STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675954	A. Building B. Wing	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Capstone Healthcare of Perryton	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality for 1 (Resident #33) of 12 residents reviewed for resident rights.The facility failed to ensure Resident #33's naked bottom was not visible to other residents in the common area as he was wheeled into the facility on [DATE].This failure could place residents at risk of embarrassment, feelings of insecurity, and/or diminished self-esteem.Findings Included:Record review of Resident #33's admission record dated 06/25/26 revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included generalized anxiety disorder (inability to control constant worrying) and acquired absence of right leg above knee.Record review of Resident #33's EHR under the assessments tab revealed he had a BIMS score of 15 which indicated intact cognition.During an observation on 06/24/26 at 03:03 PM AD wheeled Resident #33 into the front door of the facility from the facility van, by the nurses' station, and between four residents seated around the nurses' station. Resident #33 was wearing only a hospital gown and approximately five inches of his naked bottom was visible between the back and seat of his wheelchair. Resident #24 and Resident #28 began laughing loudly and poking each other as AD wheeled Resident #33 past where they were seated. Resident #24 gestured AD over and whispered into AD's ear. AD wheeled Resident #33 to his room and told him she would let the nurse know he had arrived at the facility.During an interview on 06/25/26 at 08:50 AM Resident #24 stated yesterday when she and Resident #28 were laughing and she whispered in AD's ear they were laughing at Resident #33's naked bottom and she was telling AD Resident #33's naked bottom was visible.During an interview on 06/25/26 at 09:01 AM AD stated she was not aware Resident #33's naked bottom was visible as she wheeled him into the facility and past several other residents. She stated she picked Resident #33 up at the hospital and secured his wheelchair in the facility transport van. AD stated, We cannot change him on the van. She stated Resident #24 did not whisper in her ear and tell her Resident #33's bottom was visible from behind his wheelchair.During an interview on 06/25/26 at 09:12 AM HSK stated it was never okay to push a resident in their wheelchair through common areas of the facility when the resident's naked bottom was exposed. She stated it was not treating the resident with dignity and respect. HSK stated, I wouldn't want it done to me.During an interview on 06/25/26 at 09:14 AM Resident #33 stated he was unaware his bottom was visible to other residents when AD wheeled him into the facility for admission. He stated he did not care that other residents saw his naked bottom.During an interview on 06/25/26 at 09:22 AM Resident #28 stated he was laughing with Resident #24 at Resident #33's naked bottom being exposed in the back of his wheelchair.During an interview on 06/25/26 at 09:24 AM CNA A stated it was not okay to wheel a resident through common areas of the facility with the resident's naked bottom exposed. She stated, Not only is that a privacy thing I feel it is more like an identity thing. They wouldn't want to be exposed in front of others.During an interview on 06/25/26 at 09:26 PM CNA B stated it was not okay to wheel a resident through common areas of the facility with the resident's naked bottom exposed. (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	She stated, It . could make them feel insecure, vulnerable, and mentally not well.During an interview on 06/25/26 at 09:28 AM DON stated wheeling a resident through common areas with their naked bottom exposed was a dignity thing.During an interview on 06/25/26 at 09:30 AM CNA C stated wheeling a resident through common areas with their naked bottom exposed was a dignity issue.During an interview on 06/26/26 at 08:34 AM AD stated a new resident admitting to the facility would feel exposed if wheeled through the common areas with their naked bottom showing out the back of their wheelchair.During an interview on 06/26/26 at 08:49 AM ADM stated it was a resident's right to be treated with dignity and not have their naked bottom exposed.Record review of page 21 of the facility's admission packet titled Resident's Rights Nursing Facilities revealed the following: . Dignity and respect You have the right to . Be treated with dignity, courtesy, consideration and respect.Record review of facility policy titled Promoting/Maintaining Resident Dignity and dated 03/01/26 revealed the following, . It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life. 1. All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights. 12. Maintain resident privacy.

