revised on 04/10/2026 did not address wound care. An observation on 6/16/2026 at 9:50AM of wound care being performed for Resident #1's right forearm revealed a clean wound, no signs of infection. Wound was cleaned per doctor's orders. In an interview on 06/16/2026 at 2:57pm with LVN A, she stated that the purpose of the care plan was to address the care that the resident was receiving. She stated that if the facility was providing certain care for the resident, such as wound care, this should have been included in the care plan. She stated that the risk could be a delay in care of the resident. She stated that the MDS nurse was responsible for ensuring the care plan was up to date. On 06/16/2026 at 3:16 pm the facility administrator stated MDS nurse was currently on PTO. In an interview on 06/16/2026 at 3:52pm with the DON she stated wound care was supposed to be included in the care plan so that staff know the care that was to be provided to the resident. She stated that the risk could be staff overlooking wound care causing a delay in care. She stated that the MDS nurse and wound care nurse were responsible for updating the care plan and ensuring wound care was addressed. In an interview on 06/16/2026 at 4:06 pm with the Administrator, he stated wound care needed to be addressed in the care plan because it was part of the resident's care. He stated that the MDS nurse was responsible for ensuring that the care plan was updated quarterly, but the whole team was responsible for ensuring it was updated routinely. He stated that the possible risk would be delayed in care of the resident because the staff, especially new staff, could possibly overlook wound care treatment. Review of the facility policy titled Care Planning revised on 06/2020 read in part . To ensure that a comprehensive person-centered care plan is developed for each resident based on their individual assessed needs. The Care Plan serves as a course of action where the resident (resident's, (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	family and/or guardian or other legally authorized representative), resident's Attending Physician, and IDT work to help the resident move toward resident- specific goals that dress the resident's medical, nursing, mental and psychosocial needs.		