

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Deerings Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 North County Road West Odessa, TX 79763	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in 1 of 1 kitchen reviewed for kitchen sanitation. The facility failed to ensure stored foods were properly stored, labeled, and dated. The facility failed to ensure items past the Use by Date (UBD) were discarded. The facility failed to ensure prepared food was discarded after 7 days, according to the facility policy. The facility failed to ensure Dietary Staff wore hair nets correctly when in the kitchen. This failure could affect residents by placing them at risk of food contamination and food-borne illnesses. Findings include: During the initial tour of the kitchen conducted on 05/19/2026 between 9:05 AM and 10:00 AM, the following were observed: Dry Storage a bag of cornstarch was opened and not sealed, two large plastic bins containing white powder was not labeled or dated, a bag of instant mashed potatoes was opened and not sealed, and did not have a received or opened date, a bag of taco seasoning was opened and not sealed, a bag of refried beans was opened and not sealed, a plastic bin labeled bacon bits had 1 date of 02/04/2026 that did not specify if it was the received, opened, or UBD, a plastic bin of powdered cheesecake was opened and not sealed and had 1 date 05/19 that did not specify if it was the received, opened, or UBD, a box of dried pinto beans was opened and not sealed, a plastic bin labeled powdered milk had 1 date of 03/04/2026 that did not specify if it was the received, opened, or UBD, a zippered bag was not sealed and contained 3 opened packages (powdered creamer, powdered mocha creamer, and pink sugar substitute) and had 1 date of 04/20/2026 that did not specify if it was the received, opened, or UBD, a bag of bowtie pasta was opened and not sealed, and had 1 date of 05/13/2026 that did not specify if it was the received, opened, or UBD, a bag of potato chips was opened and not sealed, and was not dated, a bag of granola was opened and not sealed, and had 1 date of 04/06/2026 that did not specify if it was the received, opened, or UBD, a bag of candy pieces was opened and not sealed, and was not dated, a bag of peppered gravy mix was opened and not sealed, and had 1 date of 05/13/2026 that did not specify if it was the received, opened, or UBD, a box of graham cracker crusts was opened and not sealed, a bottle of sesame seeds had a UBD of 06/11/2025, a bottle of oregano had a UBD of 05/30/2025, a bottle of ground mustard had a UBD of 09/06/2025, a bottle of ground ginger had a UBD of 04/09/2025, two plastic tubs filled with resident water pitchers were faced up and not covered, pans and bowls were faced up and not covered. Walk-In Refrigerator a plastic container labeled apple sauce had a UBD of 05/16/2026, a plastic container of olives had 1 date of 05/08/2026 that did not specify if it was the received, opened, or UBD, a tray held condiment cups filled with brown, orange, red and white substances, neither the tray nor the cups were labeled or dated, a tray held 2 covered beverage glasses, the label was smeared and unreadable, a bag of guacamole had 1 date of 03/25 that did not specify if it was the received, opened, or UBD, a box of sausage patties was opened and not sealed, and was not labeled with a received or (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 675317

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Deerings Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 North County Road West Odessa, TX 79763	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	opened date,a plastic tube of raw ground beef was opened, wrapped in plastic wrap, had a red liquid seeping out of the plastic wrap, was not dated, and was on a shelf above a tray that contained covered beverage cups,a plastic container of sliced jalapenos was not dated,a zippered bag of sliced turkey had 1 date of 05/18/2026 that did not specify if it was the received, opened, or UBD,a bag of tortillas was not dated,a plastic bin of grated cheese was not dated,3 plastic bags of cake were not dated. Spice Rack Above Blendera bottle of rosemary had a UBD of 08/22/2019,a bottle of paprika had a UBD of 04/12/2026,a bottle of basil leaves had a UBD of 03/24/2025. Other3 large plastic bins on a shelf held cooking/serving utensils and were not covered,coffee filters on the juice machine were faced up and not covered. Observation of the dining room on 05/19/2026 at 10:05 AM, revealed 4 cereal dispensers filled with different cereals were not dated and 2 drink dispensers filled with liquid were not labeled or dated. A follow-up visit to the kitchen on 05/20/2026 between 11:42 AM and 12:30 PM, the following was observed:The Dietary Manager (DM)'s hair net did not cover the front and sides of her hair. In an interview with the DM on 05/20/2026 at 4:00 PM, she said her expectations for labeling were the name, received date, opened date, and UBD to be placed on each food item. She said items opened and leftovers in the