

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675768	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/18/2024
NAME OF PROVIDER OR SUPPLIER  Mountain Villa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2729 Porter Ave El Paso, TX 79930	

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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>43871</p> <p>Based on interview and record review the facility failed to develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, for 1 of 3 (CNA A) staff reviewed for EMR.</p> <p>The facility did not have CNA A's EMR on file upon hire.</p> <p>This failure could place residents at risk of abuse, neglect, and misappropriation of property.</p> <p>Findings included:</p> <p>Record review of Abuse and Neglect policy (not dated) read in part All personnel will be screened before hiring criminal history record, background checks, and reference. The licensing board will ne contacted for all licensed personnel to determine if any sanctions have been assessed against the applicant's license. In addition, all nurse aides conduct will be verified through employee misconduct registry.</p> <p>Record review of CNA A's employee files revealed her hire date was 07/19/24.</p> <p>Record review of CNA A's criminal background dated 07/19/24 revealed no findings.</p> <p>Record review of CNA A's employee file revealed no EMR was noted.</p> <p>Interview on 11/18/24 at 11:18 am, the Secretary stated she was the one responsible for running EMR's upon hire and the Administrator would be the one to follow up to ensure it was completed and a copy was placed in the employee files. The Secretary stated she had run CNA A's EMR but she could not find it on her file. The Secretary stated copies of EMR were required to be filed in the employee files and failure to do so, the facility would not be able to provide copy to verify the EMR was completed. The Secretary stated the DON and Administrator would be unable for interview due to a family emergency.</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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