

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675568                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>06/25/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Oasis Nursing & Rehabilitation Center                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>9001 North Loop<br>El Paso, TX 79907 |                                                 |
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| F 0695<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review the facility failed to ensure that a resident who needed respiratory care was provided with such care, consistent with professional standards of practice for 2 (Resident #32 and Resident #12) of 11 residents observed for oxygen management. The facility failed to maintain the oxygen concentrator filter for Resident #12. The facility failed on 06/23/2026 to ensure an oxygen warning sign was posted outside the room of Resident #32 while the resident was receiving oxygen therapy. These failures had the potential to expose residents receiving oxygen therapy delayed identification of oxygen-related needs, increase the risk of fire hazards associated with oxygen use, reduce airflow, decrease equipment efficiency, and potentially affect oxygen delivery to the resident. Findings included:</p> <p>Resident #32</p> <p>Record review of the face sheet dated 06/23/2026 revealed Resident #32 was an [AGE] year-old male who was originally admitted to the facility on [DATE] and was readmitted on [DATE]. Diagnosis list revealed Resident #32 had chronic obstructive pulmonary disease (COPD - chronic lung disease that makes breathing difficult) as the primary diagnosis with an onset date of 12/01/2025. Additional respiratory-related diagnoses included chronic respiratory failure with hypoxia (long-term breathing failure causing low oxygen levels) with an onset date of 04/22/2026, pan lobular emphysema (lung disease causing damaged air sacs and shortness of breath) with an onset date of 01/21/2026, and solitary pulmonary nodule (a spot or growth in the lung) with an onset date of 01/21/2026. Record review of the quarterly MDS dated [DATE] revealed the resident had a BIMS score of 7, indicating moderate cognitive impairment. Section O for special treatments, procedures and programs included a respiratory treatments section that listed oxygen therapy as a treatment item.</p> <p>Record review of the care plan dated 06/24/2026 revealed the Resident #32 continued to require oxygen therapy. The care plan instructed staff to administer oxygen as ordered with oxygen 2 liters per minute, monitor oxygen use and respiratory status, ensure oxygen equipment remained in safe working condition, implement oxygen safety precautions, and provide ongoing observation and interventions to promote respiratory stability and resident safety.</p> <p>During an observation on 06/23/2026 at 9:16 a.m., at Resident #32's room, he was sitting on his wheelchair having breakfast; Resident #32 was wearing his nasal canula and receiving oxygen. There was an oxygen sign posted outside his room.<br/>(continued on next page)</p> |                                                                                   |                                                 |

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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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>During an interview on 06/24/2026 at 2:38 p.m., LVN C stated that any resident receiving oxygen therapy or who had an oxygen concentrator in the room was required to have an oxygen-in-use sign posted outside the room. LVN C stated the sign alerted staff, residents, and visitors that oxygen was in use so appropriate safety precautions could be followed. LVN C stated that all nurses, CNAs, ADONs, the DON, and other staff making rounds were responsible for ensuring the signs remained posted. LVN C stated that if an oxygen-in-use sign was not posted, staff or visitors could unknowingly create a fire hazard, and staff who were unaware the resident was receiving oxygen might fail to perform appropriate monitoring or oxygen-related safety checks.</p> <p>During an interview on 06/24/2026 at 2:42 p.m., LVN D stated that residents receiving oxygen therapy were required to have an oxygen-in-use sign posted outside their room. LVN D stated the sign warned anyone entering the room that oxygen was present and reminded staff to follow oxygen safety precautions. LVN D stated that without the sign, a visitor could unknowingly bring an ignition source or flammable product into the room, creating a fire hazard. LVN D stated staff who did not know a resident was receiving oxygen therapy could also fail to check the resident or ensure oxygen was being used safely and as ordered.</p> <p>During an interview on 06/24/2026 at 2:55 p.m., CNA E stated that oxygen-in-use signs were required outside the rooms of residents receiving oxygen therapy. CNA E stated the signs notified staff, residents, and visitors that oxygen was in use, and that smoking or other ignition sources were not permitted near the room. CNA E stated that if the signs were missing, there was a potential for a fire hazard. CNA E also stated staff who were unaware a resident was receiving oxygen therapy might not perform appropriate oxygen-related observations or verify the resident was receiving oxygen as prescribed.