

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2025
NAME OF PROVIDER OR SUPPLIER Paradigm at the Prairies		STREET ADDRESS, CITY, STATE, ZIP CODE 106 Del Norte Dr El Campo, TX 77437	

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 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>Based on interview and record review, the facility with more than 120 beds failed to employ a qualified social worker on a full-time basis, for 1 of 1 social services staff reviewed for qualifications of Social Worker. The facility failed to employ a full-time social worker from 6/25/25 to 8/30/25. This failure could place residents at risk of social service and psychosocial needs not being met. Findings included: Record review of the Facility Summary Report from the Texas Unified Licensure Information Portal (TULIP) dated 8/29/25 indicated the facility had a total licensed capacity of 150 beds. Record review of an email sent from the DON on 8/30/25 at 11:00 a.m., indicated the previous Social Worker was employed from 5/27/25 to 6/25/25. Record review of the termination letter not dated, for the previous SW indicated she was terminated on 6/25/25 and read in part .as an at-will employee, your employment may be terminated at any time, with or without cause or notice . during your 90-day introductory period, we have determined that this role is not the right fit . Interview on 8/30/25 at 11:08 a.m., ADON A said the previous SW left a few months ago. Both ADON A and ADON B said they were assisting with setting up dental, podiatry, and vision appointments for residents. ADON B said to her knowledge the dentist, podiatrist, and eye doctor came to the facility every 3 months for appointments or as needed. Interview with the DON on 8/30/25 at 12:24 p.m., she said the previous SW was terminated back in June. The DON said the Administrator, ADON A, ADON B, the MDS nurse and herself collaborate on social work duties. The DON said she would handle the discharges, made sure home health was set up, and collaborate with doctors for medications the discharged residents needed. The DON said ADON A, ADON B, and the MDS nurse assist with the dental, podiatry, and vision appointments. The DON said she did not think there was a risk to residents due to the Administrator, ADON A, ADON B, MDS Coordinator and herself worked as team to cover social worker duties. Record review of the facility's social services job description titled Social Services Director not dated read in part . the primary purpose of the Social Services Director is to assist the Administrator to plan, organize, develop and direct the overall operation of our Social Services Department. Success in this position is measured by compliance with current federal, state, and local standards, guidelines, and regulations that govern our facility .</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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