STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676103	A. Building B. Wing	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wells Ltc Nursing & Rehabilitation	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **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 4 residents (Resident #4) reviewed for smoking.The facility failed to ensure Resident #4 did not have a lighter in his possession on 6/23/2026 that was not allowed.This failure could place residents at risk of injuries and burns.Findings included:Record review of an admission Record for Resident #4 dated 6/23/2026 indicated he was admitted to the facility on [DATE] and [AGE] years old. Diagnoses included Type 2 diabetes, vascular dementia (a decline in thinking and memory skills caused by restricted or blocked blood flow to the brain), bipolar disorder (extreme shifts in mood, energy, and activity levels) and major depressive disorder (persistent sadness or loss of interest in doing things).Record review of a Quarterly MDS Assessment for Resident #4 dated 5/7/2026 indicated she had moderate impairment in thinking with a BIMS score of 10. He was independent with ADLs except for showering/bathing and personal hygiene.Record review of a care plan for Resident #4 dated 5/12/2026 indicated he had an ADL performance deficit. There was not a care plan to indicate Resident #4 was a smoker with interventions.During an observation and interview on 6/23/2026 at 9:22 am, Resident #4 said he had been a resident at the facility for about four months. He said he was a smoker and the facility kept his cigarettes and lighters for him, but he had a lighter in his possession. He showed the Surveyor the lighter that he had in his pocket. When questioned again if he was supposed to have the lighter, he replied probably not.Record review of a safe smoking assessment for Resident #4 dated 3/31/2026 indicated he required direct supervision while smoking, all smoking materials would be kept at the nurse station, and care plan up to date or updated.Record review of an undated smoker's list indicated Resident #4 was a smoker.During an interview on 6/23/2026 at 2:00 pm, the ADON said Resident #4 was not deemed a safe smoker. She said the nurse should have cigarettes and lighters locked up in the nurse's cart after each smoke break. She said residents could hurt themselves or others or start a fire and not know it. She said the lighter that Resident #4 had in his possession had been confiscated earlier that day and was not aware he had a lighter in his possessionDuring an interview on 6/23/2026 at 2:20 pm, the DON said there were not any residents in the facility that were deemed as safe smokers. She said all residents who smoked should be supervised and the cigarettes and lighters were kept in the cart. She said no residents should have access to lighters or cigarettes without supervision. She said they could start fires and smoke inside the building if they had lighters in their possession. She said the staff had an in-service not long ago on the smoking policy and procedures.Record review of an in-service titled smoking residents dated 5/12/2026 provided by the DON indicated staff were trained that no residents should have a lighter.During an interview on 6/23/2026 at 2:51 pm, the RDO said to his knowledge no residents in the facility were allowed to keep their cigarettes or lighters with them. He said the lighters and cigarettes should be kept at the nurse station and if not could cause an accident.During an interview on 6/23/2026 at 3:06 pm, the Administrator said there were not any residents in the facility that were allowed to keep smoking paraphernalia on them. She said she was not aware that Resident #4 had a lighter and it had been (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	confiscated that morning. She said staff would take residents to the smoke break, give them their cigarettes and the staff would use a lighter to light the cigarettes for the residents at smoke breaks. She said cigarettes and lighters were kept at the nurse station in a lock box after each smoke break. She said a resident could hurt themselves or others if they had lighters in their possession.Record review of a facility policy tiled Safety and Supervision of Residents revised July 2017 indicated, .Our facility strives to make the environment as free of accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Resident Risks and Environmental Hazards: 1. Due to their complexity and scope, certain resident risk factors and environmental hazards are addressed in dedicated policies and procedures. These risk factors and environmental hazards include: d. Smoking.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. Based on observations, interviews, and record reviews, the facility failed to ensure it formulated, adopted, and enforced policies regarding smoking, smoking areas, and smoking safety that also consider non-smoking residents for 1 of 3 smoking areas (smoking area for halls C/D) reviewed for smoking safety.The facility failed to ensure paper and plastic trash were not discarded into the fire safety can in the smoking area for halls C/D that was to be used for cigarette butts only on 6/23/2026.This failure could place residents at risk of injury, burns, and an unsafe smoking environment.Findings include:During an observation and interview on 6/23/2026 at 9:10 am, the smoking area outside of halls C/D had a red smoking can that had trash inside that included cigarette butts, a plastic wrapper, gloves, and a plastic wrist band. There was a sign on the wall above the red smoking can that read, put cigarette butts in ashtray, do not throw on ground. Thanks Administration Staff. The Housekeeping Supervisor was present and said she and the Maintenance supervisor checked the cans daily and emptied them. She said there was a sign above the red smoking can to notify staff not to place trash in the can. She said there was a risk of fires if trash were put in the butt cans. She said she had not checked the can that morning yet but would take care of it.During an interview on 6/23/2026 at 2:00 pm, the ADON said Maintenance was responsible for checking the smoking area daily and emptying the red cans and trash. She said trash should be placed in the trash can and not in the red smoking buckets. She said there was a risk of fires if trash was placed in the red cans.During an interview on 6/23/2026 at 2:20 pm, the DON said the Maintenance Supervisor and the Housekeeping Supervisor should check the smoking area daily during rounds. She said trash should be stored in the trash can and the red cans are for cigarette butts only. She said there was a sign outside the smoking area for staff not to put trash in the red cans. She said there could be a risk of fires if trash was placed in the red smoking can.During an interview on 6/23/2026 at 2:51 pm the RDO said Maintenance and Housekeeping were responsible for checking the smoking areas daily. He said trash should not be stored in the red cans and if trash were placed in the red cans a fire could start.During an interview on 6/23/2026 at 3:06 pm, the Administrator said on a day-to-day basis the Maintenance Supervisor would be responsible for checking the smoking areas daily. She said trash should be placed in the trash receptacle and not in the red can as a fire could start. She said they had placed a sign outside the smoking area for staff to place trash in the trash cans and not in the red smoking cans.During an interview on 6/23/2026 at 3:18 pm, the Maintenance Supervisor said he checked the smoking areas daily and emptied the trash cans and smoking cans. He said the staff were always putting trash in the smoking can and they placed a sign above it to help remind staff. He said the smoking area had a trash can and did not know why they did not place trash in it. He said if they placed trash in the red can there was a risk of fires and injuries.Record review of a facility policy titled Smoking Policy-Residents revised October 2023 indicated, .This facility has established and maintains safe resident smoking practices. 5. Metal containers, with self-closing cover devices, are available in smoking areas. 6. Ashtrays are emptied only into designated receptables.