

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675954	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Capstone Healthcare of Perryton		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 S. Main St Perryton, TX 79070	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to report an alleged violation of misappropriation immediately, but not later than 24 hours after the allegation is made, if the events that cause the allegation did not involve abuse or result in serious bodily injury, to officials in accordance with State law, including to the State Survey Agency for 1 of 1 facilities reviewed for misappropriation. The facility failed to report to the State Survey Agency when money went missing from a Resident's room. This could place at risk of missing property being reported to the State Agency. Findings included: During an interview on 02/19/26 at 1:04 p.m., the ADM stated that she was on vacation when the resident money went missing. She stated she was notified of the incident when she returned on 1/5/26. She said the resident and DON told her about the missing money, and she then reported the incident on 1/5/26 and thoroughly investigated it at that time. She stated the incident was reported late, but she was not in the facility when the incident occurred, and the DON was responsible for reporting to the State Agency during her absence. The ADM stated the DON knew how to report incidents to the State Agency and it was her responsibility to report incidents to the State Agency when the administrator was not available. During an interview on 02/19/26 at 1:10 p.m., the DON stated that it was the ADM and her responsibility to report incidents regarding abuse, neglect, or misappropriation of property. She stated she did not report the missing money on 12/29/25, the day it went missing. The DON stated she should have reported the incident but she was hoping the money would be found. Record review of PP call sheet report dated 01/05/26 with call number 26-00062 documented the reporting person was the ADM for a theft on 01/05/26. Record review of the facility provided provider investigation report dated 01/11/26 revealed the following: Incident date: 12/29/25 Date Reported to HHSC: 01/05/26 at 8:12 PM Record review of facility provided policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program revised April 2021, revealed the following in part. Residents have the right to be free from abuse, neglect misappropriation of resident property and exploitation. 9. Investigate and report any allegations within timeframes required by federal requirements. Record review of facility provided policy titled Abuse, Neglect, Exploitation and Misappropriation- Reporting and Investigating, revised date of September 2022 revealed the following in part. All reports of resident abuse, neglect, exploitation, ore theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations). 3. immediately is defined as: a. within 2 hours of an allegation involving abuse or result in serious bodily injury; orb. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 675954	Facility ID: 675954 If continuation sheet Page 1 of 1