| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675279 | A. Building<br>B. Wing | 03/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Villa Haven Health and Rehabilitation Center | 300 S Jackson St<br>Breckenridge, TX 76424 |

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 0949<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide behavior health training consistent with the requirements and as determined by a facility assessment.<br><br>Based on record reviews and interviews, the facility failed to maintain a training program to ensure staff were trained for 17 of 17 staff (ADMN, DON, SW, AD, DM, MAINT, DOT, HKS, RN C, RN D, LVN B, LVN E, CNA F, CNA G, CNA H, CNA I and CNA J) reviewed for behavioral health training. The facility failed to ensure the ADMN, DON, SW, AD, DM, MAINT, DOT, HKS, RN C, RN D, LVN B, LVN E, CNA F, CNA G, CNA H, CNA I and CNA J upon hire were trained for Behavioral Health or an assessment tool to behavioral health. This failure could place residents at risk of receiving care from incompetent/untrained staff. Record review of Personnel Files revealed the following staff had no behavioral health training:-ADMN had a hire date of 03/20/2023, -DON had a hire date of 10/06/2025, -SW had a hire date of 07/04/2023, -AD had a hire date of 08/29/1988, -DM had a hire date of 09/12/2022, -MAINT had a hire date of 10/18/2022, -DOT had a hire date of 06/16/2025, -HKS had a hire date of 08/01/2025, -RN C hire date of 10/20/2020, -RN D hire date of 09/17/2025, -LVN B hire date of 07/20/2017, -LVN E hire date of 09/19/2025, -CNA F hire date of 02/16/2025, -CNA G hire date of 01/25/2025, -CNA H hire date of 12/20/2018, -CNA I hire date of 02/17/2026, and -CNA J hire date of 01/25/2017, and.During an interview on 03/13/2026 at 3:34 PM, the ADMN stated she was responsible for insuring staff were trained on resident needs that included behavioral health. She stated she also assisted in fulfilling the facility assessment which included behavioral health. The ADMN stated the facility resident census included behavioral or mental health status and all staff should have been trained on behavioral health. She stated she was not aware there was a facility policy and was fulfilling it going forward. She stated she was the ADMN and should have monitored the needs of the population closer. The ADMN stated the negative effect for residents could have been staff could not assess residents correctly and/or have caring hearts for resident needs. The ADMN stated her expectations were that all staff should have been trained in what the regulations required. She stated the failure to do so, was not knowing that training in behavioral health was available. Record review of facility policy titled Behavioral Health Services dated 03/11/2026 revealed: Policy; It is the policy of this facility to ensure all residents receive necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning and wellbeing.Policy Explanation and Compliance Guidelines; 1. Behavioral health encompasses a residence whole emotional and mental well-being, which includes, but is not limited to., the prevention and treatment of mental and substance use disorders, Psychosocial adjustment difficulty, and trauma or post-traumatic stress disorders.5. Behavioral health care and services shall be provided in an environment that is conducive to mental and psychosocial well-being.12. Social Services Director shall serve as the facilities contact person for questions regarding behavioral services provided by the facility and outside sources such as physician, attaches, or neurologist.Record review of facility assessment tool signed by the ADMN and dated 10/03/2025 revealed facility cared for 2 residents with behavioral health needs. General care requirements of patient population included mental health and behavior with specific care of Manage the medical conditions and medication-related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with issues such as dealing with<br>(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 0949<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | anxiety, care of someone with cognitive impairment, care of individuals with depression, trauma/PTSD, other psychiatric diagnoses, intellectual or developmental disabilities. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure that all drugs and biologicals used in the facility were labeled and stored in accordance with professional standards for 1 of 1 medication room reviewed for drugs and biologicals.The facility failed to ensure five 30G x 5/16 syringes with needles (insulin administration syringes with needles) had been removed from the medication room when they had expired on May, 31st 2025.This failure could place residents at risk of not receiving the therapeutic benefit biologicals used for testing and treatment of residents.Findings included:During an observation on [DATE] at 8:34 a.m., of medication room reflected -5 sealed sterile packages with a 30G x 5/16 1ml insulin safety syringe permanent needles expired on [DATE].During an interview on [DATE] at 8:34 a.m., LVN B stated expired needled insulin syringes could have caused residents to get an infection if the nurse had not seen the expiration date and used the product to administer insulin. She stated she did not know why there were expired syringes in the medication room, in a drawer. She stated the nurses were responsible for making sure all expired products were disposed of. She stated the supply aid (staff who reordered and stocked the medication room) looked for expired goods as well. She stated the syringes with needles should have been disposed of. During an interview on [DATE] at 10:25 a.m., the DON stated her expectation was for expired needled syringes to be disposed of when they reached the expiration date. She stated she had just gone through the medication room a week or two ago and those needled syringes were not in the medication room at that time. She clarified that she and the ADON would go through the medication room on the first of the month and the fifteenth of the month to make sure all stored items were not expired. She stated the nurses do not use those needled syringes and did not know why they were in the medication room. She stated it was the nurse's responsibility to look at expiration dates and dispose of goods when they were expired. She stated there was an agency nurse that worked and stated that nurse may have left those syringes in the medication room, but she was not sure. She stated having expired needled syringes could cause infection due to cross contamination from the package not being effective and could cause the resident to have adverse effects if expired needled syringes were used to administer insulin. Record review of the facility's policy titled Infection Prevention and Control Program, dated [DATE], reflected: 11. Supplies Protocol: a. Sterile supplies shall be appropriately packaged and sterilized or purchased prepackaged and sterile from the manufacturer. B. Sterile supplies are routinely checked for expiration dates and are replaced as necessary.Record review of the facility's policy titled Medication Storage, dated [DATE], reflected: 1. General Guidelines: a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. There was no evidence that the policy addressed expired biologicals.Record of review of facility document titled Expired Products, with no date, reflected: An expired product is any medical supply, medication or sterile item that has passed the manufacturer's labeled expiration date. Expiration dates ensure: Product Safety, effectiveness and sterility. After this date, the manufacturer cannot guarantee the quality of the product. Risks of Using Expired Products: Using expired products can cause: Reduced medication effectiveness, Infection risk from non-sterile supplies, Patient Harm, Medication errors, and Legal Liability for the facility. Staff Responsibilities: Check expiration date prior to use. Inspect medications during Med pass, check supplies during treatment preparation, remove expired products immediately and dispose of them, Notify DON/ADON. To Prevent expired products: Performed monthly supply checks, Rotate stock (use oldest items first) Check expiration dates when stocking, assign staff to inspect medication room and treatment carts two times a month. Areas to be checked Medication carts, treatment carts, Medication room and treatment room, and crash cart. |