STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675479	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Heights Nursing & Rehabilitation	223 S Resler Dr El Paso, TX 79912

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a comprehensive Minimum Data Set (MDS) assessment of each resident's needs, strengths, goals, life history, and preferences wasn't completed within the required 14-day timeframe following or 1 of 1 the quarterly assessment for resident reviewed (Resident #1). The facility failed to ensure the DOR completed Resident #1's BIMS assessment in a timely manner. The failure could place residents at risk of not having their needs met. Findings included: Record review of Resident #1's Face Sheet, dated 06/29/2026, revealed a [AGE] year-old male who was initially admitted to the facility on [DATE]. Resident #1's diagnoses included cerebral infarction, unspecified (a stroke caused by an interruption of blood flow to the brain); cognitive communication deficit (difficulty with thinking, understanding, and communicating); dysphagia (difficulty swallowing); anxiety disorder (a condition characterized by excessive worry or fear); vitamin D deficiency (low vitamin D levels that may affect bone health); flaccid hemiplegia affecting the right dominant side (paralysis or severe weakness of the right side of the body resulting from the stroke); unspecified protein-calorie malnutrition (poor nutritional status due to inadequate protein and calorie intake); dysarthria and aphasia (slurred speech and difficulty understanding or expressing language); personal history of COVID-19 (previous COVID-19 infection); schizoaffective disorder (a mental health disorder involving symptoms of schizophrenia and a mood disorder); chronic venous insufficiency (poor blood flow through the veins, typically affecting the legs); chronic viral hepatitis C (a long-term viral infection affecting the liver); hyperlipidemia (high cholesterol or elevated fats in the blood); other seizures (episodes of abnormal electrical activity in the brain); essential hypertension (high blood pressure); chronic embolism and thrombosis of an unspecified vein (long-term blood clots within a vein); gastroesophageal reflux disease without esophagitis (GERD, a condition in which stomach acid flows back into the esophagus causing heartburn); and presence of other heart-valve replacement (a surgically implanted artificial heart valve). Record review of Resident #1's MDS assessment dated on 06/12/2026 specifically the BIMS portion revealed resident required a Staff Assessment for Mental Status instead of the generalized BIMS assessment conducted. The Staff Assessment reflected that the resident had cognitive impairment, as evidenced by the resident's inability to complete the BIMS interview and the need for staff assessment to evaluate cognitive status. The assessment further reflected that the resident was able to recognize he was in a nursing home and identify the location of his room. Record review of Resident #1's comprehensive MDS assessment revealed the ARD was established beyond the required 14-day assessment period. Further record review revealed the comprehensive MDS assessment was initiated on 06/12/2026, and had not yet been completed exceeding the regulatory timeframe. Record review of Resident #1's comprehensive person-centered care plan revealed the resident's identified problem was impaired cognitive function and impaired thought processes related to impaired decision-making and cerebral infarction (stroke). The care plan established a goal for the resident to maintain his current level of cognitive function through the review date and included interventions such as administering medications as ordered, communicating with the resident and responsible party (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
	675479	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Heights Nursing & Rehabilitation	223 S Resler Dr El Paso, TX 79912

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	regarding the resident's capabilities and needs, and addressing concerns related to confusion, disease process, and nursing home placement.On 06/30/2026 at 2:32 p.m., an interview was conducted with the MDS Case Manager stated she had been employed at the facility for four months and had six years of experience completing MDS assessments. She stated she maintained an MDS schedule, reviewed open assessments weekly, encouraged staff to monitor assessment status daily, and reported interdisciplinary care plan meetings were conducted every Thursday. MDS stated case manager the ARD established the timeframe for completion of the comprehensive MDS assessment and development of the comprehensive person-centered care plan. She stated the comprehensive MDS assessment was required to be completed within 14 days of admission. The MDS Case Manager stated she had observed the DOR complete the BIMS while she completed other portions of the MDS assessment. She stated when more than one BIMS assessment was available with different scores, she utilized the assessment completed closest to the ARD. The MDS Case Manager stated significant differences in BIMS scores could affect the resident's care and reported she would follow up with the DOR or request a speech therapy evaluation to determine whether a change in the resident's condition had occurred. She further stated therapy had a process for completing cognitive assessments for nonverbal residents. The MDS Case Manager stated multiple assessments remained open and were not completed timely. She reported she routinely followed up with the DOR regarding incomplete assessments; however, communication barriers sometimes delayed completion of the required assessments. The MDS Case Manager confirmed Resident #1's comprehensive person-centered care plan was completed late due to the delayed completion of the comprehensive MDS assessment. She stated the delay had the potential to place the resident at risk because staff would not have timely access to an individualized comprehensive care plan to guide care based on the resident's current assessed needs.On 06/30/2026 at 2:37 p.m., an interview was conducted with the DOR, she had been employed as the facility's DOR since 04/06/2026. She reported she began completing the BIMS assessments in March 2026 and was unsure whether she had completed BIMS assessments prior to becoming the DOR working as a PRN COTA. The DOR described the process for completing a BIMS assessment. She stated she conducted the assessment in a quiet environment, such as the resident's room, to minimize distractions and promote the resident's ability to concentrate. She reported asking the resident to repeat three words and answer orientation questions regarding the date, time, and location. For residents with communication or cognitive impairments, DOR stated she attempted to write information for the resident to review and respond by nodding their head. If the resident continued to have difficulty completing the assessment, she stated she reviewed the resident's PHQ-9 to determine the resident's cognitive baseline. DOR stated she received training from the Regional Director on completing BIMS assessments, which consisted of one day of instruction and completion of one observed BIMS assessment. She reported she attempted to complete each BIMS assessment accurately by reviewing the MDS in progress, obtaining information directly from the resident, and documenting the resident's responses. The DOR stated she later learned that when a significant change in a resident's BIMS score was identified, she was expected to communicate the change to the nursing staff or the MDS department, although she was uncertain of the specific reporting process. On 06/30/2026 at 3:16 p.m., an interview was conducted with the Administrator, she said she was the immediate supervisor of the MDS department. She reported the facility utilized a QRM who communicated with the DOR regarding MDS processes, as the QRM served as the subject matter expert. The Administrator stated she monitored email communications regarding the DOR's responsibilities and any identified concerns. The Administrator stated the DOR had informed her at the beginning of her employment that she felt overwhelmed by the workload and requested guidance and assistance. The Administrator stated the DOR routinely attended interdisciplinary care plan meetings and was aware of residents requiring assessments and care plan development. The Administrator stated failure to complete required assessments timely could affect the accuracy and timeliness of documentation within the resident's medical record. She further stated the MDS Case Manager had (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675479	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Heights Nursing & Rehabilitation	223 S Resler Dr El Paso, TX 79912

