

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45411</p> <p>Based on interview and record review, the facility failed to ensure residents were free from abuse for 1 of 6 residents (Resident #8) reviewed for abuse, neglect, and exploitation.</p> <p>The facility failed to ensure Resident #8 was free of abuse on 03/20/25 when Resident #8 was hit on the arm and shoulder by CNA C.</p> <p>This failure was determined to be Past Non-Compliance (PNC). The non-compliance began on 03/20/25 and ended on 03/21/25. The noncompliance was corrected by the facility before the survey began on 03/25/25.</p> <p>This failure could place residents at risk of physical harm, mental anguish, or emotional distress.</p> <p>The findings included:</p> <p>Review of Resident #8's face sheet revealed he was a [AGE] year-old male originally admitted to the facility on [DATE] with a most recent admitted [DATE]. He had diagnoses which included moderate dementia with behavioral disturbances, schizoaffective disorder, severe manic bipolar disorder with psychotic features, generalized anxiety disorder, intermittent explosive, mood disorder, psychotic disorder with delusions, contracture of muscle at multiple sites, and limitation of activities due to disability.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #8's care plan, most recent revision date of 03/06/2025, revealed the following: Problem: The resident is physically aggressive r/t dementia, ineffective coping skills, poor impulse control. Goal: The resident will verbalize understanding of need to control abusive behavior through the review date. Approach: Analyze key times, places, circumstances, triggers, and what deescalates behavior and document; Assess resident's coping skills and support system; Assess resident's understanding of the situation, allow time for the resident to express self and feelings towards the situation; Give the resident as many choices as possible about care and activities; Provide positive feedback for good behavior and emphasize the positive aspects of compliance; Psychiatric/Psychogeriatric consult as indicated; When the resident becomes agitated, intervene before situation escalates, guide away from the source of distress, engage calmly in conversation and if response is aggressive, staff to walk calmly away and approach later. Problem: Resident has a behavior problem r/t low frustration level and delusional thinking. Goal: The resident will have no evidence of behavior problems by review date. Approach: Anticipate and meet the resident's needs; Caregivers to provide opportunity for positive interaction, attention, stop and talk with him when passing by.</p> <p>Review of Resident #8's Annual MDS assessment dated [DATE] revealed the following:</p> <p>Section C - Cognitive Patterns: Resident #8 had a BIMS score of 8 indicating moderate cognitive impairment. Section E - Behavior: Resident #8 had no reported behaviors during the look back period.</p> <p>Section GG - Functional Abilities: Resident #8 had lower extremity functional limitations in range of motion and required a wheelchair for mobility. He required substantial to moderate assistance for ADLs.</p> <p>During observation and attempted interview on 03/25/25 at 12:38 pm, Resident #8 was observed sitting in a wheelchair in the secured unit dayroom. When this surveyor introduced herself and asked his name, Resident #8 laughed, refused to answer questions, and began to wheel himself away from the surveyor. Resident #8 continued to refuse to speak to surveyor during attempted follow-up interviews on 03/26/25 and 03/27/25.</p> <p>Review of the Provider Investigation Report dated 03/27/25 revealed the following: The incident was reported to facility management (DON and ADON) on 03/20/25 at 5:20 pm by CNA A. The description of the allegation revealed: Resident was combative when being changed and hit CNA C, CNA C was trying to control the situation and ended up hitting the resident's shoulder area. Resident #8 was assessed by the ADON on 03/20/25 at 5:40 pm with no injuries noted. The incident was reported to the Texas CII (Complaint and Incident Intake) department on 03/20/25 at 8:10 pm. Provider response revealed: CNA C was suspended until further notice. After our investigation CNA C will be terminated. Safe surveys were done. Also in-services were done for staff on abuse and neglect, deescalating behaviors, pain, dementia Alzheimer's disease, cognitive impairment, reporting behavior changes, chain of command. The physician/medical director and Ombudsman were notified of the incident. The facility investigation findings confirmed the allegation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 03/27/25 