</p> <p>During an interview on 06/25/2026 at 1:52 p.m., the DON stated that oxygen-in-use signs were required to be posted outside the rooms of residents receiving oxygen therapy or who had oxygen equipment in their rooms. The DON stated the purpose of the signs was to alert staff, visitors, and anyone entering the room that oxygen was in use so appropriate safety precautions could be followed. The DON stated all staff who cared for residents, including CNAs, LVNs, RNs, and supervisory staff, were responsible for ensuring the oxygen-in-use signs were properly displayed. The DON stated that failing to post the signs created the potential for a fire hazard if staff or visitors unknowingly brought ignition sources or other combustible items into the room. The DON stated that staff who were unaware of a resident receiving oxygen therapy might fail to perform appropriate monitoring or safety checks related to the resident's oxygen use.</p> <p>During an interview on 06/25/2026 at 2:33 p.m., the Administrator stated that oxygen-in-use signs should be posted outside the rooms of all residents receiving oxygen therapy to provide a clear visual warning that oxygen was present. The Administrator stated that every staff member working with residents shared the responsibility of ensuring the signs remained posted when oxygen equipment was in the room. The Administrator stated that without the required signage, visitors or staff could unknowingly bring items capable of producing sparks or flames into the room, creating a potential fire hazard in an oxygen-enriched environment. The Administrator also stated that staff who were unaware a resident was receiving oxygen therapy might not recognize the need for oxygen-related monitoring, safety precautions, or routine checks, which could delay appropriate care and place the (continued on next page)</p> |                                                                                   |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>resident at risk.</p> <p>Record review of the facility's policy and procedures titled Oxygen Administration, not dated, read in part:</p> <p>Oxygen Administration.</p> <p>11. Place NO SMOKING signs in area when oxygen is administered and stored. Store oxygen cannister in an area free of flammable substances. Avoid the use of electrical appliances in the rea of oxygen use as well. If the facility is non-smoking, oxygen in use signs are not required on individual resident rooms.</p> <p>Record review of Resident 12's face-sheet dated 6/25/2026 revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #12s diagnoses included End Stage Renal Disease (ESRD) (Permanent kidney failure requiring dialysis to perform the kidneys' function.) Dependence on Renal Dialysis (Requires regular dialysis treatments to filter waste and excess fluid from the blood.) Other Seasonal Allergic Rhinitis (Seasonal allergies causing nasal congestion, sneezing, and runny nose.) Cognitive Communication Deficit (Difficulty with thinking, processing information, and communicating effectively.) Other Symbolic Dysfunctions (Difficulty understanding or using language, numbers, or symbols.) Unspecified Dementia Without Behavioral Disturbance (Progressive decline in memory and cognitive function without significant behavioral symptoms.) and Other Specified Anxiety Disorders (An anxiety disorder causing excessive worry or nervousness.)</p> <p>Record review of Resident 12's Quarterly MDS dated [DATE] reflected a BIMS score of 07 indicated he was moderately cognitive impaired.</p> <p>Record review or Resident # 12' care plan dated 05/20/26 revealed there was no documentation to address oxygen concentrator filter maintenance</p> <p>An observation on 06/23/26 at 8:51 AM Resident #12 was observed with dirty, dusty, lint on oxygen filter.</p> <p>In an interview with CNA A on 06/24/2026 at 11:12 AM stated that she observed Resident #12's the oxygen concentrator air filter to be dirty and full of dust. CNA A reported that she did not know who was responsible for cleaning the filter and assumed it was the responsibility of housekeeping. CNA A further stated that, when she observed concerns within the facility, she reported them to the nurses, and the appropriate action could be taken.</p> <p>In an interview with RN F on 06/24/2026 at 2:08pm stated that Resident #12's oxygen concentrator air filter was dirty and that in that condition was not acceptable. RN F reported that maintaining a clean filter was everyone's responsibility to help ensure the equipment functioned properly. RN F stated that a dirty filter could interfere with the machine's operation, potentially affecting airflow and creating a risk for the resident who relied on the equipment for oxygen therapy.</p> <p>In an interview with ADON on 06/24/2026 at 2:13pm stated that the oxygen concentrator air filter (continued on next page)</p> |                                                                                   |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>appeared dirty. ADON reported that the facility did not have a specific policy addressing the cleaning or maintenance of oxygen concentrator filters, and that staff were instructed to follow the manufacturer's recommendations. She stated that, to her knowledge, central supply was responsible for cleaning and sanitizing the filters but was unsure how often the cleaning was performed. She further reported that the facility did not maintain documentation identifying when the filters were cleaned or who completed the cleaning. The ADON stated that a dirty filter could restrict airflow, affect the oxygen concentrator's performance, and potentially impact the resident's oxygen therapy. ADON also reported that staff had not received in-service training regarding oxygen filter maintenance and that there was no documentation outlining the frequency of filter cleaning or staff responsibility for the task.