

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

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675677                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/21/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Del Rio Nursing and Rehabilitation Center                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>301 W. Martin Street<br>Del Rio, TX 78840 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                 |
| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                                 |
| F 0641<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record reviews, the facility failed to ensure assessments accurately reflected the status of the residents for 1 of 5 residents (Resident #1) reviewed for MDS assessments. The facility failed to ensure Resident #1's falls were reflected on the quarterly MDS assessment dated [DATE]. This deficient practice could place residents at risk of inadequate care. The findings include: Record review of Resident #1's electronic face sheet dated 07/21/2026 reflected an [AGE] year-old male admitted on [DATE]. His diagnoses included: paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease) heart failure (heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen) and dementia (loss of cognitive functioning that interferes with daily life and activities). Record review of Resident #1's admission MDS assessment dated [DATE] reflected he could understand others and be understood. He scored a 4 of 15 on his BIMS which signified his cognitive status was severely impaired. Section J1800, Fall History on Admission/Entry or Reentry or Prior Assessment reflected he had no falls. Further review of Resident #1's quarterly MDS assessment dated [DATE] reflected he had no falls. Record review of Resident #1's comprehensive care plan dated 02/21/2026 reflected Focus, at risk for falls r/t: chronic health problems, debility and weakness, Interventions, routine rounds to help with safety checks. Record review of the facility's Incident and Accident log dated 04/01/2026 to 06/30/2026 reflected Resident #1 had falls on 04/04/2026, 05/12/2026 and 06/13/2026, after his admission MDS assessment and prior to his quarterly MDS assessment. Record review of Resident #1's Post Fall Reviews dated 04/04/2026, 05/12/2026 and 06/13/2026 reflected he had unwitnessed falls and was assessed. Record review of Resident #1's Progress Notes dated 04/04/2026, 05/13/2026 and 06/13/2026 reflected he had unwitnessed falls on these dates. Observation on 07/21/2026 at 10:00 a.m. revealed he was sitting in a tall wheelchair in his room. His bed was in a low position with a scoop mattress. During an interview on 07/21/2026 at 10:03 a.m., Resident #1 stated he had fallen because he tried to get up and he knew he needed to call for someone to help him. Resident #1 stated his sensor pad was within reach. During an interview on 07/21/2026 at 3:49 p.m., the MDS nurse stated she did not know why she missed coding Resident #1's falls. She stated an inaccurate MDS assessment could affect the facility quality rating and care could be missed. During an interview on 07/21/2026 at 4:16 p.m., the DON stated the MDS needed to be accurate to show what care a resident needed and it could be miscommunicated and not communicated if it was wrong. During an interview on 07/21/2026 at 4:30 p.m., the ADM stated the accountability of the MDS was a team effort. She stated it was important for the MDS to be accurate to reflect and communicate care needed or it could be missed. Record review of the facility's policy and procedure titled Comprehensive Assessments dated January 2024 reflected, Accuracy of Assessment, each resident receives an accurate team assessment of relevant care areas that provide team members with knowledge of each resident's status, needs, strengths, (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>675677 | Facility ID:<br><br>675677           |
|                                                                          |                         | If continuation sheet<br>Page 1 of 4 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Del Rio Nursing and Rehabilitation Center                                                      |                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>301 W. Martin Street<br>Del Rio, TX 78840 |                                                 |
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| F 0641<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | and areas of decline. 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. |                                                                                        |                                                 |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews, and record reviews, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, which includes measurable objective and times to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 2 (Resident #1 and #2) of 5 residents reviewed for care plans. 1. The facility failed to accurately reflect Resident #1's prevention intervention of a scoop mattress (specialized medical mattress designed with raised, contoured sides or edges that create a concave sleeping surface. The scoop shape gently cradles the user, forming a soft barrier that helps prevent them from rolling out of bed) in the care plan. 2. The facility failed to accurately reflect Resident #2's fall prevention intervention of anti-slip strip (traction-enhancing safety product applied to a surface to reduce slips and falls) in the care plan. These deficient practices place residents at risk of missed or miscommunicated care. The findings include: 1. Record review of Resident #1's electronic face sheet dated 07/21/2026 reflected an [AGE] year-old male admitted on [DATE]. His diagnoses included: paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease) heart failure (heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen) and dementia (loss of cognitive functioning that interferes with daily life and activities). Record review of Resident #1's admission MDS dated [DATE] reflected he could understand others and be understood. He scored a 4 of 15 on his BIMS which signified his cognitive status was severely impaired. Section J1800, Fall History on Admission/Entry or Reentry or Prior Assessment reflected he had no falls. Further review of Resident #1's quarterly MDS assessment dated [DATE] reflected he had no falls. Record review of Resident #1's comprehensive care plan dated 02/21/2026 reflected Focus, at risk for falls r/t: chronic health problems, debility and weakness, Interventions, routine rounds to help with safety checks, remind resident to keep bed in low position, call light within reach, and did not reflect the bed had a scoop mattress. Record review of the facility's Incident and Accident log dated 04/01/2026 to 06/30/2026 reflected Resident #1 had falls on 04/04/2026, 05/12/2026 and 06/13/2026, after his admission MDS assessment and prior to his quarterly MDS assessment. Observation on 07/21/2026 at 10:00 a.m. revealed he was sitting in a tall wheelchair in his room. His bed was in a low position with a scoop mattress. During an interview on 07/21/2026 at 10:03 a.m., Resident #1 stated he had fallen because he tried to get up and he knew he needed to call for someone to help him. He stated his sensor pad was within reach. During an interview on 07/21/2026 at 04:39 p.m., LVN A stated Resident #1 had a low bed with a scoop mattress as fall prevention interventions. During an interview on 07/21/2026 at 04:49 p.m., CNA B stated Resident #1 had a low bed with a scoop mattress as fall prevention interventions. 2. Record review of Resident #2's electronic face sheet dated 07/21/2026 reflected a [AGE] year-old female admitted on [DATE]. Her diagnoses included: displaced fracture of base of neck of right femur (when the bones break in the upper part of the thigh bone near the hip and are not aligned), depression (common and serious mood disorder characterized by persistent feelings of sadness, loss of interest and other emotional and physical problems), cognitive communication deficit (breakdown in the mental processes that support effective communication), and cerebral infarction (when a blood vessel in the brain becomes blocked, leading in a sudden reduction of cessation of blood flow and oxygen delivery to brain tissue causing cell death). Record review of Resident #2's quarterly MDS assessment dated [DATE] reflected that she could usually understand and sometimes (continued on next page)</p> |                                                                                        |                                                 |

