

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676103 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/25/2025 |
| NAME OF PROVIDER OR SUPPLIER Wells Ltc Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 46 May Street Wells, TX 75976 | |

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (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

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676103 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/25/2025 |
| NAME OF PROVIDER OR SUPPLIER Wells Ltc Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 46 May Street Wells, TX 75976 | |
| 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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain the appropriate temperature range for resident-use hot water for 2 of 4 Halls (Halls C and D) observed for the residents' environment. The facility failed to ensure the resident rooms and shower room for halls C and D had sufficient water pressure and hot water on 10/20/2025 and 10/21/2025. This failure could place residents at risk for a diminished quality of life. The findings included: 1. Record review of an admission Record dated 10/21/2025 for Resident #3 indicated he was admitted to the facility on [DATE] and was [AGE] years old with diagnoses of type 2 diabetes, morbid obesity (overweight), hypertension, and cerebral infarction (stroke). Record review of a Quarterly MDS assessment dated [DATE] for Resident #3 indicated he did not have any impairment in thinking with a BIMS score of 15. He was dependent on staff for showering/bathing. Record review of a care plan dated 11/27/2023 for Resident #3 indicated he had an ADL self-care performance deficit. Interventions for bathing indicated he was dependent on staff to provide a bath how often (3 times weekly) and as necessary. During an observation and interview on 10/20/2025 at 9:55 AM, Resident #3 was in his room in bed. He was alert and oriented to person, place, time, and situation. He said he had been at the facility for 2 years and was a member of the Resident Council. He said there was a lack of hot water getting to the rooms in the facility for months and last he heard when he talked to the Administrator as of 2 weeks ago was that they were waiting on an estimate from [Plumbing company]. He said he received his showers and bed baths on Tuesday, Thursday, and Saturdays. He said the last time he had a bath was last Tuesday and normally he requested a bed bath after the morning meal. He said on Saturday (October 18, 2025) the staff told him to skip his bath because there was not any hot water, and he had not shaved in a few days. 2. Record review of an admission Record dated 10/21/2025 for Resident #9 dated 10/21/2025 indicated he was admitted to the facility on [DATE] and was [AGE] years old with diagnoses of nonrheumatic mitral valve insufficiency (heart condition where the valve does not close properly), cardiomegaly (enlarged heart), bradycardia (slow heartbeat), and hypertension. Record review of an Annual MDS assessment dated [DATE] for Resident #9 indicated he did not have any impairment in thinking with a BIMS score of 15. Record review of a care plan dated 5/15/2024 indicated he had an ADL self-care performance deficit. Interventions for bathing indicated he required staff assistance x1 with bathing. During an observation and interview on 10/21/2025 at 1:24 PM, Resident #9 was in his room on D hall sitting in a chair. Resident #9 said he had been at the facility for 1.5 years and things were going ok. He said his shower days were scheduled for Monday, Wednesday, and Friday and sometimes he missed getting them because of the water issues. He said the water in the facility was not working properly with low pressure or no hot water. He said he was supposed to get a shower on yesterday 10/20/2025 but did not because the facility had water issues. He said his bathroom never had hot water. He said if he did not get a shower, he did not care, but his family did not like it and told him to take a shower tomorrow 10/22/2025. 3. Record review of an admission Record dated 10/21/2025 for Resident #8 indicated he was admitted to the facility on [DATE] and was [AGE] years old with diagnoses of schizoaffective disorder, bipolar type (combines symptoms like hallucinations and delusions), type 2 diabetes, and generalized anxiety disorder (excessive and persistent worry and anxiety that is difficult to control). Record review of a Quarterly MDS assessment dated [DATE] for Resident #8 indicated he rarely/never understood and did not have a BIMS score. He required setup or clean up assistance with showering/bathing. Record review of a care plan revised on 7/7/2025 for Resident #8 indicated he had an ADL self-care performance deficit. Interventions for bathing indicated he required assistance x1 with bathing/showering three times weekly and as necessary. During an observation and interview on 10/21/2025 at 2:09 PM, Resident #8 was sitting in a chair in the dining room. He said he had been at the facility for a while. He said he was not sure of his scheduled shower days, and he did not get a shower yesterday on 10/20/2025. He said the facility always