refrigerator were good for 6 days before they had to be disposed of. She said items in the dry storage were good until the UBD and if there was not a UBD, they were good for 1 year after the received date. The DM said that spoiled items may cause residents to get sick. The DM said all items should be resealed after opened to prevent pests and keep items fresh. The DM said she struggled with covering all her hair and used 2 hairnets (1 for front and 1 for back). The DM said she will look for extra-large hairnets to order. The DM said she has previously trained her staff on these things and will repeat the training starting today. The DM said cross-contamination can make the residents sick and/or not want to eat meals from the kitchen. Review of the facility's policy Label, Dating, and Receiving, dated 2012, revealed in part:Labeling and dating food items:If food is removed from its original container, it must be labeled to include the name of the food item.Date all food items with the date it was received.All dates must include the month, the day, and the year.If a food item does not have an expiration date designated by the manufacturer, then add an expiration date to the food item of one year from the current date.Dry food storage practices:Dry bulk foods such as flour and sugar should be stored in covered containers and labeled, and the containers should be cleaned regularly.Once a food item in the dry storage is opened, it should be resealed, using either a container with a lid, or a closed zippered bag, and should be dated as to when opened.Cold food storage practices:Raw foods should be stored below any cooked or ready to eat foods.Meats should be placed on the bottom shelf of the refrigerator.Once any food item in refrigerators or freezers has been opened, it should be resealed completely using either a container with a lid, or a closed zippered bag and dated to when opened.Storage of leftovers or opened foods:Perishable leftovers or opened foods should be dated with an expiration date of 7 days from the date opened.Food that is spoiled, contaminated, or suspect shall not be served and shall be discarded immediately.Review of the facility's policy Dietary Food Service Personnel Policy and Procedures, dated 2012, revealed in part: Sanitation and Food Handling:Hair nets or hats covering the hairline are worn at all times.All paper goods and other disposables must be kept covered to prevent contamination.Review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed, 2-402 Hair Restraints, 2-402.11, Effectiveness., (A) Except as provided in paragraph (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.Record review of the Food Code, U.S. Public Health (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Deerings Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 North County Road West Odessa, TX 79763	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed, 3-501.17 Ready-to-Eat/Time Temperature Control for Safety Food, Date Marking. (B) Except as specified in (E) - (G) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Deerings Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 North County Road West Odessa, TX 79763	
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 0914 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide bedrooms that don't allow residents to see each other when privacy is needed. Based on observation, interview, and record review the facility failed to ensure each room was designed or equipped to assure full visual privacy for 9 (Rooms 301, 303, 307, 308, 312, 404, 405, 410 and 411) of 48 dual occupancy rooms reviewed for privacy in the facility. The facility failed to ensure that dual occupancy rooms were provided with ceiling suspended curtains, which extended around the bed, to provide total visual privacy for Rooms 301, 303, 307, 308, 312, 404, 405, 410 and 411. This failure could lead to a lack of privacy for residents, allow residents' private medical treatment to be observed by roommates or others, and lead to a decline in psychosocial well-being. Findings included: Observation on 05/21/2026 at 2:35 PM of resident rooms in 301, 303, 307, 308, 312, 404, 405, 410 and 411 on halls 3 and 4 revealed that each room had dual occupancy with an A and B bed in each. There was one side curtain that would provide full visual to just one of the beds but not the other one. The side curtain had a gap of four feet and was unable to allow both beds to have total visual privacy. Interview on 05/21/2026 at 3:08 PM the Administrator said it was expected for the residents to be able to have full visual privacy. The Administrator said if the resident rooms did not have a full visual privacy then the resident may not receive privacy and dignity as wanted. Record review of the facility's undated policy titled Resident rights indicated in part: Privacy and confidentiality. The resident has a right to personal privacy. Personal privacy includes accommodation and medical treatment. The facility must respect the residents' right to personal privacy .		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Deerings Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 North County Road West Odessa, TX 79763	