</p> <p>In an interview with DON on 06/24/2026 at 2:35pm stated that the oxygen concentrator air filter was dirty and required cleaning and replacement. She reported that central supply was responsible for cleaning the filters, while nursing staff were responsible for cleaning the oxygen concentrators. She stated that the inner filters should be changed approximately every two weeks and replaced annually or as needed, in accordance with manufacturer recommendations. The DON further reported that all concentrator filters had recently been cleaned and replaced and that additional replacement filters had been obtained from the manufacturer. She stated that a dirty or contaminated filter could interfere with proper oxygen delivery and place residents at risk. She also reported that the facility had not provided in-service education regarding oxygen concentrator filter maintenance.</p> <p>In an interview with administrator on 06/24/2026 at 3:08pm the Administrator stated that Resident #12's oxygen concentrator filter appeared dirty and believed it had not been cleaned for several weeks. He reported that responsibility for cleaning the filter likely belonged to central supply or nursing staff but was unsure whether the facility-maintained documentation identified how often the filters were cleaned. The administrator stated that central supply personnel were currently available on a daily basis. The Administrator further reported that a dirty filter could prevent the oxygen concentrator from operating at maximum efficiency and could potentially result in a resident not receiving the prescribed amount of oxygen. He stated that he assumed the staff member responsible for oxygen concentrator maintenance had received the appropriate training.</p> |                                                                                   |                                                 |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen sanitation and food storage.1. - The facility failed to store food in the dry storage room in sealed containers. 2. - The facility failed to label and date food containers stored in the refrigerator.3. - The facility failed to keep 21 spice bottles stored on a rack directly above food preparation sink free of grease build-up and residual around the tops and sides of the bottles; failed to label a spice bottle that contained white powder.4. - The facility failed to keep the bottom shelf in the freezer free of food particles.5. - The facility failed to store food in the freezer in sealed containers. These failures could place residents at risk of foodborne illnesses. Findings include: During an observation and interview on 06/23/2026 8:38 a.m. with Dietary Supervisor H in the Dry Storage Room revealed the following:-four bowls of cereal stored on a meal tray on the metal rack that were wrapped in plastic wrap and were not dated.-a large, uncovered plastic container that was labeled Yellow Corn Meal, that was stored on the metal rack that had a large plastic bag that contained yellow corn meal that was not sealed and there was yellow corn meal residual around the sides of the plastic container. The Dietary Supervisor said the dietary staff had been trained to store food in sealed containers. During an observation and interview on 06/23/2026 8:39 a.m. with Dietary Supervisor H in the Food Preparation Area and refrigerator revealed the following:- two large opened plastic bags that contained corn tortillas that had been removed from the original packages were stored in the refrigerator and were not sealed or dated.-a sealed plastic container that contained pink dessert topping that was not labeled or dated.-21 spice bottles stored on a metal rack directly above the food preparation sink with grease build-up and residual around the tops and sides of the bottles-a glass spice bottle that contained a white powdered substance that was not labeled stored on another spice rack directly above the food preparation sink. The Dietary Supervisor said the dietary staff had been trained to label and date food containers when foods were removed from the original containers. During an observation and interview on 06/23/2026 8:49 a.m. with Dietary Supervisor H revealed there was an opened box stored in the freezer that contained pasta with cheese that was stored in a plastic bag that was not sealed. During an interview on 06/23/26 at 9:30 a.m. with Dietary Manager K said the Dietary staff had been trained to label and store food in sealed containers when foods were removed from the original containers. Review of the facility's policy and procedure on Food Storage and Supplies dated 2012 provide by facility's Regional Compliance Nurse revealed: All facility storage areas will be maintained in an orderly manner that preserves the condition of food and supplies. We will ensure storage areas are clean, organized, dry, and protected from vermin, and insects. Procedure: Dry bulk foods (e.g. flour, sugar) are stored in seamless metal or plastic containers with tight covers or bins which are easily sanitized. Containers are labeled. Containers are cleaned regularly. Open packages of food are stored in closed containers with covers or sealed bags and dated as to when opened. Food Code 2022(C) PACKAGED FOOD shall be labeled as specified in LAW, including 21 CFR 101 FOOD Labeling, 9 CFR 317 Labeling, Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S 3-202.18.3-202.15 Package Integrity. FOOD packages shall be in good condition and protect the integrity of the contents so that the FOOD is not exposed to ADULTERATION or potential contaminants.