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	informed her she was required to frequently remind the DOR of assessment deadlines. The Administrator stated she had been unaware the assessment deadlines were not being met and reported she would address the issue immediately. On 07/01/2026 at 11:55 a.m., an interview was conducted with the Regional Director, QRM who stated he had been onsite at the facility for approximately two to three weeks. He reported providing training to the current DOR, , for three days but was unable to recall the specific training dates. He stated the training included use of PCC, completion of UDAs, and management of assessment tasks. The Regional Director stated the DOR had been completing BIMS assessments prior to assuming the Director of Rehabilitation position. The Regional Director stated he directly observed DOR complete a BIMS assessment during the training period. He reported instructing DOR to communicate significant assessment changes to the nursing department; however, he clarified this instruction primarily pertained to changes identified through the PHQ-9 rather than the BIMS assessment. The Regional Director stated he was unable to explain the role of the BIMS assessment in the development of the comprehensive MDS assessment or how the comprehensive MDS assessment supported the timely development of the resident's comprehensive person-centered care plan. He stated the purpose of the BIMS assessment was to determine the resident's ability to communicate needs and participate in decision-making. The Regional Director reported he provided support to 17 facilities within company. He stated the Director of Rehabilitation training checklist was developed through a partnership between company and QRM and was used specifically to train Directors of Rehabilitation. On 07/01/2026 at 2:33 p.m., an interview was conducted with the DON, she stated she reviewed and signed the MDS assessments to ensure the assessments were completed accurately. She stated she monitored the completion of the assessments; however, she was unable to state the required timeframe for completion of the comprehensive MDS assessment. The DON stated she did not understand why multiple BIMS UDAs were being completed in the manner observed. She stated the DOR was responsible for completing the BIMS assessment. The DON reported that when the BIMS Version 2 interview could not be completed, the DOR was expected to initiate and complete the Staff Assessment for Mental Status. The DON stated qualified staff could complete assessments; however, the DOR was responsible for completion of the BIMS assessment. She stated she was unaware of the reason multiple BIMS UDAs were present for certain residents. The DON acknowledged that multiple or incomplete BIMS assessments could delay completion of the comprehensive MDS assessment and subsequently delay the timely development and implementation of the resident's comprehensive person-centered care plan. Record review of the facility's Nursing Policy and Procedure Manual, Policy AS 03-1.0, Resident Assessment, revealed the facility's policy required a comprehensive RAI assessment to be completed within 14 days of admission and annually thereafter. The policy further required the comprehensive assessment to include, but not be limited to, the resident's medical history, medical status, physical and mental functional status, sensory and physical impairments, nutritional status, psychosocial status, rehabilitation potential, cognitive status, and drug therapy. The policy further revealed the results of the comprehensive assessment were to be used to develop, review, and revise the resident's comprehensive person-centered care plan. Additionally, the policy required each assessment to be conducted or coordinated by a registered nurse, with each individual completing a portion of the assessment signing and certifying the accuracy of that portion of the assessment. The policy further required reassessments to be completed at prescribed intervals, with documentation of assessment findings and changes to the resident's plan of care reflected in the medical record and/or comprehensive care plan. Record review of the Creative Solutions Policy and Procedure, MDS Transmission, referencing the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, Chapter 5, revealed all federally required MDS assessments were required to be electronically transmitted to the Centers for Medicare & Medicaid Services (CMS) Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. The policy further revealed comprehensive MDS assessments were required to be electronically (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675479	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Heights Nursing & Rehabilitation	223 S Resler Dr El Paso, TX 79912

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	transmitted within 14 days of the Care Plan Completion Date and required all federally mandated MDS sections, including the Care Area Assessment (CAA) Summary, to be completed in accordance with federal requirements. The policy further indicated transmission requirements applied to all MDS assessments used to meet federal and state requirements.