at 12:00 p.m., with the DON and the ADON, the ADON stated that the incident occurred on 3/20/25 and was immediately reported to the DON and herself (the ADON) by CNA A (witness to the incident). The DON stated that Resident #8 was assessed by herself and the ADON and no injuries were noted. The ADON stated she spoke to Resident #8 about the incident, and he had no memory of being hit by CNA C. The DON stated that CNA C was suspended on 03/20/25 until further notice pending the facility's investigation and had been terminated for confirmed abuse. Both the DON and the ADON stated that they spoke to CNA C and she admitted to hitting Resident #8 after he struck her in the face and neck and both described CNA C's explanation for her actions as being reflexive and not intentionally abusive. The DON stated that CNA C was terminated because the facility did not tolerate abuse regardless of the situation. The ADON stated that safe surveys were done for 37out of 47 residents in the facility and there were no additional complaints of abusive treatment reported.</p> <p>In an interview on 03/27/25 at 3:20 p.m., the Administrator stated that his investigation into the incident between Resident #8 and CNA C revealed that abuse did occur. He stated that CNA C was immediately removed from the facility and suspended from duty pending the outcome of his investigation. He stated that CNA C admitted to hitting Resident #8 to him (Administrator) as well as the DON and the ADON, and because of her admission and the presence of a witness to the incident, CNA C had been terminated. The Administrator stated, I do not want someone that will hit a resident working in my building no matter the situation. He stated that all facility staff had been in-serviced on abuse and neglect, deescalating behaviors, dementia/Alzheimer's, cognitive impairment, reporting behavior changes, and chain of command. The Administrator stated that safe surveys had been completed for residents throughout the facility and no further issues were identified.</p> <p>In a telephone interview on 03/28/25 at 2:20 p.m., CNA C was interviewed regarding the incident that occurred at the facility on 03/20/25. CNA C stated she was working in another hall when CNA A asked her to come and help providing incontinent care for Resident #8 in the secure unit as he was being combative. CNA C stated when she and CNA A were providing care to Resident #8, he was combative and yelling. CNA C stated that when she and CNA A helped the resident to sit back down in his wheelchair, Resident #8 hit her in the neck and face area. CNA C stated she unintentionally hit Resident #8 on his arm and shoulder while trying to block the resident from hitting her again because he continued to be physically aggressive and was trying to hit her again. CNA C stated she did not hit the resident with a bad intent and that she felt very bad for what had happened. CNA C stated she had been suspended the day of the incident (03/20/25) and then terminated for abuse. CNA C stated she had worked with Resident #8 before and when he was in a bad mood, she would just leave him alone when he refused personal care and would try again later when he was calmer. CNA C stated she had been working at the facility off and on for [AGE] years and had not had any incidents like that before. CNA C was asked about the types of abuse that could potentially occur at the facility and she mentioned physical abuse, mental abuse, emotional abuse, and verbal abuse. CNA C stated she felt that she had not been abusive toward Resident #8 as she had not intentionally hit him.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a telephone interview on 03/28/25 at 02:34 PM, CNA A was interviewed regarding the incident that occurred at the facility on 03/20/25 involving Resident #8 and CNA C. CNA A stated she was working in the secure unit and called CNA C to come help her provide incontinent care for Resident #8 because he was being combative. CNA A stated she and CNA C changed Resident #8 in the shower room as they would have him stand up by holding to the grab bar and then change his brief. CNA A stated as Resident #8 was sitting back down on his wheelchair he struck CNA C somewhere on her face or neck area. CNA A stated CNA C then struck the resident back and hit him on his shoulder area and that CNA C had said Oh my God I can't believe I did that. CNA A stated it did not seem like CNA C struck the resident out of anger but more of a reaction that was unintentional. CNA A stated Resident #8 did not say anything about the incident and did not appear to be in any distress after CNA C struck him. CNA A stated she had worked with CNA C before and had not noticed her being abusive to residents prior to that incident. CNA A was asked about the types of abuse that could occur at the facility and she mentioned verbal abuse, physical abuse, emotional abuse, psychological abuse, and mental abuse. CNA A stated she was not sure if CNA C had been intentionally abusive to Resident #8, but she had reported the incident right away to the DON.