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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to complete a comprehensive assessment within 14 days after a significant change in the physical condition for 1 of 2 residents (Resident #7) whose records were reviewed for assessments. The facility failed to complete a Significant Change in Status MDS for Resident #7 after pressure ulcers were identified and a change in behavior. This failure placed residents at risk for not having interventions in place to meet their needs for care assistance and treatments. Findings include: A record review of Resident #7's face sheet dated 5/21/2026, revealed Resident #7 was a [AGE] year old female initially admitted to facility on 11/8/2024 with diagnoses of chronic venous hypertension with other complications of bilateral lower extremity (a condition of elevated blood pressure in the leg veins caused by malfunctioning vein valves or blockages), peripheral vascular disease (progressive circulation disorder characterized by the narrowing, blockage, or spasms of blood vessels outside of the heart or brain), unspecified protein calorie malnutrition (the lack of sufficient energy or protein to meet the body's metabolic demands). The diagnosis of pressure ulcer of right elbow, stage IV (severe, full thickness skin and tissue loss) was added on 4/8/2026, delirium (a sudden change in thinking and awareness that can lead to confusion, memory problems or hallucinations) was added on 4/1/2026, delusions (a fixed, false belief that an individual holds despite objective evidence) was added on 4/1/2026, pressure ulcer other site, stage III (a full-thickness skin loss extending to the subcutaneous fat) was added 12/2/2025. A record review of Resident #7's Quarterly MDS assessment dated [DATE], revealed a BIMS score of 6 which indicated severe cognitive impairment. Section E behaviors indicated physical, verbal, or other behaviors did not occur. Section E also revealed rejection of care and wandering did not occur. Section M skin conditions revealed Resident #7 was coded 0 on unhealed pressure ulcers indicating pressure ulcers were not present. A record review of Resident #7's Quarterly MDS assessment dated [DATE], revealed a BIMS score of 7 which indicated severe cognitive impairment. Section E behaviors indicated physical, verbal, or other behaviors all occurred from 1 to 3 days. Section E also revealed rejection of care and wandering occurred from 1 to 3 days. Section M skin conditions revealed Resident #7 had presence of a pressure ulcer. Section M0300 current number of unhealed pressure ulcers/injuries at each stage revealed Resident #7 had 1 unstageable pressure ulcer (a full thickness skin wound where the true depth and severity of the tissue damage cannot be assessed) that was not present on admission/reentry. A record review of Resident #7's Wound Care Progress note completed by Wound Care MD, dated 5/19/2026, revealed Resident #7 had a Stage IV pressure wound to right elbow present for greater than 118 days, Stage III pressure wound of right posterior thigh was resolved on 5/19/2026, Stage 3 pressure wound to left heel was present for greater than 17 days. A record review of Resident #7's Order Summary dated 5/21/2026, revealed treatment orders for Stage IV pressure ulcer to right elbow with a start date of 3/25/2026. Treatment orders for Stage III Pressure wound of the left heel with a start date of 4/28/2026. Treatment orders for Stage III to right posterior (back) of thigh with a start date of 5/15/2026. In an interview on 05/21/2026 at 2:00 PM, with the DON she stated that the MDS Coordinator was responsible for completing the Significant Change in Status MDS after the Interdisciplinary team identifies the significant change. DON stated she did not realize pressure ulcers or a change in behavior were a cause for a Significant Change in status MDS to be completed. DON stated the pressure ulcers to Resident #7's left heel and thigh were chronic and had a history of opening and closing. In an interview on 05/21/2026 at 3:00 PM, with the MDS Coordinator she stated Resident #7 had pressure (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Deerings Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 North County Road West Odessa, TX 79763	