</p> |                                                                                   |                                                 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure residents received services in the facility with reasonable accommodation of resident needs and preferences for 2 (Resident #22 and Resident #89) of 9 residents reviewed for call light placement. The facility failed to ensure call lights were within reach for Residents #22 and #89. This failure could affect residents by not having access to call for assistance resulting in needs not being met. Findings included: Resident #22 Record review of the face sheet dated 06/23/2026 revealed Resident #22 was a [AGE] year-old female who was originally admitted to the facility on [DATE] and was readmitted on [DATE]. Record review of the history and physical dated 05/12/2026 revealed Resident #22 was diagnosed with generalized muscle weakness (decreased strength), other abnormalities of gait and mobility (problems walking or moving safely), lack of coordination (difficulty controlling body movements), unspecified dementia (memory/thinking impairment) and cognitive communication deficit (difficulty understanding or communicating). Record review of Resident #22's quarterly MDS dated [DATE] revealed the resident had a BIMS score of 3, indicating severe cognitive impairment. The MDS Section J1800 revealed the resident had falls since admission/entry or the prior assessment. Review of section GG for functional abilities revealed the resident required assistance with multiple mobility-related tasks. The MDS documented code 03 for sit-to-lying and lying-to-sitting on the side of the bed, meaning the resident required partial/moderate assistance. The MDS documented code 02 for sit-to-stand and chair/bed-to-chair transfer, meaning the resident required substantial/maximal assistance. The MDS documented code 09 for toilet transfer and walk 10 feet, meaning the activity was not applicable and the resident did not perform the activity prior to the current illness, exacerbation, or injury. Record review of Resident #22's care plan last revised on 06/15/2024 revealed the resident had a communication problem related to moderate difficulty in hearing and called for staff intervention of ensuring to provide a safe environment for the resident by having the call light within reach, adequate log glare light, bed in lowest position and wheels locked. Resident #22's care plan revealed the resident had an ADL self-care performance deficit and called for staff intervention by encouraging the resident to use the bell to call for assistance. During an observation and interview on 06/23/2026 at 9:00 a.m., with CNA A, Resident #22's call light was observed underneath the resident's bed and not within the resident's reach. CNA A stated that the resident frequently repositioned herself in bed and, at times, the call light could fall to the floor. CNA A stated that despite this occurring, the call light was expected to always remain within the resident's reach. CNA A stated that all staff who provided care to the residents were responsible for ensuring the call light remained accessible. CNA A stated that if the residents were unable to reach the call light, they could attempt to get up without assistance and experience a fall or experience delays in receiving needed assistance and services. During an observation and interview on 06/23/2026 at 9:02 p.m., CNA B stated that Resident #22's call light was observed underneath the resident's bed. CNA B stated that all staff members who worked with residents were responsible for checking and ensuring the call lights were placed within the residents reach. CNA B stated that residents relied on the call light to request assistance and communicate their needs. CNA B stated that when a call light was not readily accessible, there was a risk that the residents could try to obtain assistance independently and sustain an injury, including a fall. CNA B stated that an inaccessible call light could also result in delays in care because staff would not be alerted when the resident required assistance. During an observation and interview on 06/23/2026 at 9:38 a.m., Resident #22 was in bed. Her call light was observed on the floor underneath (continued on next page)</p> |                                                                                   |                                                 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>her bed. The surveyor asked Resident #22 if she was able to locate her call light, but the resident was confused and did not answer the surveyor's questions. CNA A was present at the time and stated the resident knew how to use her call light. CNA A stated the call light must have fallen from the resident's bed, and it was likely not properly clipped to the bed sheet. During an interview on 06/24/2026 at 2:25 p.m., with LVN C, stated that call lights were used by residents whenever they needed assistance with water, ADLs, ask for assistance with showers and transfers. LVN C stated that call lights needed to be located within reach of the residents and that it was the responsibility of CNAs, LVNs, RNs or DON to make sure that call lights were within reach of the residents while they were in their room. LVN C stated that rounds were conducted every two hours to make sure call lights were within the resident's reach. LVN C stated that potential negative outcome for call lights not being within reach