</p> <p>In a follow-up interview on 03/28/25 at 03:12 PM, the DON stated that she had assessed Resident #8 with the ADON after the incident was reported. The DON stated the resident did not mention anything about being hit by someone when she asked him. The DON stated Resident #8 was not in any distress during the assessment and the resident just smiled when he was asked what or if anything had happened. The DON stated they had immediately suspended CNA C then later terminated her. The DON stated CNA C did not have a history of being accused of resident abuse.</p> <p>Review of facility in-services on 03/27/25 at 6:00 PM, revealed the most recent staff in-service provided for abuse and neglect was on 01/30/25 at 2:15 PM. CNA C's signature was noted on the in-service sign-in sheet indicating she had been given training related to abuse prior to the incident.</p> <p>Review of facility policy titled Abuse Prevention Program revised August 2006 revealed, in part: Our residents have the right to be free from abuse, neglect, misappropriation of resident property, corporal punishment, and involuntary seclusion. Our abuse prevention program provides policies and procedures that govern, as a minimum: . Mandated staff training/orientation programs that include such topics as abuse prevention, identification and reporting of abuse, stress management, dealing with violent behavior or catastrophic reactions, etc.</p> <p>Review of facility policy titled Abuse and Neglect - Clinical Protocol revised April 2013 revealed, in part: The facility management and staff will institute measures to address the needs of residents and minimize the possibility of abuse and neglect. The management and staff, with the support of the physicians, will address situations of suspected or identified abuse and report them in a timely manner to appropriate agencies, consistent with applicable laws and regulations.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program revised April 2021 revealed, in part: The resident abuse, neglect and exploitation program consists of a facility-wide commitment and resource allocation to support the following objectives: Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to: facility staff; other residents; consultants; volunteers; staff from other agencies; family members; legal representatives; friends; visitors; and/or any other individual. Establish and maintain a culture of compassion and caring for all residents and particularly those with behavioral, cognitive or emotional problems. Provide staff orientation and training/orientation programs that include topics such as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior. Implement measures to address factors that may lead to abusive situations, for example: adequately prepare staff for caregiving responsibilities; provide staff with opportunities to express challenges related to their job and work environment without reprimand or retaliation; instruct staff regarding appropriate ways to address interpersonal conflicts; and help staff understand how cultural, religious and ethnic differences can lead to misunderstanding and conflicts. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. Investigate and report any allegations within timeframes required by federal requirements.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30057</p> <p>Based on observation, interview, and record review the facility failed to ensure residents who receive medication or feeding through a gastrostomy tube receive the appropriate treatment to prevent complications for 1 of 1 resident (Resident 44) reviewed for percutaneous endoscopic gastrostomy (PEG) feeding tube (A PEG is a tube that is inserted through the abdominal wall and into the stomach and used to administer nutrition).</p> <p>The facility failed to ensure CNA A did not lower the head of Resident #44's bed flat while the PEG tube feeding pump was still infusing the formula, during personal care.</p> <p>This failure could place residents of aspiration.</p> <p>The findings:</p> <p>Record review of Resident #44's electronic face sheet dated 03/27/2025 indicated he was admitted to the facility on [DATE] with diagnoses of stroke, muscle weakness and dysphagia (difficulty swallowing). He was [AGE] years of age.