STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675395	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Val Verde Nursing and Rehabilitation Center	100 Hermann Dr Del Rio, TX 78840

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675395	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Val Verde Nursing and Rehabilitation Center	100 Hermann Dr Del Rio, TX 78840

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency) in accordance with State law through established procedure. In response to allegations of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source for 2 of 10 residents (Resident #1 and Resident #2) reviewed for reporting allegations of abuse and neglect. The DON failed to identify an un-witnessed fall as an alleged violation of injury of unknown source for Resident #1 on 10/07/2025 resulting in the resident having a laceration to the right eyebrow with swelling and bleeding and being sent to the hospital The DON failed to identify an un-witnessed fall as an alleged violation of injury of unknown source for Resident ##2 on 11/12/2025 resulting in the resident having a small hematoma to the left cheekbone and laceration to the left side of eyebrow. The DON failed to report an alleged violation of injury of unknown source for Resident #1 on 10/07/2025 and Resident #2 on 11/12/2025 to the Administrator of the facility and the Administrator failed to report the violations of injury of unknown source not later than 24 hours to other officials (including to the State Survey Agency) in accordance with State law through established procedure.This deficient practice of not following ANE reporting protocol could place residents at risk of harm by not having their injuries investigated.The findings included: Review of Resident #1's admission record dated 12/03/2025 reflected he was admitted to the facility on [DATE], readmitted on [DATE], and discharged on 11/18/2025. His diagnoses included acute respiratory failure with hypoxia (a condition when the respiratory system fails to maintain adequate oxygen levels in the blood), dementia (a condition characterized by a decline in cognitive function), muscle wasting and atrophy (is the loss of muscle mass and strength), sepsis, unspecified organism (condition when the body's immune system reacts severely to an infection, leading to widespread inflammation), and other lack of coordination (condition characterized by difficulty controlling voluntary muscle movements, leading to symptoms such as clumsiness, unsteady gait). Review of Resident #1's discharge MDS dated [DATE] reflected a BIMS score of 11, indicating moderately impaired cognition. It reflected that he required substantial/maximal assistance with sit to stand, chair/bed-to-chair transfer, toilet transfer and required the use of a manual wheelchair. Review of Resident #1's care plan dated 10/10/2025 reflected the following: [Resident #1] The resident is at risk for falls r/t decreased mobility d/t respiratory failure, CHF, Dementia, muscle wasting. The goals were for Resident #1 to be free of falls through the next review date. And interventions included ensuring Resident #1's call light is within reach, encourage the resident to use it for assistance as needed, and needs prompt response to all requests for assistance. Review of Resident #1's nursing progress note dated 10/08/2025 reflected the following: LVN A At 2250 [10:50 PM] 10/7/2025 found Resident [Resident #1] on the floor next to his low bed laying on his Rt. side. Noted blood on the floor, noted laceration to Rt. eyebrow with swelling and bleeding, pressure applied. Resident [Resident #1] is alert, unable to say what happened, kept saying thank you God in Spanish. Resident [Resident #1] is confused as he has been since admit [admission] 10/4/25. Aggressive and combative with assessment and Neuros, PERRLA, moves all extremities. No other visible injury noted. Called 911, Resident sent to ER. MD and DON notified. Review of Resident #1's electronic medical record on 12/02/2025 and 12/03/2025 reflected that an incident report was not documented for the un-witnessed fall on 10/07/2025. Review of Resident #1's electronic medical record on 12/02/2025 and 12/03/2025 reflected there was no facility incident report to HHSC for the alleged violation of injury of unknown source on 10/07/2025. Review of Resident #2's admission record dated 12/03/2025 reflected he was admitted to the facility on [DATE]. His diagnoses included heart failure, unspecified (a condition where the heart cannot pump enough blood to meet the body's needs), shortness of breath, repeated falls, other lack of coordination (condition characterized by difficulty controlling voluntary muscle movements, leading to symptoms such as clumsiness and unsteady gait), and muscle wasting and atrophy (is the loss of muscle mass and strength). Review of Resident #2's admission MDS dated [DATE] reflected a BIMS score of 06, indicating severely impaired cognition. It reflected an active diagnosis of repeated falls and that he required partial/moderate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675395	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Val Verde Nursing and Rehabilitation Center	100 Hermann Dr Del Rio, TX 78840

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675395	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Val Verde Nursing and Rehabilitation Center	100 Hermann Dr Del Rio, TX 78840