and beneath Resident #22's bed, could be the resident could fall if she tried to reach the call light for assistance or getting up on her own and also potentially delaying services by Resident #22 not being able to call for help. Resident #89 Record review of the face sheet dated 06/23/2026 revealed Resident #89 was an [AGE] year-old female who was originally admitted to the facility on [DATE] and was readmitted on [DATE]. Record review of the history and physical dated 09/11/2024 revealed Resident #89 was admitted after a ground-level fall after tripping over an object. The record revealed the resident reported mild head pain after a possible head strike, back pain, groin pain, and a fall earlier in the week. Injuries included a subgaleal hematoma to the right frontal scalp (bleeding/swelling under the scalp), subacute fractures of the left superior pubic ramus, right suprapubic ramus, bilateral inferior pubic rami (pelvic fractures), nondisplaced fracture of the right sacral ala extending to the sacral foramen (lower spine/pelvic area fracture), and burst/compression fracture of L2 causing mild central stenosis (a broken lower-back bone causing narrowing around the spinal canal). Record review of the quarterly MDS dated [DATE] revealed the resident had a BIMS score of 3, indicating severe cognitive impairment. MDS Section GG for functional abilities revealed the resident had a code 06 for sit-to-lying, lying-to-sitting on the side of the bed, sit-to-stand, chair/bed-to-chair transfer, and walking 10 feet, meaning independent performance for those specific coded activities during the assessment period. The MDS documented code 05 for toilet transfer, meaning setup or clean-up assistance was required. Record review of the care plan revised on 05/27/2026 revealed an ADL self-care performance deficit related to multiple lumbar fractures, pubis and sacral fractures, muscle weakness, lack of coordination, and history of falls. Record review of the fall risk care plan revealed Resident #89 was at risk for falls related to confusion, gait/balance problems, incontinence, and noncompliance with the use of a walker. Interventions included anticipating and meeting the resident's needs; ensuring the resident's call light was within reach and encouraging the resident to use it for assistance as needed; ensuring a safe environment with a working and reachable call light, bed in low position at night, and personal items within reach. During an observation and interview on 06/23/2026 at 8:50 a.m., with Resident #89, the resident was observed laying in bed in her room. The surveyor observed the resident's call light on the floor underneath the bed and not within the resident's reach. Resident #89 looked around her bed for her call light but stated she could not locate it. The Resident #89 stated, I would just pray to God I don't need to call for help because I wouldn't be able to reach it if I needed assistance. During an interview on 06/25/2026 at 1:48 p.m., the DON stated the facility did not have a written policy specific to call light placement. The DON stated the purpose of a call light was to allow residents to call staff for assistance whenever they needed help. The DON stated that all staff who provided care to residents, including CNAs, LVNs, RNs, and supervisory staff, were responsible for ensuring residents' call lights remained within reach while residents were in their rooms. The DON stated that if a call light was not (continued on next page)</p> |                                                                                   |                                                 |

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

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

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| F 0558<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | within a resident's reach, there was a potential for a delay in care because the resident might be unable to request assistance in a timely manner. The DON stated there was also a potential for injury if a resident attempted to get out of bed or transfer independently without staff assistance because they could not access the call light. During an interview on 06/25/2026 at 2:22 p.m., the Administrator stated that the purpose of the call light system was to ensure residents could immediately notify staff when assistance was needed. The Administrator stated every staff member working with residents was responsible for making sure call lights were left within residents' reach before leaving the room. The Administrator stated that when a call light was out of reach, residents could experience a delay in receiving needed services because they would be unable to notify staff. The Administrator stated residents might attempt tasks such as getting out of bed, transferring, or walking without assistance, which could increase the potential for falls or other injuries. |                                                                                   |                                                 |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interview, and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal hygiene, for 1 of 19 residents ( Resident #92) reviewed for ADL care. The facility failed to ensure Resident #92 had trimmed and clean nails on 06/23/2026 and 06/24/2026. This failure could place residents who required assistance with ADL's at risk for unmet care needs. Findings included: Record review of Resident #92's face-sheet dated 06/24/26 revealed a [AGE] year-old male with admission date 04/20/22. Record review of