</p> <p>Record review of Resident #44's care plan revised 03/26/25 indicated in part: Problem: Dependent on tube feeding for nutrition and hydration, with potential for complications, side effects. GOAL: Resident will be maintained in a clean, dry state and prevent complication of incontinence by checking and changing resident at regular intervals x 90 days. Approaches: Keep head of bed elevated while feeding is infusing.</p> <p>Record review of Resident #44's quarterly MDS dated [DATE] indicated in part: Cognitive Skills for Daily Decision Making = severely impaired. Nutritional Approaches = Feeding tube.</p> <p>Record review of Resident #44's Physicians Orders dated 03/2025 documented in part: Elevate Head Of Bed at least 30 degrees while administering formula/water/medications and for at least 30 minutes following administration. Order start date: 08/30/2024.</p> <p>During an observation on 03/25/25 at 11:20 AM, CNA A performed incontinent care for Resident #44. CNA A entered the resident's room and put on a pair of gloves. CNA A then lowered the head of the bed flat while the resident's PEG pump was still on and infusing the formula. The CNA kept the resident's head of bed flat during the entire time she performed the incontinent care.</p> <p>During an interview on 03/25/25 at 02:48 PM, CNA A said that she normally called the nurse to come and pause the PEG tube pump before she performed incontinent care. CNA A said if she did not tell the nurse and the pump was still infusing when Resident #44 was flat that could lead to the resident having complication such as aspiration. CNA A said she simply just forgot to tell the nurse to come pause the pump as she had gotten nervous during the care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/27/25 at 03:36 PM, the DON said it was expected for the CNAs to contact the nurse to pause the PEG pump machine prior to them lowering the head of the bed flat for residents on the machine. The DON was made aware of CNA A lowering Resident #44's head of the bed flat while the PEG pump was infusing when she performed incontinent care. The DON said the CNA should have contacted a nurse before lowering the bed flat as that could lead to the resident aspirating. The DON said she believed the failure occurred because the CNA got nervous as the CNA had already told them that she had messed up during the care and not had the nurse pause the pump.</p> <p>During an interview on 03/27/25 at 04:08 PM, the Administrator was made aware of the observation of CNA A and lowering flat the head of the bed of Resident #44 while his PEG pump was infusing. The Administrator acknowledged the issue and said that staff should have known the correct steps.</p> <p>Record review of the facility policy titled Enteral tube feeding and dated 12/2011 indicated in part: Preventing aspiration- Always elevate the head of the bed (HOB) at least 30 to 45 degrees during tube feeding and at least 1 hour after.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>45411</p> <p>Based on record review and interviews, the facility failed to use the services of a registered nurse (RN), for at least 8 consecutive hours a day, 7 days a week for 1 of 3 months (October 2024, November 2024, December 2024) reviewed for RN coverage.</p> <p>The facility failed to ensure RN coverage on 10/12/2024 and 10/26/2024.</p> <p>This failure placed the residents at risk for not having decisions made that would have required an RN to make in the management of the residents' healthcare needs and in managing and monitoring of the direct care staff.</p> <p>Findings include:</p> <p>Record review on 03/26/25 at 4:05 pm of the Payroll Based Journal report (nurse staffing and non-nurse staffing datasets provide information submitted by nursing homes including rehabilitation services on a quarterly basis), run date of 3/21/25, for Fiscal Year 2025 Quarter 1 (October 1, 2024, through December 31, 2024) revealed no evidence of RN coverage on 10/12/24, 10/26/24, 11/9/24, and 12/21/24.</p> <p>Review of nurse staffing schedules for October 2024, November 2024, and December 2024 on 03/26/25 at 4:45 pm revealed no RN coverage for 10/12/24 and 10/26/24. The nurse staffing schedules revealed the facility did have RN coverage for 11/9/24 and 12/21/24.</p> <p>In an interview on 03/27/25 at 12:00 p.m., the DON stated that the expectation for RN coverage was that there was an RN in the facility for no less than 8 consecutive hours every day. She stated that on 10/12/24 and 10/26/24 the RN scheduled to work was an agency employee who called in the day of both shifts. The DON stated that at that time she (the DON) was the only RN on staff, and she was out of town and unable to return to town to cover the shifts herself. She stated that she called each of the staffing agencies the facility contracted with and because the call-ins were last minute, none of the agencies had an available RN to send to cover the shifts. She stated the facility had hired an additional RN recently to avoid the lack of RN coverage.