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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ulcers. She stated her behaviors come and go in severity. She was not aware that a Significant Change MDS needed to be completed. She stated that this failure could cause the resident to miss care areas such as the wound care or other care areas that were not being identified and/or a comprehensive care plan being completed. She stated she would schedule a Significant Change in Status MDS to be completed for Resident #7. In an interview on 5/21/2026 at 3:23PM with the Regional Reimbursement Nurse she said the facility follows the RAI (Resident Assessment Instrument) manual when determining whether residents have significant change. Failure to complete as required could lead to decreased quality of care. In an interview on 5/21/2026 at 3:30PM with the Administrator, she stated that the MDS Coordinator along with the Interdisciplinary team was responsible for identifying changes in a resident's condition that requires a Significant Change Status Assessment. Administrator stated the risk of not correctly identifying changes in residents' status could lead to a decrease in quality of care. Administrator stated Resident #7 has not had a negative outcome due to the assessment not being complete. A Record Review of the RAI Manual revised October 2025 revealed: A significant change is a major decline or improvement in a resident's status that: Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered self-limiting; Impacts more than one area of the resident's health status; and Requires interdisciplinary review and/or revision of the care plan. Decline in two or more of the following: -Presence of a resident mood item not previously reported by the resident or staff and/or increase in the symptom frequency, increase in the number of areas where behavioral symptoms are coded as being present and/or the frequency of a symptom increases for the items in Section E-Emergence of a new pressure ulcer at Stage 2 or higher, a new unstageable pressure ulcer/injury, a new deep tissue injury or worsening in pressure ulcer status.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Deerings Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 North County Road West Odessa, TX 79763	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that residents with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent infection for one (Resident #7) of two residents reviewed for pressure ulcers. The facility failed to ensure that dressing changes were completed for Resident #7's pressure ulcers to left heel and right elbow on 5/10/2026, 5/14/2026, 5/16/2026, 5/17/2026, 5/18/2026, and 5/20/2026. This failure could place residents with pressure ulcers at risk for infection, pain, and worsening of the wound. Findings included: A record review of Resident #7 face sheet dated 5/21/2026, revealed Resident #7 was a [AGE] year old female initially admitted to facility on 11/8/2024 with diagnoses of chronic venous hypertension with other complications of bilateral lower extremity (a condition of elevated blood pressure in the leg veins caused by malfunctioning vein valves or blockages), peripheral vascular disease (progressive circulation disorder characterized by the narrowing, blockage, or spasms of blood vessels outside of the heart or brain), unspecified protein calorie malnutrition (the lack of sufficient energy or protein to meet the body's metabolic demands. The diagnoses of pressure ulcer of right elbow, stage IV (severe, full thickness skin and tissue loss) was added on 4/8/2026, delirium (a sudden change in thinking and awareness that can lead to confusion, memory problems or hallucinations was added on 4/1/2026, delusions (a fixed, false belief that an individual holds despite objective evidence) was added on 4/1/2026, pressure ulcer other site, stage III (a full-thickness skin loss extending to the subcutaneous fat) was added 12/2/2025. A record review of Resident #7's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 7 which indicated severe cognitive impairment. Section E behaviors physical, verbal, or other behaviors all occurred from 1 to 3 days. Section E also revealed rejection of care and wandering occurred from 1 to 3 days. Section M skin conditions revealed Resident #7 had presence of a pressure ulcer. Section M0300 current number of unhealed pressure ulcers/injuries at each stage revealed Resident #7 had 1 unstageable pressure ulcer (a full thickness skin wound where the true depth and severity of the tissue damage cannot be assessed) that was not present on admission/reentry. A record review of Resident #7's Care Plan reflected a Problem Area stating, Focus: Resident has Stage III pressure wound to left heel initiated on 05/6/2026. Interventions: Administer treatments as ordered and monitor for effectiveness. Replace loose or missing dressings as needed. Focus: Resident #7 has a stage IV pressure ulcer to right elbow revised on 3/30/2026. Interventions: Administer treatments as ordered and monitor for effectiveness. Replace loose or missing dressings as needed. A record review of Resident #7's orders dated 5/21/2026 revealed, TX: Stage III Pressure wound of the Left Heel: Cleanse with wound cleanser/Normal Saline, pat dry with 4x4 gauze, apply calcium alginate with silver, skin prep peri wound, wrap with gauze roll and secure with tape once a day/PRN with a start date of 4/28/2026. TX: Stage IV Pressure Ulcer to right elbow: Cleanse with wound cleanser/Normal Saline, pat dry with 4x4 gauze, apply Collagen Sheet, apply calcium alginate with silver, skin prep peri (around) wound, wrap with gauze roll and secure with tape once a day/PRN. A record review of Resident #7's Wound Care Progress note completed by Wound Care MD, dated 5/19/2026 