| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675145 | A. Building<br>B. Wing | 06/18/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Buena Vida Nursing & Rehab Odessa | 3800 Englewood Lane<br>Odessa, TX 79762 |

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) |
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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**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 that included measurable objectives and time frames to meet, attain, and/or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 1 of 2 residents (Resident #1) reviewed for care plans in that: The facility failed to ensure there was a care plan in place for Resident#1's dialysis needs. This failure could affect residents by placing them at risk of not receiving individualized care and services to meet their needs. The findings included:Review of Resident #1's admission Record dated 6/18/26 revealed she was a 74-yeear-old-female admitted to the facility on [DATE] with diagnosis that included reduced mobility, and end stage kidney disease. Review of Resident #1's Quarterly MDS Assessment, dated 5/22/26, revealed:She had a BIMS score of 9 of 15 (indicating moderate cognitive impairment).She received dialysis treatments (process used to remove fluid and waste-products from the body when the kidneys are unable to do so because impaired function) while a resident. Review of Resident #1's Order Summary, dated 6/18/26, revealed orders for dialysis at a local center M/W/F completed by a local transportation company dated 5/27/26. Review of Resident #1's Care Plan, last updated 2/16/26, revealed no care plan for Resident #1's dialysis services. Interview on 6/18/26 at 10:27 a.m., LVN A and LVN B stated care plans were done with the MDS assessments and included diagnosis, medications, fall risk, assistance with ADLs, treatments, allergies and code status. LVN B said dialysis was something that would be care-planned. LVN B checked Resident #1's care plan and said Resident #1's dialysis treatment was not care-planned. LVN A stated she remembered doing the care plan for dialysis. LVN A said Resident #1 went to the hospital and then returned on dialysis. LVN A said she did not know why the facility did not care-plan the dialysis treatment. LVN A said care-plans were checked for accuracy during the interdisciplinary care plan meetings and by the DON. LVN A said she did not know how she missed the care-plan for dialysis when Resident #1 returned to the facility in May 2026. Interview on 6/18/26 at 12:30 p.m. the Administrator stated she thought the care plan was missed because Resident #1 was in and out of the hospital so quickly and was brand new to dialysis. The DON stated LVN A and LVN B overlooked the care plan. Review of the facility's policy and procedures, undated, on Comprehensive Care Planning revealed: The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. Comprehensive care plans may include but are not limited to resident Kardex (what assistance the aides need to provide to the resident), baseline care plans, and task listing.The comprehensive care plan will describe the following:The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychological well-being. |

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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