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>be understood. She scored 6 of 15 on her BIMS which signified her cognitive status was severely impaired. She was coded to have fallen. Record review of Resident #2' comprehensive care plan dated 02/10/2026 reflected Focus, at risk for falls r/t: right sided weakness, impaired balance, Interventions, anticipate and meet resident needs, keep call bell within reach, scoop mattress on bed, bed in low position. The comprehensive care plan did not reflect that she had an anti-slip strip on the floor beside her bed. During an interview on 07/21/2026 at 1:46 p.m., LVN C stated Resident #2 had anti-skid tape on the floor near her bed to help prevent her from slipping and falling. Observation on 07/21/2026 at 3:20 p.m. of Resident #2 revealed she was lying in her bed at the low position. She had a scoop mattress on her bed, and an anti-slip strip on the floor next to her bed. During an interview on 07/21/2026, at 3:25 p.m., Resident #2 acknowledged the fall interventions were to keep her safe. During an interview on 07/21/2026 at 3:49 p.m., the MDS nurse stated she did not know why Resident #1's scoop mattress or Resident #2's anti-slip strip was not in their care plans. She stated it was important to show what the residents needed to try and keep them from falling. During an interview on 07/21/2026 at 4:16 p.m., the DON stated the care plan needed to show what residents required to be cared for and to reflect what interventions were necessary to keep them safe. During an interview on 07/21/2026 at 4:30 p.m., the ADM stated the accountability of the care plan was a team effort. She stated it was important for the care plan to be accurate to reflect and communicate care needed. Record review of the facility's policy and procedure titled Care Plans dated January 2024 reflected The community develops a comprehensive care plan for each resident that includes measurable objectives to meet a resident's medical, nursing, mental, and psychological needs that are identified in the comprehensive assessment.</p> |                                                                                        |                                                 |