

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2025
NAME OF PROVIDER OR SUPPLIER Maverick Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3106 Bob Rogers Dr Eagle Pass, TX 78852	
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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on interview and record review, the facility failed to provide food that is palatable, attractive, and at a safe and appetizing temperature for 1 of 1 kitchen observed. 1. The facility failed to maintain the temperature for puree bread at 135 F or above. These failures could place residents at risk for weight loss, poor quality of life and food borne illness. The findings included: During an observation on 12/11/2025 at 11:45 a.m., the cook took the temperature of the bread puree on serving line which reached 116 degrees. During an interview on 12/11/2025 at 11:49 a.m., COOK G stated the holding temperature for hot items should be 145 degrees or above. [NAME] G stated they can reheat the item in the microwave if they do not meet holding temperatures. [NAME] G stated the lower temperature could have an increased risk of bacteria in the food. During an interview on 12/11/2025 at 11:53 a.m., the DM stated the holding temperature for hot items should be 135 and above for regulation and safety. The DM stated they can reheat the item in the oven or microwave if foods are not meeting the appropriate holding temperatures. The DM stated there is a risk of poison and safety for residents when holding temperatures are not met. During an interview on 12/12/2025 at 11:23 a.m., the DON stated there had not been any foodborne illness outbreaks in the facility this year. Record review of the facility's policy Food Holding and Service, revised 06/01/2019, stated: 1. Serve all hot foods at a temperature of 135 F or greater and all cold food at 41 F or less. Adjust the temperature to account for the time the food will be held prior to service on steam table and on the tray carts. 2. Hold foods prior to service for less than one hour, maintaining the temperatures notes above. Keep foods covered to maintain temperatures except for food that will be served crispy.		

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for food storage safety. 1.The kitchen had an unsealed cheese bag dated 12/4/2025 in the fridge,2.The kitchen had an unsealed cilantro bag dated 12/5/2025 in the fridge.3.The kitchen had an unsealed pizza dough bag dated 10/26/2025 in the freezer.4.The kitchen had an undated macaroni container in the pantry5.The kitchen had a tomato that appeared to be spoiled in the fridge. This deficient practice could place residents who eat food from the kitchen at risk of foodborne illnesses.The findings include:During an observation on 12/09/2025 at 10:46 a.m. of kitchen refrigerator, the following items were unsealed: cheese bag date 12/04/20205, cilantro bag dated 12/05/2025. Observation of the kitchen refrigerator noted a spoiled tomato. During an observation on 12/09/2025 at 10:46 a.m. of kitchen freezer a pizza dough bag dated 10/26/2025 was observed unsealed. During observation of the kitchen pantry on 12/09/2025 at 10:52am, observation made of undated container containing macaroni pasta. During an interview on 12/09/2025 at 11:04 a.m., the DM stated once items were opened, they were to be put into a Ziploc bag, seal it, date it, and put it away. The DM stated when receiving pasta, she poured the pasta into a container and used a label to date the container. The DM stated tomatoes should be red and fresh and that the tomato found was not. The DM stated if they receive bad produce from the delivery, they return it but if the produce goes bad while at the facility they throw it away. The DM stated other foods can come in contact with unsealed foods and affect the safety of the food. The DM stated there could be a risk to resident safety if they are served non fresh produce. The DM stated the kitchen staff would not know when to and not to use the items if they are not dated. Record review of facility document titled Food Storage, revised 06/01/2019, states:1. Dry storage roomsd. To ensure freshness, store opened and bulk items in tightly covered containers. All containers must be labeled and dated2. Refrigerators d. Date, label, and tightly seal all refrigerated foods using clean, nonabsorbent, covered containers that are approved for food storage. 3. Freezers e. Store frozen foods in moisture-proof wrap or containers that are labeled and dated.		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure that residents had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents, for 1 of 7 residents (Resident # 1) reviewed for call light. The facility failed to ensure Resident # 1's call light was within reach. This failure could place residents at risk of not achieving independent functioning, dignity, and well-being. Findings include: 1.Record review of Resident #1 's face sheet dated 12/9/25 revealed a [AGE] year-old male admitted to the facility 11/19/25.Resident # 1 had diagnoses that included diabetes mellitus, [is a chronic metabolic condition marked by high blood sugar levels], Dependence on renal dialysis [means your kidneys have failed requiring a machine to filter waste, extra fluid, and balance minerals in your blood for survival], and Myopathy[is a broad term for diseases affecting skeletal