

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675617	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Eagle Pass Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2550 Zacatecas Drive Eagle Pass, TX 78852	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to ensure assessments accurately reflected the status of the residents for 3 of 6 residents (Resident #1, #2 and #3) reviewed for MDS assessments. 1. The facility failed to ensure Resident #1's cardiac pacemaker was reflected as an active diagnosis on the quarterly MDS assessment dated [DATE]. 2. The facility failed to ensure Resident #2's use of an opioid medication was reflected in the quarterly MDS assessment dated [DATE]. 3. The facility failed to ensure Resident #3's anxiety was reflected as an active diagnosis on the quarterly MDS assessment dated [DATE]. These deficient practices could place residents at risk of inadequate care. The findings include: Record review of Resident #1's electronic face sheet dated 07/22/2026 reflected a [AGE] year-old male admitted on [DATE]. His diagnoses included: presence of cardiac pacemaker (implanted medical device that generates electrical pulses to stimulate the heart to contract and pump blood), dementia (a syndrome characterized by a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities) and atrial flutter (type of abnormal heart rhythm in which the heart's upper chambers beat very fast but in a coordinated manner). Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected he could usually understand others and usually be understood. He scored 2 of 15 on his BIMS which signified his cognitive status was severely impaired. He required moderate assistance with ADLs. Review of Section I-Active Diagnoses reflected he had coronary artery disease and did not reflect he had a cardiac pacemaker. Record review of Resident #1's comprehensive care plan dated 09/24/2026 reflected Focus, has a pacemaker, Interventions, monitor vital signs as ordered. Record review of Resident #1's Active Orders as of: 07/22/2026 reflected Apical pulse (pulse point located at the apex of the heart, measured by listening directly to the heart with a stethoscope) daily to monitor pacemaker functioning, start date 03/19/2025. Record review of Resident #1's MAR dated 06/01/2026 to 06/30/2026 reflected he had apical pulse checks every day. Observation on 07/22/2026 at 08:00 a.m. of Resident #1 revealed he was lying on a low bed with a mat on the floor, and he refused to talk with the surveyor. During an interview on 07/23/2026 at 1:26 p.m., the ADON stated Resident #1 had a pacemaker and the nurse's performed apical pulse checks each shift. Record review of Resident #2's electronic face sheet dated 07/22/2026 reflected an 81 -year -old male admitted on [DATE]. His diagnoses included: polyarthritis (inflammation in multiple joints at the same time causing pain, swelling, stiffness, and decreased mobility) and chronic pain (pain that lasts for over 3 months). Record review of Resident #2's quarterly MDS assessment dated [DATE] reflected he could usually understand and usually be understood. He scored 7 of 15 on his BIMS which signified his cognitive status was severely impaired. He was noted to have received scheduled pain medication. He was not coded to be taking an opioid within the last 7 days of the assessment. Record review of Resident #2's Active Orders as of: 07/22/2026 reflected he was prescribed tramadol (opioid (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
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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medication to treat moderate to severe pain) 37.5-325mg, one tablet by mouth two times a day for pain, start dated 04/24/2026. Record review of Resident #2's MAR dated 06/01/2026 to 06/30/2026 reflected he received scheduled tramadol twice a day as prescribed. During an observation on 07/22/2026 at 08:10 a.m., Resident #2 was lying in bed and appeared comfortable. During an interview on 07/22/2026 at 08:13 a.m., Resident #2 stated he received pain medication a couple of times a day. Record review of Resident #3's electronic face sheet dated 07/22/2026 reflected 07/22/2026 reflected a [AGE] year-old female admitted on [DATE]. Her diagnoses included: moderate intellectual disabilities (significant limitations in both intellectual functioning and adaptive behavior), major depressive disorder (serious mental health condition characterized by persistent feelings of sadness, loss of interest in activities, and various emotional and physical problems) and anxiety disorder (feeling nervous, restless, and tense). Record review of Resident #3's quarterly MDS assessment dated [DATE] reflected she could sometimes understand and sometimes be understood. She scored 7 of 15 on her BIMS which signified her cognitive status was severely impaired. She required moderate assistance with her ADL's. She was noted to have an active diagnosis of depression but not anxiety disorder. She was coded to take an antidepressant. Record review of Resident #3's comprehensive care plan reflected Focus, resident has a mood problem r/t past experiences and difficult memories manifested by upsetting behaviors, interventions, administer medications as ordered. Record review of Resident #3's psychiatric visit note dated 04/25/2026 reflected Diagnosis: Depression and Anxiety Disorder, problem list, anxiety, difficulty interpreting social cues, initiating interactions, and engaging in reciprocal or cooperative interactions. Record review of Resident #3's Psychiatric Services note dated 07/07/2026 reflected Psyche History, depression and anxiety., assessment, anxiety disorder, and depressive disorder, ongoing, continue sertraline 50mg daily, if this does not help patient's depression and anxiety, will re-initiate hydroxyzine. Initiate nonpharmacological interventions such as encouraging the resident to participate and engage in facility activities and eat in the dining room to reduce isolation. Record review of Resident #3's Active Orders as of 07/23/2026 reflected she was ordered sertraline (antidepressant) HCL one time a day for depression. During an interview on 07/23/2026 at 1:26 p.m., the ADON stated Resident #3 has a diagnosis of anxiety disorder and psychiatric services managed her medications and provided nonpharmacological interventions. She stated psyche services had recently ordered Resident #3 medications for her anxiety. During an interview on 07/23/2026 at 1:00 p.m., the MDS nurse stated she missed Resident #1's cardiac pacemaker, Resident #2's opioid medication and Resident #3's active diagnosis of anxiety disorder. She stated she was accountable for the MDS's accuracy and care could be missed if the information is not accurate. During an interview on 07/23/2026 at 2:10 p.m., the DON stated the MDS needed to reflect the resident's physical, psychological, and medical needs, so that the information is noted on care areas and care plans are provided. She stated resident conditions not noted on the MDS assessment could result in missed care. Record review of the facility's policy and procedure titled Minimum Data Set Policy for MDS accuracy Data Accuracy dated 09/2025 reflected The purpose of the MDS policy is to ensure each resident receives an accurate assessment by qualified staff to address the needs of the resident who are familiar with his/her physical, mental and psychosocial well-being. Record review of the CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.20.1, dated October 2025 reflected The RAI process has multiple regulatory requirements. Federal regulation required the assessment accurately reflects the resident's status.		