revealed Resident #7 had Stage IV pressure wound to right elbow present for greater than 118 days, Wound progress: Improved evidenced by decreased surface area, Infection Assessment: No sign of infection. Stage III pressure wound to left heel was present for greater than 17 days, Wound progress: Improved evidenced by decreased surface area, Infection Assessment: No sign of infection. A record review of Resident #7's TAR revealed there was no treatment recorded for Stage III pressure wound to left heel (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Deerings Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 North County Road West Odessa, TX 79763	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	or Stage IV to right elbow on 5/10/2026, 5/14/2026, 5/16/2026, 5/17/2026, 5/18/2026, and 5/20/2026. In an interview and observation of Resident #7 on 5/21/2026 at 8:00 AM, revealed dressing was not present on Resident #7's right elbow. Resident #7 had socks on her feet so not able to observe dressing to heel. Resident #7 stated that RN A would replace the dressing to her elbow when she arrived at work. Resident #7 stated RN A was a good nurse and she trusted her. Resident #7 denied pain to the wound and stated the dressing must have come off while she was sleeping. Resident #7 stated that her wound was improving and was smaller than it was. An interview and observation of Resident #7 on 5/21/2026 at 2:13 PM, revealed dressing was not present on Resident #7's right elbow. Resident # 7 stated that the nurses have not covered it yet. Resident #7 denied pain to the wound. In an interview on 5/21/2026 at 2:30PM with RN A, she said that she was the Treatment Nurse for the facility. RN A stated once she completed a treatment, she signed off the treatment in the TAR. RN A stated when she was not in the facility the Charge Nurses completed the treatments. RN A stated she was not responsible for monitoring if the nurses were signing the treatments out in the TAR but sometimes, she noticed they didn't and would report it to the DON. RN A stated if a dressing became dislodged the nurses would let her know and she would replace it or Charge Nurses could also utilize a PRN order and replace the dressing. RN A stated Resident #7's wound was healing and she had no negative outcome due to treatments not being completed. RN A stated the risk of treatments not being completed could be infection or deterioration of the wound. In an interview on 5/21/2026 at 2:45 PM with RN M, she stated she was a Charge Nurse at the facility. RN M stated in the Treatment Nurse's absence they would perform the treatments. RN M stated they performed the treatment and signed it off in the TAR. RN M stated if a dressing was dislodged it needed to be replaced as soon as possible. The charge nurses or the treatment nurse, either one could replace it. RN M stated the treatment nurse was present and she was not responsible for her treatment on this day. RN M stated it had not been reported to her that the dressing had become dislodged. In an interview on 05/21/2026 at 03:37PM with DON, she stated that it was her expectation that staff document wound care. She stated that wound care should be performed per the orders. She stated if it wasn't documented, then it shows it wasn't complete. She stated that if staff are unable to finish a scheduled task on their shift it should be passed on to the next shift, to herself, or the ADON, so that it can be completed. She stated that refusals of care should be documented after several attempts and reported to the MD, herself, and the Responsible Party. She stated the impact to the resident of not receiving care that was ordered could contribute to the worsening of the wound. DON stated Resident #7's wounds were improving and had no negative outcome from wound care not being completed. DON stated it was her responsibility to monitor the TAR and ensure that treatments were provided. In an interview with the Administrator on 05/21/2026 at 04:00PM, she stated that she expected that dressing changes be performed per the physician orders and per policy. She stated if it wasn't signed out on the TAR then it looks like it wasn't completed. She stated that the potential impact to the resident of not doing wound care per the orders and policy standards could lead to worsening of the wound. A review of the facility's policy revised 5/5/2025 for Pressure Injury: Prevention, Assessment, and Treatment failed to include guidance for facility expectations regarding following wound care orders.