</p> <p>In an interview on 03/27/25 at 3:20 p.m., the Administrator stated that his expectation was that the facility would have an RN in the building for the required 8 hours a day. He stated that the two shifts that did not have RN coverage in October 2024 were due to last minute call-ins by an agency RN. The Administrator stated that at the time of the call-ins, the DON was the only other RN on staff and she was out of town and unable to cover the shifts herself as was the normal routine for RN coverage. He stated the facility had hired another RN to prevent the lack of RN coverage and they had not had any further issues covering the necessary hours.</p> <p>Review of facility policy titled Departmental Supervision, Nursing revised August 2022, revealed, in part: A registered nurse provides services at least eight (8) consecutive hours every 24 hours, seven (7) days a week. RNs may be scheduled more than eight (8) hours depending on the acuity needs of the residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51011</p> <p>Based on observations, interviews, 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.</p> <ol style="list-style-type: none"> 1. The facility failed to ensure stored foods were properly labeled and dated. 2. The facility failed to ensure food was stored in a manner that was not open to the air. 3. The facility failed to remove potatoes in the dry storage when they were beginning to show signs of rot. 4. The facility failed to ensure expired food items were discarded by the expiration date. 5. The facility failed to maintain cleanliness in the kitchen. The dry storage had food particles on the floor, drawers had crumbs and a gritty substance in the bottom, the refrigerator had dried sticky substances on the bottom shelf, the floor in the dishwashing area had trash and debris in a corner and the juice spout had a sticky, reddish-brown substance build up on it. <p>These failures could place residents who received prepared meals from the kitchen at risk for food borne illness and cross-contamination.</p> <p>The findings included:</p> <p>During the initial tour of the kitchen on [DATE] from 10:00 am to 11:00 am the following observations were made:</p> <ul style="list-style-type: none"> - In the dry storage, brown bag of dried Idahoan potato slices was open and not sealed. - In the dry storage, a multi-pack of graham cracker crusts was open and not sealed. - In the dry storage, a bag of white powder mix was open, placed in a resealable plastic bag, and not sealed. - In the dry storage, pieces of dried food and trash were on the floor. - In the dry storage, a box of potatoes had sprouting potatoes in it. One of the potatoes was beginning to rot, it was soft and had white around the soft spot. - In the freezer, a resealable plastic bag of rolls was not sealed. - In the refrigerator, a storage dish labeled Al Bondigas dated [DATE], did not have a use by date. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> - In the refrigerator, a storage dish labeled tomato sauce dated [DATE], did not have a use by date. - In the refrigerator, a pitcher labeled juice dated [DATE], did not have a use by date. - In the refrigerator, two pitchers labeled tea dated [DATE], did not have a use by date. - In the refrigerator, a pitcher of orange liquid did not have a label. - In the refrigerator, a storage dish labeled chicken noodle soup dated [DATE] had a use by date of [DATE]. - In the refrigerator, the bottom shelf had dried sticky substances on it. - In two drawers used for storage of cooking and serving utensils, crumbs and a gritty substance were in the bottom. - The juice machine dispenser spout had a reddish-brown substance build-up on it that was sticky to touch. - In the dishwashing room, a corner of the floor had a drink (soda) bottle lid, pieces of brown paper, and a black crumbly substance pushed into it. <p>In a follow-up observation on [DATE] at 11:40 a.m., the sprouting/rotting potatoes were still in the dry storage.