had issues with the water where it barely ran or did not have any hot water. He said not having hot water made it hard for him to shave. He said it aggravated him sometimes when the facility did not have hot water or not enough pressure. Record review of the facility's Resident Council Meeting notes dated 8/19/2025, 9/2/2025, and 9/16/2025 indicated residents who were in attendance voiced complaints of having problems with the hot water and pressure in the facility with no changes or resolutions. Record review of a shower schedule for Halls C and D undated indicated Resident #8 and #9 were scheduled for showers on Monday, Wednesday, and Friday on the 6 am-6 pm shift. Both were</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676103 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/25/2025 |
| NAME OF PROVIDER OR SUPPLIER Wells Ltc Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 46 May Street Wells, TX 75976 | |
| 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the residents' environment remains as free of accident hazards as possible for 1 of 9 residents (Resident #3) reviewed for accident hazards. The facility failed to ensure two cans of air freshener were not left in Resident #3's room on 10/20/2025 and 10/21/2025. This failure could place residents at risk of injuries due to environmental hazards. Findings included: Record review of an admission Record dated 10/21/2025 for Resident #3 indicated he was admitted to the facility on [DATE] and was [AGE] years old with diagnoses of type 2 diabetes, morbid obesity (overweight), hypertension, and cerebral infarction (stroke). Record review of a Quarterly MDS assessment dated [DATE] for Resident #3 indicated he did not have any impairment in thinking with a BIMS score of 15. He was dependent on staff for showering/bathing. Record review of a care plan dated 11/27/2023 for Resident #3 indicated he had an ADL self-care performance deficit. Interventions for bathing indicated he was dependent on staff to provide a bath how often (3 times weekly) and as necessary. During an observation and interview on 10/20/2025 at 9:55 AM, Resident #3 was in his room and in bed awake. He said he had been a resident at the facility for 2 years. There were two aerosol cans of air freshener on his nightstand. He said the staff had left them in his room. One can read to keep out of reach of children on the label. He asked if he needed to remove the cans as one of the cans he had purchased, and the other can was one that staff had left in the room. He said there have not been any residents who wander into his room. During an observation on 10/21/2025 at 2:01 PM, Resident #3 was not in his room. The two cans of air freshener were still in his room on the nightstand. During an interview on 10/21/2025 at 2:43 PM, the DON said she started at the facility on 9/29/2025. She said there should not be any residents in the facility to have access to air fresheners in their possession. She said the air fresheners should be locked in a cart or room and not stored in the resident rooms. She said she was not aware Resident #3 had air freshener in his room and would talk to him. She said there could be a risk for fires or cause other people to get sick from the inhalants. During an interview on 10/21/2025 at 3:13 PM, the Administrator said residents should not have aerosols in their rooms. She said the air fresheners should be stored in a locked closet or in housekeeping. She said residents could be at risk for respiratory issues. She expected staff to keep aerosols on their carts or lock them in a closet after use. Record review of a facility policy titled Hazardous Areas, Devices and Equipment revised July 2017 indicated, .All hazardous area, devices and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible. Identification of Hazards: 1. A hazard is defined as anything in the environment that has the potential to cause injury or illness. Examples of environment hazards include, but are not limited to: g. Access to toxic chemicals.</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676103 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/25/2025 |
| NAME OF PROVIDER OR SUPPLIER Wells Ltc Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 46 May Street Wells, TX 75976 | |

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>(continued on next page)</p> |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676103 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/25/2025 |
| NAME OF PROVIDER OR SUPPLIER Wells Ltc Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 46 May Street Wells, TX 75976 | |
