STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675098	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Farwell Care and Rehabilitation Center	305 Fifth St Farwell, TX 79325

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Based on interviews and record reviews the facility failed to develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles for 5 of 5 employees (the CNA, the DA, the Hskpr, the LPN and the SW) reviewed for required trainings.The facility failed to ensure Abuse, Neglect and Exploitation Training, Fall Prevention, Restraint Reduction, HIV and Bloodborne Pathogens, Emergency Procedures, and Dementia Training were completed for the CNA, the DA, the Hskpr, the LPN, and the SW upon hire and prior to providing care for or working with residents.This failure could cause a lack of understanding and skill needed to provide adequate care of residents with varying conditions and levels of care. Findings included:Record review of the CNA's employee file on 07/23/2025 at 2:35M reflected no evidence she had been trained in Fall Prevention, Restraint Reduction, HIV and Bloodborne Pathogens, Emergency Procedures or Dementia prior to or on her first day of employment, on 07/08/2025.Record review of the DA's employee file on 07/23/2025 at 2:39PM reflected no evidence he had been trained in Restraint Reduction, HIV and Bloodborne Pathogens, Emergency Procedures or Dementia prior to or on his first day of employment, on 06/16/2025.Record review of the LPN's employee file on 07/23/2025 at 3:07PM reflected no evidence he had been trained on Emergency Procedures prior to or on his first day of employment, on 06/17/2025.Record review of the SW's employee file on 07/23/2025 at 3:12PM reflected no evidence he had been trained in Resident Abuse, Neglect and Exploitation, Fall Prevention, Restraint Reduction, HIV and Bloodborne Pathogens, Emergency Procedures or Dementia prior to or on his first day of employment, on 06/12/2025.Record review of the Hskpr's employee file on 07/23/2025 at 3:17PM reflected no evidence she had been trained on Emergency Procedures prior to or on her first day of employment, on 06/09/2025.An interview with the Administrator and DON on 07/23/2025 at 3:28PM revealed they were both aware of the required trainings that needed to be completed prior to staff providing care for or working with residents. The Administrator stated she was unsure why all trainings had not been completed as they had been assigned to each employee in the facility's online learning portal. She stated it was the responsibility of each staff member to ensure their trainings were completed before starting their duties in the facility. The DON stated there should be a staff member who reviews the trainings prior to and just after the employee's orientation, to ensue everything has been assigned and completed and all training materials were understood, but they have not assigned a staff member to do so. She stated the negative outcome of staff members not being trained prior to working with residents would be a lack of understanding of basic concepts needed to care for and interact with residents in the facility. This surveyor asked for the policy and procedures regarding required trainings at hire, but the Administrator and DON were unable to produce the policy.

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