Resident #92's history and physical dated 06/24/26 revealed a medical history of Diabetes Mellitus type 2 (a chronic condition when the body becomes resistant to insulin or does not produce enough insulin causing high blood sugar levels), Cerebral Infarction (disruption in blood flow to the brain causing cell death), and hemiplegia (one-sided weakness or paralysis of the face, arm, and leg). Record review of Resident #92's quarterly MDS dated [DATE] revealed a BIMS score of 12, indicating moderate cognitive impairment. Record review of Resident #92's care plan dated 04/25/22 , revealed resident had ADL Self Care Performance Deficit related to Cerebral Infarction with hemiplegia to left non dominant side, and interventions included for staff to provide x1 staff participation with Personal hygiene. On an observation and interview on 06/23/26 at 10:26 AM Resident #92 revealed the his right hand's fingernails were jagged and had black debris underneath. Resident #92 stated he had his fingernails cleaned last week and wanted them to clean and trim. Resident #92 did not want to answer any more questions regarding his nails. An observation on 06/24/26 at 11:38 AM Resident #92 revealed his right hand's fingernails were still jagged, and black debris was observed underneath his fingernails. Resident #92 stated he had not told staff he wanted them cleaned or trimmed, but they had not offered the service since last week. In an interview on 06/25/26 at 11:14 AM with CNA J revealed the nursing assistants and staff were responsible for residents' nail care. She stated CNAs provide nail care and grooming every Sunday to residents. CNA J stated the risk of having dirty and jagged nails including illness since the residents touch their face or mouth when they eat their food, for example. CNA J stated the ADONs and DON monitor residents' appearance and fingernails as needed but was unsure how often. In an interview on 06/25/26 at 12:28 PM with LVN I, she stated CNAs were responsible for providing nail care and grooming to residents which was every Sunday. LVN I stated that nursing staff was responsible for monitoring the CNAs and ensuring residents' nails were groomed. LVN I stated the DON monitors and rounds on residents including their fingernails, but was not sure how often. LVN I stated the risk of jagged and dirty fingernails was injury and an infection control issue. LVN I stated Resident #92 was able to verbalize his needs and was vocal about it. In an interview on 06/25/26 at 2:23 PM with the DON revealed the CNAs were responsible for grooming resident nails. The DON stated that the CNAs provided nail grooming services every Sunday, or as needed, such as if the resident was observed with long or dirty fingernails. The DON stated the risks of jagged nails was injury to the resident or others, and dirty fingernails were an infection control issue. In an interview on 06/25/26 at 3:19 PM with the Administrator, he stated that the nursing staff was responsible for nail care. The Administrator stated that the CNAs provided nail grooming to residents as needed. He stated the ADON and DON monitor residents daily including their fingernails, which was also monitored through Champion rounds, which consisted of Department Supervisors rounding on residents daily. The Administrator stated during Champion rounds, the residents' appearance and fingernails were looked at and addressed if needed. The Administrator stated the risk (continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675568                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>06/25/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Oasis Nursing & Rehabilitation Center                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>9001 North Loop<br>El Paso, TX 79907 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                 |
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| F 0677<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | of having jagged nails was the resident cutting themselves or others, and dirty fingernails was an infection control concern. Record review of the Nursing Facility's Nail Care policy, with no date, read in part: Nail management is the regular care of the toenails and fingernails to promote cleanliness, and skin integrity of tissues, to prevent infection, and injury from scratching by fingernails or pressure of shoes on toenails. It includes cleansing, trimming, smoothing, and cuticle care and is usually done during the bath. It continued to read, in part, under Goals, 1. Nail care will be performed regularly and safely. |                                                                                   |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Oasis Nursing & Rehabilitation Center                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>9001 North Loop<br>El Paso, TX 79907 |                                                 |