</p> <p>Review of facility policy Food Receiving and Storage, revised ,d+[DATE], revealed, in part:</p> <ul style="list-style-type: none"> - Food services, or other designated staff, maintain clean and temperature/humidity-appropriate food storage areas at all times. - Non-refrigerated foods, disposable dishware and napkins are stored in a designated dry storage unit which is temperature and humidity controlled, free of insects and rodents, and kept clean. - Dry foods and goods are handled and stored in a manner that maintains the integrity of the packaging until they are ready to use. - All foods stored in the refrigerator or freezer are covered, labeled, and dated (use by date). - Refrigerator foods are labeled, dated, and monitored so they are used by their use-by date, frozen, or discarded. - .Wrappers of frozen foods must stay intact until thawing. <p>Review of Food Code 2022 Recommendations of the United States Public Health Service Food and Drug Administration revision date [DATE] revealed, in part:</p> <p>,d+[DATE].11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(A) FOOD shall be protected from cross contamination by:</p> <p>(4) Except as specified under Subparagraph ,d+[DATE].15(B)(2) and in (B) of this section, storing the food in packages, covered containers, or wrappings</p> <p>,d+[DATE].11 Food Labels.</p> <p>(A) FOOD PACKAGED in a FOOD ESTABLISHMENT, shall be labeled as specified in LAW, including 21 CFR 101 - Food labeling, and 9 CFR 317 Labeling, marking devices, and containers.</p> <p>(B) Label information shall include:</p> <p>(1) The common name of the FOOD, or absent a common name, an adequately descriptive identity statement</p> <p>,d+[DATE].11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles.</p> <p>(A) Except as specified in (D) of this section, cleaned EQUIPMENT and UTENSILS, laundered LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES shall be stored:</p> <p>(1) In a clean, dry location;</p> <p>(2) Where they are not exposed to splash, dust, or other contamination</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30057</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for one (Resident #44) of two residents reviewed for incontinent care in that;</p> <p>CNA A failed to wash or sanitize her hands between glove changes while assisting Resident #44.</p> <p>This failure could place resident's risk for cross contamination and the spread of infection.</p> <p>Finding included:</p> <p>Record review of Resident #44's electronic face sheet dated 03/27/2025 indicated he was admitted to the facility on [DATE] with diagnoses of stroke, muscle weakness and dysphagia (difficulty swallowing). He was [AGE] years of age.</p> <p>Record review of Resident #44's care plan revised 03/26/25 indicated in part: Problem: Resident is incontinent of bladder and bowel resident cognition is: unable to recall daily forgetfulness. GOAL: resident will be maintained in a clean, dry state and prevent complication of incontinence by checking and changing resident at regular intervals x 90 days. Approaches: provide incontinent care as needed post each incontinent episode</p> <p>Record review of Resident #44's quarterly MDS dated [DATE] indicated in part: Cognitive Skills for Daily Decision Making = severely impaired. Bladder and bowel: Urinary continence = Always incontinent. Bowel continence = Always incontinent. Nutritional Approaches = Feeding tube.</p> <p>During an observation on 03/25/25 at 11:20 AM, CNA A performed incontinent care for Resident #44. CNA A entered the resident's room and put on a pair of gloves. CNA A then undid Resident #44's brief and wiped the resident's scrotum and penis area with some wet wipes. CNA A then turned the resident on his side and wiped the resident's rectal area with some wet wipes. It was noted that the resident had a bowel movement. CNA A took some wet wipes and wiped the resident's bowel movements. The CNA changed her gloves several times due to the resident continued to have bowel movement during the care. CNA A did not sanitize or washed her hands in between glove changes. Resident #44 was noted to have a wound dressing on his coccyx which got soiled with bowel movement. CNA A took the soiled dressing with her gloved hand and removed it, then with the same gloved hand took a clean brief and applied it to the resident. CNA A then removed her gloves and put on another pair of gloves without sanitizing or washing her hands.</p> <p>During an interview on 03/25/25 at 02:42 PM, CNA A said that she normally sanitized or washed her hands in between glove changes but she had forgotten during Resident #44's incontinent care. CNA A said she should have changed her gloves after she touched the soiled dressing on the resident's coccyx and before she touched the new clean brief. CNA A said if she did not sanitize or wash her hands in between glove changes then that could possibly lead to cross contamination.