| 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to, in accordance with accepted professional standards and practices, maintain medical records on each resident that were complete and accurately documented for 2 of 9 residents (Residents #8 and #9) reviewed for medical records. The facility failed to ensure Resident #8 and Resident #9's medical records were accurate when CNA C documented both residents received a bath on 10/20/2025 when they did not. This deficient practice could place residents at risk of improper care due to inaccurate medical records. The findings include: 1. Record review of an admission Record dated 10/21/2025 for Resident #9 dated 10/21/2025 indicated he was admitted to the facility on [DATE] and was [AGE] years old with diagnoses of nonrheumatic mitral valve insufficiency (mitral valve in the heart does not close properly), cardiomegaly (enlarged heart), bradycardia (slow heart beat), and hypertension. Record review of an Annual MDS assessment dated [DATE] for Resident #9 indicated he did not have any impairment in thinking with a BIMS score of 15. He required setup or clean up assistance with showering/bathing. Record review of a care plan dated 5/15/2024 indicated he had an ADL self-care performance deficit. Interventions for bathing indicated he required staff assistance x1 with bathing. Record review of the nurse aide tasks for Resident #9 for October 2025 indicated his baths were scheduled for Monday, Wednesday, and Friday. Further review revealed on 10/20/2025 CNA C documented the resident received his bath. During an observation and interview on 10/21/2025 at 1:17 PM, Resident #9 was in his room on D hall sitting in a chair. Resident #9 said he had been at the facility for 1.5 years and things were going ok. He said his shower days were scheduled for Monday, Wednesday, and Friday and sometimes he missed getting them because of the water issues. He said the water in the facility was not working properly with low pressure or no hot water. He said he was supposed to get a shower on yesterday 10/20/2025 but did not because the facility had water issues. He said his bathroom has never had hot water. He said if he did not get a shower, he did not care, but his family did not like it and told him to take a shower tomorrow 10/22/2025. 2. Record review of an admission Record dated 10/21/2025 for Resident #8 indicated he was admitted to the facility on [DATE] and was [AGE] years old with diagnoses of schizoaffective disorder, bipolar type, type 2 diabetes, and generalized anxiety disorder. Record review of a Quarterly MDS assessment dated [DATE] for Resident #8 indicated he rarely/never understood and did not have a BIMS score. He required setup or clean up assistance with showering/bathing. Record review of a care plan revised on 7/7/2025 for Resident #8 indicated he had an ADL self-care performance deficit. Interventions for bathing indicated he required assistance x1 with bathing/showering three times weekly and as necessary. Record review of the nurse aide tasks for Resident #8 for October 2025 indicated his baths were scheduled for Monday, Wednesday, and Friday. Further review revealed on 10/20/2025 CNA C documented the resident received his bath. During an observation and interview on 10/21/2025 at 2:09 PM, Resident #8 was sitting in a chair in the dining room. He said he had been at the facility for a while. He said he was not sure of his scheduled shower days, and he did not get a shower on yesterday 10/20/2025. He said the facility always had issues with the water where it barely ran or did not have any hot water. He said not having hot water made it hard for him to shave. He said it aggravated him sometimes when the facility did not have hot water or not enough pressure. Record review of a shower schedule for Halls C and D undated indicated Resident #8 and #9 were scheduled for showers on Monday, Wednesday, and Friday on the 6 am-6 pm shift. Both were to get a shower. During an interview on 10/21/2025 at 9:36 AM, CNA F said she had worked at the facility for a while but had been a CNA for about 6 months. She said on 10/20/2025 there were five residents who were scheduled to get a bath/shower on halls C and D. She said Resident #9 did not get a shower because he wanted to wait until after breakfast and whenever she let him know that they were going to do it after lunch, when she went to tell him he was lying down in the room. She said Resident #8 did not get a shower on yesterday 10/20/2025. She said she accidentally documented that both received their showers in the charting system, but they did not. She said only three of the five residents received a bath on 10/20/2025 that were scheduled. During an interview on 10/21/2025 at 2:43 PM, the DON said she started at the facility on 9/29/2025. She said when a resident refused a shower, the nurse aides should notify the nurse and the nurse should try to persuade the resident to take a shower; if they still refuse, they should document the refusal in a progress note. She said the nurse aide should document a refusal in the charting system under the task for bathing. She said it was false documentation if they documented a shower was received when it was not given. The charge nurse should</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676103 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/25/2025 |
| NAME OF PROVIDER OR SUPPLIER Wells Ltc Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 46 May Street Wells, TX 75976 | |

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>(continued on next page)</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676103 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/25/2025 |
