STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675932	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Terrace Healthcare Center	609 Rio Concho Dr San Angelo, TX 76903

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to report allegations of abuse, neglect, exploitation, or mistreatment that did not result in bodily injury within 24 hours. In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property are reported no later than 24 hours after the allegation is made to the administrator of the facility and to HHSC, if the events that cause the allegation do not involve abuse and do not result in serious bodily injury for 2 (Residents #2 and #3) of 3 residents reviewed for abuse, neglect, and misappropriation of property, in that; The facility staff failed to report Resident #2 inappropriately touching Resident #3 that did not result in any bodily injury. This failure could place residents at risk for not having incidents investigated and reported as required and continued abuse and neglect which could result in diminished quality of life.The findings were: Record review of Resident #2's face sheet, dated 10/16/25, revealed that Resident #2 had a admission date 12/26/18 and an readmission date of 12/6/23, with diagnoses that included: dementia (mental decline caused by different diseases), Chronic obstruction pulmonary disease (damage to lungs), irritable bowel syndrome (uncomfortable or painful abdominal), atherosclerotic heart disease (plaque in the arteries), lack of coordination, congestive heart failure (heart unable to pump enough blood to meet body's needs). Record review of Resident #2's MDS, dated [DATE] revealed BIMS score of 00 (severely cognitively impaired). Resident does not have the ability to make self-understood or the ability to understand others. Ambulates using wheelchair, resident is always incontinent bowl and bladder. Smoker. Record review of Resident #2's Care Plan dated 9/18/25, revealed a focus area, I have cognitive loss, which affects my Short-term/Long-term memory and decision-making skills. I am at risk of further decline as my disease progresses. Interventions include encourage activities, plan frequent rest periods during ADLs, observe for signs of frustration and anxiety, provide cueing, prompting, use eye contact. Behavioral symptoms, resident exhibits sexual inappropriateness during showering and bathing and showering activities. He makes gestures to wash and dry private areas which has been assessed as capable of performing that part of care. Resident has attempted to inappropriately touch female residents. Approach to behavior, redirect when resident acts out, praise when resident displays appropriate behavior. SW is attempting to find better placement for resident to a men's unit. Record review of Resident #3's face sheet, dated 10/17/25, revealed that Resident #3 had a admission date 8/31/12 and an readmission date 7/28/25, with diagnoses that include: intracranial injury (brain injury caused by external force), intellectual disabilities (limitations in functioning, skills and learning abilities), dementia (mental decline), pseudobulbar affect (uncontrolled episodes of crying or laughing), muscle weakness, repeated falls. Record review of Resident #3's MDS dated [DATE], revealed BIMS score of 00 (severely cognitively impaired), extensive assistance (staff provides weight bearing support) with transfers, bed mobility, and toileting. Record review of Resident #3's Care Plan dated 8/29/25, revealed a focus area, I have a history pulling on peoples(male/female) clothing and pinch them on the bottom, But I generally gravitate to male residents. Interventions, verbally redirect when displaying inappropriate behavior with male residents. Face resident when speaking, never assume resident knows what/or understands what was said. I have behavior symptoms. As evidenced by my wandering, related to my DX of Dementia. Interventions, assist me in reorientation to room and facility with verbal cues, encourage group activities. Record review of Resident #1's face sheet dated 10/16/25, admission on [DATE] with diagnoses that include pneumonia (inflames air sacs in lungs), severe obesity (excess body fat), chronic obstructive pulmonary disease (damaged lungs). Record review of Resident #1's MDS dated [DATE], revealed BIMS score of 14 (cognitively intact). Record review of Resident #14's face sheet dated 9/13/25, admission on [DATE], with diagnoses that include malignant neoplasm of prostate (skin cancer), cerebral infarction (stroke). Record review of Resident #14's MDS dated [DATE], revealed BIMS score of 15 (cognitively intact). During a interview on 10/17/25 at 1:30pm, Resident #14 stated he could not recall date or time but sometime last month, he was coming in from smoking and was in the dining room when he saw Resident #2 who was coming in from smoking also and was about 15 feet in front of Resident #14, going over to Resident #3 who was sitting next to the coffee bar. Resident #2 placed his hand between the legs over the clothing of Resident #3. Resident #14 told him to stop that, and Resident #2 removed his hand. Resident #14 stated that the incident lasted only a few seconds. Resident #14 told LVN M, who was