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| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure the resident's environment was as free from accident hazards as possible for 1 of 15 rooms (room # 7) reviewed for accidents. The facility failed to ensure Resident #12 did not have a white unlabeled medication bottle in room on 06/23/26. This deficient practice could place residents at risk of harm or injury and contribute to avoidable accidents. The findings included: Record review of Resident 12's face-sheet dated 6/25/2026 revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Record review of Resident 12's history and physical dated 05/20/26 revealed diagnoses of cognitive communication deficit (is when someone has trouble communicating effectively because of problems with the mental skills that go along with talking), dysphasia (is a condition that results from damage to the areas of the brain responsible for language, it leads to difficulties in speaking), and unspecified dementia (a diagnosis given when a person has clear signs of dementia (memory loss, confusion, and difficulty with everyday tasks), but the exact type hasn't been identified). Record review of Resident 12's Quarterly MDS dated [DATE] reflected a BIMS score of 07 indicated he was moderately cognitive impaired. Record review of Resident # 12' care plan dated 05/20/26 revealed there was no indication she was assessed and/or capable of self-administering ointment on her own without assistance. An observation on 06/23/26 at 8:51 AM Resident #12 was sitting down eating her breakfast; Observed an unlabeled medication bottle on top of the drawer. Resident #12 stated it was an ointment for pain that she used sometimes. In an interview with CNA A on 06/24/2026 at 11:12 AM stated she observed unlabeled medication in the facility but did not know what the medication was. CNA A stated when she identified concerns such as unlabeled medication, she reported them to the nursing staff because, as a CNA A, she considered herself the eyes in the halls. CNA A stated if her concerns were not addressed, she would report them to someone else. CNA A stated unlabeled medication created a risk because residents could potentially take the medication without knowing what it was and could experience an adverse reaction. CNA A stated staff were expected to report any unlabeled medication to the nurses for follow-up. CNA A stated the facility provided trainings at least once per month. CNA A stated she could not recall the subjects covered during the most recent trainings but confirmed that regular training sessions were conducted by the facility. In an interview with Medication Aide on 06/24/2026 at 1:56 PM stated he has been employed at the facility for about 3 to 4 years. Medication Aide stated that family members sometimes bring medications to the facility without labels. Medication aide reported that unlabeled medications create a safety concern because staff cannot verify the contents in the bottle and residents could accidentally receive medication that is not prescribed to them, potentially resulting in adverse effects or toxicity. We will report everything to the nurse, admin and DON, we have trainings every month, especially infection control. In an interview with RN F on 06/24/2026 at 2:08 PM stated he has been employed with the facility for about one year. RN F stated that unlabeled medications are unacceptable because staff cannot verify what was inside the unlabeled medication. RN F reported that family members occasionally bring medications to the facility without labels, and staff remove them when identified. RN F expressed concern that if an unlabeled medication were accessible, a resident could mistakenly ingest it, potentially resulting in an allergic reaction or other serious adverse events due to unknown contents. In an interview with ADON 06/24/2026 2:13 PM stated that the medication appeared to be in a medication bottle; however, because the bottle did not have a label, they were unable to identify what is exactly in the bottle.<br/>(continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675568                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>06/25/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Oasis Nursing & Rehabilitation Center                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>9001 North Loop<br>El Paso, TX 79907 |                                                 |
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| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>ADON expressed concern that administering or ingesting an unidentified medication could result in adverse reactions or other harmful side effects. ADON stated that medications are not permitted to be kept at the resident's bedside. ADON explained that if an unlabeled medication was discovered, the physician and the supervisor should be notified, and an incident report should be completed, and the facility should follow the physician's orders if the resident has ingested the medication. ADON stated they do not recall receiving a formal in-service regarding the handling of unlabeled medications. ADON stated during orientation, they were instructed to remove or discard unlabeled medications and notify the resident's family to retrieve the medication. In an interview with DON on 06/25/2026 at 2:35 PM the DON stated that the medication bottle appeared empty and unlabeled, making it impossible to determine what medication it previously contained. DON stated that the resident's family member frequently brings personal items for the resident but could not confirm whether the bottle had been brought by the family. DON stated that nursing staff or certified nursing assistants (CNAs) are responsible for notifying other staff when an unlabeled medication was identified, including during champion rounds. DON stated concern that an unlabeled medication presents a safety risk because a resident could mistakenly take it without knowing what it was, potentially resulting in an adverse or allergic reaction if it was not prescribed for that resident. DON stated that the facility has not recently provided an in-service regarding the management of unlabeled medications. She stated if an unlabeled medication was found, staff