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to complete a significant change assessment within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition for 1 (Resident #5) of 12 residents reviewed for assessments.The facility failed to complete Resident #5's significant change MDS within 14 days of her admission to hospice care on 06/10/26.This failure could place residents at risk of not receiving necessary care/coordination of care.Findings Included:Record review of Resident #5's admission record dated 06/24/26 revealed a [AGE] year-old female admitted to the facility on [DATE]. Her Primary Payer was noted to be Hospice.Record review of Resident #5's EHR under the MDS tab revealed no significant change MDS assessment in the last year.Record review of Resident #5's modification of quarterly assessment revealed it was completed on 06/02/26. Section O Special Treatments, Procedures, and Programs revealed Resident #5 was not receiving hospice services.Record review of Resident #5's care plan completed on 06/07/26 revealed no mention of hospice.Record review of Resident #5's active orders revealed an order for Resident #5 to be admitted to hospice services dated 06/10/26.During an interview on 06/26/26 at 08:40 AM DON stated she was responsible for completing MDS assessments and she used the RAI as the policy she followed when completing MDS assessments. She stated significant change MDS assessments were to be completed within 14 days of the change taking place. DON stated she did not realize she needed to do a significant change MDS for Resident #5 entering hospice care. She stated a possible negative outcome to Resident #5 was her care plan would not accurately reflect her status and the care plan was what helped staff know how to care for the resident.During an interview on 06/26/26 at 08:49 AM ADM stated DON was responsible for completing MDS assessments. She stated if a significant change MDS was not completed within the allotted 14 days the resident's care could be negatively affected.Record review of the Long-Term Care Facility RAI 3.0 User's Manual Version 1.20.1 dated October 2025 revealed a chart on page 38 with the following: Assessment Type.Significant Change.MDS Completion Date.no later than 14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days). Significant Change in Status Assessment . Must be completed (item Z0500B) within 14 days after the determination that the criteria are met for a Significant Change in Status assessment.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the assessment accurately reflected the resident's status for 1 (Resident #28) of 12 residents reviewed for accuracy of assessment.The facility failed to ensure Resident #28's admission MDS indicated his use of tobacco.This failure could place residents at risk of not receiving necessary care/supervision.Findings Included:Record review of Resident #28's admission record dated 06/25/26 revealed a [AGE] year-old male admitted to the facility on [DATE].Record review of Resident #28's quarterly MDS completed on 03/19/26 revealed a BIMS score of 14 which indicated intact cognition.Record review of Resident #28's admission MDS with an ARD of 07/29/25 revealed it was completed on 07/30/25. Section J Health Conditions revealed Resident #28 did not use tobacco.Record review of Resident #28's care plan completed on 05/09/26 revealed the following problem area initiated on 07/30/25 [Resident #28] is a smoker.Record review of Resident #28's Smoking and Safety evaluation dated 07/22/25 revealed he used tobacco and the evaluation was to be used for his smoking care plan on admission.During an observation and interview on 06/24/26 at 02:28 PM Resident #28 was lying on his back in bed. He stated he was a smoker.During an interview on 06/26/26 at 08:40 AM DON stated she was responsible for completing MDS Assessments and she used the RAI as her policy. She stated an inaccurate MDS assessment could negatively impact resident care. DON stated the reason Resident #28 was not coded as using tobacco on his admission MDS was probably just human mistake.During an interview on 06/26/26 at 08:49 ADM stated DON was responsible for completing MDS assessments. She stated an inaccurate MDS assessment could lead to staff providing inaccurate care to the resident.Record review of the Long-Term Care Facility RAI 3.0 User's Manual Version 1.20.1 dated October 2025 revealed the following: SECTION J: HEALTH CONDITIONS . The intent of the items in this section is to document a number of health conditions that impact the resident's functional status and quality of life. Other items in the section assess. tobacco use . J1300: Current Tobacco Use Steps for Assessment 1. Ask the resident if they used tobacco in any form during the 7-day look-back period. 2. If they resident states they used tobacco in some form during the 7-day look-back period, code 1, yes. 3. If the resident is unable to answer or indicates that they did not use tobacco of any kind during the look-back period, review the medical record and interview staff for any indication of tobacco use by the resident during the look-back period.