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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675049 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/03/2025 |
| NAME OF PROVIDER OR SUPPLIER Coronado Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1504 W Kentucky Ave Pampa, TX 79065 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to report the results of an investigation in accordance with State Law within 5 working days of the incident for 1 of 5 incidents (Resident #1) reviewed for reporting.</p> <p>-The Administrator failed to report the results of an investigation within 5 days to the State Survey Agency.</p> <p>This failure could affect residents if alleged violations are verified, and appropriate corrective actions are not taken.</p> <p>Findings include:</p> <p>Record review completed on 06/03/25 at 08:32 AM of the TULIP (Texas Unified Licensure Information Portal) system revealed that no Provider Investigation Report (Form 3613-A) had been filed in the system. The facility had filed the Facility Reported Incident and CII Self-Report Template on 5/11/2025.</p> <p>During an interview on 06/03/25 at 11:14 AM, the Administrator reported that he did not remember doing a 5-day report, that they did an original report where they separated, assessed, and documented what they did for the two residents but he did not remember anything about a 5-day report. The Administrator stated, you are talking about the 3613 right. I think I just forgot to do it. I had a lot of things going on in the building and I just forgot to do it. The Administrator reported that not completing the 3613 or the 5-day results of an investigation could have the potential to affect other residents care because the process was not completed.</p> <p>Record review of the Provider Investigation Report (form 3613-A) for the incident that occurred on 5/11/25 revealed that it was completed on 6/3/2025. The Provider Investigaiton Report revealed that a thorough investigation of the incident was completed.</p> <p>Record review of the facility provided policy titled Reporting and Protection Program Policy revised 10/2023, revealed the following:</p> <p>Reporting/Response:</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>B. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.</p> |