

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 01/07/2026
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 - Immediate jeopardy to resident health or safety</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 resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents for 1 of 15 (Resident #1) residents reviewed for supervision. The facility failed to protect Resident #1, who had a history of exit seeking, from eloping from the secured unit courtyard on 12/18/2025. Resident #1 was left unsupervised in the male unit's courtyard and the courtyard's exterior gate was unlocked. Resident #1 exited the courtyard and was located 2 blocks away in the local library parking lot. Resident #1 was located by a staff member who was leaving the facility from their shift. The facility was unaware Resident #1 was missing during this time. The non-compliance was identified as past non-compliance. The Immediate Jeopardy (IJ) began 12/18/2025 and ended on 12/23/2025. The facility corrected the non-compliance before surveyor's entrance. This failure could place residents at risk of not being properly supervised resulting in injury or death. Findings included: Record review of Resident #1's facility face sheet revealed Resident #1 was an [AGE] year-old male that was admitted on [DATE] with a diagnosis of dementia (impaired memory). Record review of Resident #1's comprehensive care plan dated 8/17/2024 indicated Resident #1 was an elopement risk and wanderer as evidenced by disoriented to place, history of attempts to leave facility unattended, impaired safety awareness and was on the male secured unit. Record review of Resident #1's elopement risk assessment dated [DATE] indicated Resident #1 was a risk for elopement. Record review of Resident #1's quarterly MDS assessment dated [DATE] indicated Resident #1 could not complete a BIMS and a SAMS was completed indicating cognition was impaired and had poor decision making and required supervision. Record review of facility incident report for Resident #1 dated 12/18/2025 at 3:00 pm completed by the LVN D indicated Notified by staff speech therapist had picked resident up walking by library. Resident assisted back into building. I didn't know where I was going. assisted staff in getting resident back into building head to toe assessment done no injuries noted. Will continue to monitor for any adverse reactions or problems. Report indicated the physician and family were notified. Record review of Resident #1's order summary report dated 01/05/2026 indicated Resident #1 had an order to be admitted to the male secure unit for active exit seeking behaviors as of 9/24/2025. Record review of Resident #1's secured unit consent undated indicated Resident #1 required a secured unit due to pointless wandering and elopement attempts and placement was to protect him from unsafe environments such as busy streets signed by his family, physician and facility nursing staff. During an observation and interview on 01/05/2026 at 10:20 a.m., the secured male unit had 15 residents and 2 staff were present on the unit. Resident #1 was asleep in a recliner in the common area. CNA F said that the male secured unit staffed 2 persons, and all staff float to help when staff take breaks. She said that the secured unit doors were locked, and a keypad was used to enter and leave. She said to go outside, the door to the courtyard was secured and staff must supervise all</p> <p>(continued on next page)</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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