| NAME OF PROVIDER OR SUPPLIER Wells Ltc Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 46 May Street Wells, TX 75976 | |
| 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews the facility failed to establish and maintain 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 for 1 of 9 residents (Resident #4) and 1 of 4 staff (CNA A) reviewed for infection control. The facility failed to ensure CNA A changed gloves and washed or sanitized her hands when providing care to Resident #4 on 10/20/2025. This failure could place residents at risk of exposure to infectious diseases due to improper infection control practices. Findings include: Record review of an admission Record for Resident #4 dated 10/21/2025 indicated he admitted to the facility on [DATE] and was [AGE] years old with diagnoses of hemiplegia and hemiparesis (paralyzed on one side of the body), malignant neoplasm of prostate (cancer in the prostate gland), cerebral infarction (stroke), and dysphagia (difficulty eating or swallowing). Record review of a Quarterly MDS Assessment for Resident #4 dated 9/14/2025 indicated he had moderate impairment in thinking with a BIMS score of 9. He was dependent on staff for personal hygiene. He was always incontinent of urine and bowel. Record review of a care plan for Resident #4 dated 9/9/2025 indicated he had bladder incontinence. Interventions included checking the resident every 2 hours and as required for incontinence. During an observation on 10/20/2025 at 1:47 PM, in the room of Resident #4. CNA A and CNA C were present to perform incontinent care. CNA A and CNA C both washed their hands and applied gloves. Both staff removed the resident's pants and the lift sling and placed them in a plastic bag. CNA C opened the resident brief and pulled it down between his thighs. CNA A removed wipes from the package and wiped the residents' inner thighs and placed the wipes in the trash. CNA A removed more wipes and then wiped the shaft of his penis and pulled the foreskin back and cleaned in a circular motion and then pulled foreskin back over and placed the gloves in the trash. CNA A removed her gloves and placed them in the trash and put on clean gloves without washing or sanitizing her hands. CNA A removed wipes and CNA C rolled the resident onto his left side and CNA A wiped his rectal area using multiple wipes and placed them in the trash. CNA A rolled the brief underneath the resident's buttocks and removed the brief and placed it in the trash along with her gloves. CNA A placed clean gloves on her hands without washing or sanitizing them and applied skin protectant to his buttocks and removed her gloves and placed them in the trash. CNA A applied clean gloves without washing or sanitizing her hands. A clean brief was placed underneath the resident's buttocks and secured, and the resident was repositioned in the bed. CNA A removed her gloves and placed them in the trash and washed her hands in the bathroom. CNA C removed her gloves and washed her hands. During an interview on 10/20/2025 at 2:06 PM, CNA A said she had been employed at the facility for over a year. She said she worked all over the facility. She said the last time she had a skills check off with staff was with the ADON about 2 weeks ago. She said during the care provided to Resident #4; she did not wash or sanitize her hands between glove changes. She said she had sanitizer in her pocket and did not know why she did not use it. She said there was a risk for infections and UTI's if staff did not wash or sanitize their hands between glove changes. Record review of a Nurse Aide Proficiency for CNA A dated 8/1/2025 by the ADON indicated she had training on perineal care with a male resident and was satisfactory with hand hygiene. During an interview on 10/20/2025 at 2:11 PM, the ADON said she was responsible for training staff and conducting skills check offs with the staff in the facility. She said she did it yearly. She said she observed the staff provide incontinent care and perform handwashing. She said staff should wash or sanitize their hands before care was started, anything they were visibly soiled, between glove changes and after care was completed. She said there was a risk of infections if staff did not wash or sanitize their hands between glove changes. During an interview on 10/21/2025 at 2:43 PM, the DON said she and the ADON were responsible for training staff on their competency for skills check off once a year that included hand hygiene and infection control. She said hand hygiene before, in between when changing, when gloves are changed, and after care completed and can use sanitizer between. Risk for cross contamination and carrying germs to another resident. During an interview on 10/21/2025 at 3:13 PM, the Administrator said the DON and ADON were responsible for training staff on infection control. She said she was aware of the observation of staff not washing their hands with glove changes on yesterday 10/20/2025. She said staff should perform hand hygiene before care was started, between residents, when going from dirty to clean, after care, and can use hand sanitizer if hands were not visibly soiled. She said residents could be at risk for cross contamination</p> | | |