

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675831	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Edgemere Estates		STREET ADDRESS, CITY, STATE, ZIP CODE 10880 Edgemere Blvd El Paso, TX 79935	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45217</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan that included measurable objectives and time frames to meet a resident's medical and nursing needs and described the services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 3 (Resident #3, Resident #8, and Resident #13) of 3 residents reviewed for care plans.</p> <p>The facility failed to develop a comprehensive person-centered care plan regarding oxygen therapy for Resident #3, #8, and #13.</p> <p>This deficient practice could place residents in the facility at risk of not receiving the necessary care or services.</p> <p>Findings include:</p> <p>Resident #3:</p> <p>Record review of Resident #3's Admission Record, dated 01/29/2025, reflected a [AGE] year-old female originally admitted on [DATE] and readmitted on [DATE].</p> <p>Record review of Resident # 3's History and Physical dated 03/16/2023, revealed diagnoses to include dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), and chronic obstructive pulmonary disease (lung disease that block airflow and make it difficult to breathe).</p> <p>Record review of Resident # 3's MDS dated [DATE], revealed a BIMS score of 12 indicating the resident had moderate cognitive impairment. Section O - Special Treatments, Procedures, and Programs revealed Resident #3 was receiving oxygen therapy.</p> <p>Record review of Resident #3's Order Summary Report dated 01/30/2025, revealed an order with start time of 10/08/2024 for O2 at 2 liters, keep O2 saturations above 85%.</p> <p>Review of Resident #3's O2 Saturation summary from 01/15/2025 to 01/31/2025 revealed O2 saturations ranged between 94% to 97%.</p> <p>(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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #13's Order Summary Report dated 01/31/2025, revealed an order with start time of 10/07/2024 for O2 via nasal cannula at 2 liters continuous to maintain saturation above 90%.</p> <p>Review of Resident #13's O2 Saturation summary from 01/15/2025 to 01/31/2025 revealed O2 saturations ranged between 93% to 96%.</p> <p>Record review of Resident #13's comprehensive care plan dated 01/31/2025, revealed Resident #13's oxygen therapy was not care planned.</p> <p>During an observation on 01/31/2025 at 8:42 a.m., Resident #13 was lying in bed asleep with nasal cannula on and oxygen set at 2 liters. No issues identified with oxygen concentrator or tubing.</p> <p>During an interview on 01/29/2025 at 10:48 a.m., the ADON said all care plans should include oxygen therapy. The ADON said MDS Coordinator was responsible for care plans. The ADON said the facility had a recent change of ownership at the beginning of December 2024 and some information from previous care plans did not transition into the electronic health record at the time of the change. The ADON said many documents were printed but not readily available on the floor for staff. The ADON said the facility previously had two MDS Coordinators but now only have one.</p> <p>During an interview on 01/30/2025 at 4:11 p.m., the MDS Coordinator said she was in charge of getting the care plans up to date. The MDS Coordinator said she had 21 days from admission to complete the comprehensive care plan. The MDS Coordinator said oxygen therapy should be care planned. The MDS Coordinator said for the last two months she was the only MDS Coordinator which had caused her to be backed up. The MDS Coordinator said some of the care plans had not been updated. The MDS Coordinator said the risk of care plans not being updated was possible risk of residents not receiving the necessary care or service.</p> <p>Review of the facility-provided Patient Care Management System dated November 2017, revealed in part A Comprehensive, Person-centered Plan of Care, consistent with resident rights must be completed by the 21st day after admission. The care plan must be based on assessments completed within the previous 15 months in the Patient's/Resident's active record and use the results of the assessments to develop, review and revise the Patient's/Resident's comprehensive care plan.</p>		