would notify the resident's family and the physician to determine whether an order should be obtained. DON stated that families are educated not to bring unlabeled medications into the facility. If a medication is identified, staff assess whether the resident is authorized to keep it at the bedside and whether the resident has been approved to self-administer the medication. In an interview with Administrator 06/25/2026 3:08 PM administrator stated they were unable to identify the contents of the unlabeled medication bottle because it did not have a label. Although the bottle appeared to be empty, the administrator stated that all medication containers should be properly labeled regardless of their contents. The administrator expressed concern that an unlabeled medication could pose a risk of an adverse reaction because staff cannot verify the medication or its potential side effects. The administrator stated that residents should not have unlabeled medications at their bedside. Although some residents are authorized to self-administer their medications, those medications must be properly identified and labeled. If an unlabeled medication was found, staff would remove it from the resident's room, determine what the medication is, and document the findings in the resident's medical record. Administrator stated they were unsure whether the facility provides formal in-service training regarding the management of unlabeled medications but reported that family members are educated upon admission regarding the facility's expectations for bringing medications into the facility.</p> |                                                                                   |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Oasis Nursing & Rehabilitation Center                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>9001 North Loop<br>El Paso, TX 79907 |                                                 |
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| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>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.</p> <p>Based on observations, and interviews, the facility failed ensure that all drugs and biologicals used in the facility were stored in accordance with professional standards for one (South Low Side Medication Cart) of five medication carts viewed for medication storage. -The facility failed to store eye drop bottles separately for multiple residents when eye drops bottles were removed from the manufacture's containers and were stored together in one plastic bin in the medication cart. This failure could affect residents that received medications from the facility by placing them at risk of cross contamination and infection. The findings include: Observation 06/24/26 at 11:15 a.m. with LVN I revealed Medication Cart South Low Side, Multiple Eye drops bottles removed from the manufacture's containers were labeled with multiple resident's names were stored together in a plastic bin in one of the drawers in the medication cart. She said that she was not aware that eye drop bottles removed from the manufacture's containers needed to be stored in a container with dividers to prevent cross contamination. During an interview 06/24/26 at 3:00 p.m. the Regional Compliance Nurse said the nurses had been trained to store the eye drop bottles in plastic bins with dividers if the eye bottles had been removed from the original boxes to prevent cross contamination. The state surveyor requested a copy of the facility's policy and procedure on Medication Storage. The facility's policy on Medication Storage was not provided prior to exit.</p> |                                                                                   |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of one treatment cart checked for cross contamination, and for one (South Side) of two Crash Carts reviewed for infection control. -The facility failed to ensure an opened package of 4 x 4 gauze pads was stored in a sealed container in the crash cart on the South Side of the facility. -The facility failed to ensure an opened package of 4 x 4 gauze pads was stored in a sealed container in the treatment cart. These failures could result in increased risk of infection to residents. Findings include: During an observation and interview on 06/24/26 at 10:00 a.m. in the South Side with the DON revealed there was an open paper package of 4 x 4 gauze pads that was not stored in sealed container in the crash cart. The DON said the opened packages of 4 x 4 gauze pads needed to be stored in sealed containers to prevent cross contamination. During an observation and interview on 06/24/26 at 10:37 a.m. with LVN G Wound Care Nurse revealed there was an opened bag of 4 x 4 gauze pads that was opened and stored in a plastic bag that was not sealed in the treatment cart. The Wound Care Nurse said they had been trained to store the opened bags of 4 x 4 gauze pads in sealed containers to prevent cross contamination. Review of facility's undated policy and procedures on Fundamentals of Infection Control Precautions revealed: A variety of Infection control measures are used for decreasing the risk of transmission of microorganisms in the facility. These measures make up the fundamentals of infection control precautions to prevent the transmission of infection: Hand Hygiene, Gloving, Resident care equipment and articles. It is important that practices reflect the most current CDC guidelines.</p> |                                                                                   |                                                 |