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to have evidence all allegations of abuse, neglect, or mistreatment were thoroughly investigated and documented for 2 of 10 residents (Resident #1 and Resident #2) reviewed for a fall injury. The facility failed to have evidence that a thorough investigation was conducted following the allegation Resident #1 had an unwitnessed fall with injury on 10/07/2025 and Resident #2 had an unwitnessed fall with injury on 11/12/2025. These failures could place residents at risk for abuse and neglect by not investigating injuries of unknown origin. The findings included: Review of Resident #1's admission record dated 12/03/2025 reflected he was admitted to the facility on [DATE], readmitted on [DATE], and discharged on 11/18/2025. His diagnoses included acute respiratory failure with hypoxia (a condition when the respiratory system fails to maintain adequate oxygen levels in the blood), dementia (a condition characterized by a decline in cognitive function), muscle wasting and atrophy (is the loss of muscle mass and strength), sepsis, unspecified organism (condition when the body's immune system reacts severely to an infection, leading to widespread inflammation), and other lack of coordination (condition characterized by difficulty controlling voluntary muscle movements, leading to symptoms such as clumsiness, unsteady gait). Review of Resident #1's discharge MDS dated [DATE] reflected a BIMS score of 11, indicating moderately impaired cognition. It reflected that he required substantial/maximal assistance with sit to stand, chair/bed-to-chair transfer, toilet transfer and required the use of a manual wheelchair. Review of Resident #1's care plan dated 10/10/2025 reflected the following: [Resident #1] The resident is at risk for falls r/t decreased mobility d/t respiratory failure, CHF, Dementia, muscle wasting. The goals were for Resident #1 to be free of falls through the next review date. And interventions included ensuring Resident #1's call light is within reach, encourage the resident to use it for assistance as needed, and needs prompt response to all requests for assistance. Review of Resident #1's nursing progress note dated 10/08/2025 reflected the following: LVN A At 2250 [10:50 PM] 10/7/2025 found Resident [Resident #1] on the floor next to his low bed laying on his Rt. side. Noted blood on the floor, noted laceration to Rt. eyebrow with swelling and bleeding, pressure applied. Resident [Resident #1] is alert, unable to say what happened, kept saying thank you God in Spanish. Resident [Resident #1] is confused as he has been since admit [admission] 10/4/25. Aggressive and combative with assessment and Neuros, PEARLA, moves all extremities. No other visible injury noted. Called 911, Resident sent to ER. MD and DON notified. Review of Resident #1's electronic medical record on 12/02/2025 and 12/03/2025 reflected that an incident report was not documented for the un-witnessed fall on 10/07/2025. Review of Resident #1's electronic medical record on 12/02/2025 and 12/03/2025 reflected there was no facility incident report to HHSC for the alleged violation of injury of unknown source on 10/07/2025. Review of Resident #2's admission record dated 12/03/2025 reflected he was admitted to the facility on [DATE]. His diagnoses included heart failure, unspecified (a condition where the heart cannot pump enough blood to meet the body's needs), shortness of breath, repeated falls, other lack of coordination (condition characterized by difficulty controlling voluntary muscle movements, leading to symptoms such as clumsiness and unsteady gait), and muscle wasting and atrophy (is the loss of muscle mass and strength). Review of Resident #2's admission MDS dated [DATE] reflected a BIMS score of 06, indicating severely impaired cognition. It reflected an active diagnosis of repeated falls and that he required partial/moderate assistance with toileting hygiene, sit to stand, chair/bed-to chair transfer, and toilet transfer. Review of Resident #2's care plan dated 10/10/2025 reflected the following: [Resident #2] The resident is at risk for falls r/t SOB, decreased mobility, s/p NSTEMI. The goals were for Resident #2 to be free of falls through the next review date. And interventions included ensuring Resident #1's call light is within reach, encourage the resident to use it for assistance as needed, and needs prompt response to all requests for assistance. Review of Resident #2's un-witnessed fall report dated 11/12/2025 at 2:00 AM reflected: RN A Heard resident [Resident #2] call for help, upon entering room resident [Resident #2] was on the floor on his right side next to his bed. Resident [Resident #2] stated he fell when getting out of bed. Resident [Resident #2] has small hematoma (an abnormal collection of blood outside of a blood vessel) to left cheekbone and has small laceration to left side of eyebrow. RN [RN A] cleansed laceration, applied pressure, bleeding stopped and TAO was applied. RN [RN A] also applied ice pack to left cheekbone hematoma. Resident [Resident #2] is able to move all extremities without difficulty. Denies pain but has discomfort to BLE due to swelling.MD and DON notified. Review of Resident #2's electronic medical record on 12/02/2025 and 12/03/2025