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/27/25 at 03:36 PM, the DON was made aware of the observation of incontinent care performed by CNA A on Resident #44. The DON said it was expected for the CNA to have sanitized or washed her hands in between glove changes and that the CNA should have changed her gloves before she touched the new brief. The DON said since the CNA had not sanitized, washed her hands or changed her gloves at the appropriate time that could have led to cross contamination and the spread of infections. The DON said she believed the failure occurred because the CNA got nervous and forgot her steps. The DON said they would monitor staff by rounds being conducted and in-services conducted on hand washing and glove changes.</p> <p>During an interview on 03/27/25 at 04:07 PM, the Administrator was made aware of the observation of incontinent care performed and the infection control issues caused by CNA A. The Administrator acknowledged the issue and said that staff should have known the correct steps.</p> <p>Record review of the facility's policy titled Personal Protective Equipment - Using Gloves dated 10/2010 indicated in part: Purpose - To guide the use of gloves. To prevent the spread of infection; to protect hands from potentially infectious material. When gloves are indicated use disposable single-use gloves. Wash hands after removing gloves (Note: Gloves do not replace handwashing). When to use gloves - when touching excretions, secretions, blood, body fluids, mucous membranes, or non-intact skin.</p> <p>Record review of the facility's policy titled Handwashing/Hand hygiene dated 04/2012 indicated in part: This facility considers hand hygiene the primary means to prevent the spread of infections. Employees must wash their hands for at least fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: Before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice), after removing gloves or aprons. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly, soiled, use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations: Before and after direct contact with residents; before moving from a contaminated body site to a clean body site during resident care, after removing gloves. The use of gloves does not replace handwashing/hand hygiene.</p> <p>Record review of the facility's policy titled Infection prevention and control program dated 01/01/2024 indicated in part: This facility has established and maintains 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 as per accepted national standards and guidelines. All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE. (PPE is the use of gloves, face masks, gowns etc. used for protection).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Trans-Pecos Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Memorial Dr Pecos, TX 79772	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>51011</p> <p>Based on observations, interviews, and record review the facility failed to maintain all mechanical and electrical quipment in safe operating condition for 1 of 1 kitchen reviewed for kitchen sanitation.</p> <p>The spray nozzle above the rinsing sink in the dishwashing room leaked, and the oven did not work.</p> <p>These failures could place residents who received prepared meals from the kitchen at risk for food borne illness or undercooked food.</p> <p>The findings included:</p> <p>During the initial tour of the kitchen on 3/25/25 from 10:00 am to 11:00 am in the dishwashing room, the spray nozzle above the rinsing sink had a steady flow of water coming out and flowing into the sink while in the off position.</p> <p>In an interview on 03/25/25 at 11:00 a.m., the Chef stated the oven is not working and the spray nozzle in the dishwashing room has leaked for several months. The Chef stated the ADM is aware of both.</p> <p>In an interview on 3/27/25 at 6:12 p.m., the ADM stated the request for the oven to be repaired was approved, now waiting for the service company. The ADM said the spray nozzle in the dishwashing area had been repaired repeatedly by maintenance, staff get rough with it and break it again. Admin stated it needs to be replaced, currently waiting on the completion of ownership change for the facility to request the replacement with the new corporate office.</p> <p>Review of Food Code 2022 Recommendations of the United States Public Health Service Food and Drug Administration revision date 01/18/2023 revealed, in part:</p> <p>4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles.</p> <p>(A) Except as specified in (D) of this section, cleaned EQUIPMENT and UTENSILS, laundered LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES shall be stored:</p> <p>(1) In a clean, dry location;</p> <p>(2) Where they are not exposed to splash, dust, or other contamination</p>