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Deerings Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 North County Road West Odessa, TX 79763	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review it was determined the facility failed to provide pharmaceutical services that ensured the accurate administering of drugs for 2 of 2 nurse medication carts (hall 3 cart and hall 4 cart) and 3 of 4 residents (#15, #24 and #56) observed for medications stored and properly labeled. The hall 3 nurse medication cart had one insulin pen that belonged to Resident #15 that that had expired. The hall 4 nurse medication cart had one insulin pen that belonged to Resident #24 and #56 that had expired. This failure could place residents at risk of receiving medications that were expired and not produce the desired effect. Findings included: Review of Resident #15's admission record dated 05/20/2026 revealed she was admitted to the facility on [DATE] with diagnosis of type 2 diabetes. She was [AGE] years of age. (Type 2 diabetes is a chronic condition where the body cannot use insulin properly, leading to high blood sugar levels, which can be managed but not cured. Insulin is an essential hormone. It helps your body turn food into energy and manages your blood sugar levels). Review of Resident #15's physician orders dated 05/20/2026 indicated in part: Merilog SoloStar subcutaneous solution pen-injector. Inject as per sliding scale. Subcutaneously before meals and at bedtime related to type 2 diabetes. (Subcutaneous means under or beneath the skin). Review of Resident #24's admission record dated 05/20/2026 revealed he was admitted to the facility on [DATE] with diagnosis of type 2 diabetes. He was [AGE] years of age. Review of the current care plan for Resident #24, last reviewed/revised: 09/19/2025, revealed in part: The resident has diabetes. The resident will have no complications related to diabetes through the review date. Interventions: Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Review of Resident #24's physician orders dated 05/20/2026 indicated in part: Humalog injection solution. Inject as per sliding scale, subcutaneously before meals and at bedtime for diabetes. Review of Resident #56's admission record dated 05/20/2026 revealed he was admitted to the facility on [DATE] with diagnosis of type 2 diabetes. He was [AGE] years of age. Review of Resident #56's physician orders dated 05/20/2026 indicated in part: Fiasp FlexTouch Subcutaneous Solution Pen-injector. Inject as per sliding scale: subcutaneously before meals and at bedtime related to diabetes. Review of the current care plan for Resident #56, last reviewed/revised: 02/27/2026, revealed in part: The resident has diabetes. The resident will have no complications related to diabetes through the review date. Interventions: Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Observation and interview on 05/19/2026 at 9:10 AM revealed the nurse medication cart for hall 4 was inspected with RN A present. The cart was locked so the nurse unlocked it, and on the top drawer of the cart were several insulin pens. One of the insulin pens had an open date of 04/10/26 that belonged to Resident #15. The RN said the insulin pen had expired and she had not noticed it until just now. RN A said that she did mostly treatments but at times worked as a charge nurse as well. The RN said if an expired insulin was administered then that could possibly lead to the medication not causing the desired effect or even an adverse effect. Observation and interview on 05/19/2026 at 9:16 AM revealed the nurse medication cart for hall 3 was inspected with LVN B present. The cart was locked so the nurse unlocked it, and on the top drawer of the cart were several insulin pens. There were 2 insulin pens that had expired as they had been opened longer than 28 days. One of the pens had an open date of 04/10/26 that belonged to Resident #24 and the other pen that belonged to Resident #56 was dated 04/14/26. LVN B said that it was each nurse's responsibility to make sure all (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Deerings Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 North County Road West Odessa, TX 79763	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the insulin pens were still good and not expired whenever they took over the medication cart. The LVN said that she had not noticed that the insulin pens had expired. LVN B said that if any expired insulins were administered there was a possibility that the medication might not be as effective and the resident's blood sugar might not go down as indicated. Interview on 05/21/2026 at 1:50 PM the DON said it was expected for each nurse to take responsibility for their cart once they took over them. The DON said that it was expected for the expired insulins to be removed from the cart. The DON said that if an expired insulin was administered then it could possibly lead to a possible side effect and also not be as effective. Interview on 05/21/2026 3:02 PM with the Administrator said it was expected for the nurses to remove any expired insulin pens from the medication carts. The Administrator said that if a resident was administered an expired insulin there was a possibility that it might not be as effective. Record review of the facility's document titled Insulin pen use and dated 4/1/15 indicated in part: Storage instructions. Once you take the insulin pen out of cool storage you can use it for up to 28 days. Ensure that the pen is dated when placed into use. During this time, it can be safely kept at room temperature up to 86 degrees Fahrenheit. Do not use it after this time.		