| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675373 | A. Building<br>B. Wing | 07/18/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Whispering Springs Rehabilitation and Healthcare C | 506 S 7th St<br>Carrizo Springs, TX 78834 |

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 0732<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Post nurse staffing information every day.<br><br>Based on observation, interview and record review the facility failed to ensure that their posted nurse staffing information had all required components, in that: The facility failed to ensure the nurse staffing posting information had the current date of 7/15/25. This failure could place the residents at risk of inaccurate staffing levels, poor care, or regulatory violations. Findings included: During an observation on 7/15/25 at 11:45 a.m. revealed the nurse staffing 24-hour posting was dated for 7/14/25. No other nurse staffing postings were observed at that time. During an observation and interview on 7/15/25 at 12:24 p.m. the DON pulled the nurse staffing posting off the wall and stated the date was 7/14/25, and that the night shift must have put the wrong date on it. The DON stated the risk of not having a current date on the posting was the residents and family not knowing if it was the correct information on the posting. Record review of the facility's policy titles Posting Direct Care Daily Staffing Numbers, and dated September 2022 and last revised in March 2023, reflected the following: Shift staffing information shall be recorded on the Nursing Staff Directly Responsible for Resident Care form for each shift. The information recorded on the form shall include the following. b) The date for which the information is posted. |

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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