muscles, causing weakness, stiffness, cramps, and fatigue, stemming from muscle fiber dysfunction]. Record review of Resident # 1's admission MDS assessment dated [DATE] revealed a BIMS score of 09, which indicated moderate cognitive impairment Record review of Resident 1's care plan dated 12/09/25 did not reveal a care plan addressing the call light. Observation and Interview on 12/9/25 in Resident #1's room at 10:10 AM revealed that the call light was found behind the nightstand, out of arm's reach. Resident #1 stated he never knows where his call light is and hopes and prays someone will come and check on him today. Interview with LVN F on 12/09/25 at 10:15 AM revealed she was the assigned nurse for Resident # 1 and confirmed the call light was behind the nightstand., She stated she did not know how the call light ended up behind the nightstand, but would place it within reach of Resident # 1 at once. LVN F stated that Resident # 1 could risk a possible fall if the call light was not within arm's reach. During an interview with the DON on 12/10/25, at 2:19 PM, she emphasized the importance of ensuring that the call light was accessible to all residents. She stated that the lack of accessibility to a call light for any resident could lead to a potential negative outcome if assistance was needed. The DON also mentioned that charge nurses currently monitor this task during their daily morning rounds, and the ADON oversees this process. Record review of facility policy Call Lights: Accessibility and Timely Response, dated 10/13/2022, revealed, The call light system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room.		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to refer all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment for 1 of 2 residents (Resident #68) reviewed for PASARR accuracy.1. The MDS Case Manager did not refer Resident #68 for a level II resident review upon newly evident serious mental health disorder.This deficient practice could place the residents at risk of not receiving the necessary care and services.The findings included:Record review of Resident #68's face sheet, dated 12/10/2025, revealed a [AGE] year-old male admitted to the facility on [DATE], with a primary diagnosis type 2 diabetes Mellitus with diabetic chronic kidney disease (condition caused by the way the body regulates and uses sugar as fuel). Record review of Resident #68's MDS, dated [DATE], revealed the resident's BIMS score a 4 out of 15 which suggested the resident's cognition was severely impaired for daily decision-making skills. Record Review of Resident #68's diagnosis information on the face sheet dated 12/10/2025 revealed a diagnosis of Major Depressive Disorder, recurrent severe without psychotic features (a mental condition characterized by a persistently depressed mood and long-term loss of pleasure or interest in life without behaviors not normal to resident) with an onset date of 10/27/2025.Record review of Resident #68's history and physical note dated 10/27/2025 revealed the resident had a diagnosis of major depressive disorder, recurrent severe without psychotic features. During an interview on 12/11/2025 at 10:50 a.m., the MDS Case Manager stated they were responsible for looking over PASSAR documents when a resident is admitted checking to see if they trigger a positive PASARR and if there is any IDD or MI. MDS stated if the resident has an MI or IDD there's a form they are to submit for update of diagnosis. The MDS Case Manger stated major depressive disorder was not a mental health illness that would trigger a PASARR positive (Preadmission Screening and Resident Review is positive when the screening reveals resident is suspected of having a condition such as serious mental illness, intellectual disability, developmental disability or any related conditions).During an interview on 12/11/2025 at 12:17 p.m., the MDS Case Manager stated when a resident has a new MI diagnosis they need to fill out and submit a form 1012 (form to assist nursing facilities in determining whether a resident with a negative Preadmission Screening and Resident Review (PASRR) Level 1 screening, need further evaluation for mental illness) to the physician. When asked who, if any person, The MDS case manager stated the DON was responsible for informing MDS of residents with newly diagnosed MI or IDD diagnosis. During an interview on 12/11/2025 at 12:18 p.m., the RDS nurse stated when Resident #68 was diagnosed with major depressive disorder that form 1012 should have been filled out and submitted to the physician in order for the physician to decide if a PASARR would need to be redone. The RDS stated no risk to Resident #68's when form 1012 wasn't submitted. During an interview on 12/11/2025 at 3:35 p.m., the DON stated the MDS case manager was responsible for PASARR for the residents. The DON stated they were not sure of the process for who informs the MDS case manager when a resident has a newly diagnosed MI or IDD. The DON stated if the MDS case manager isn't informed of a resident's new diagnosis of an MI or IDD or the MDS case manager doesn't submit a form 1012 due to a new diagnosis the DON stated she wasn't sure what harm could be assesses. Record review of the policy given titled Form 1012, Mental Illness and Dementia Resident Review, no date, states:The NF completes form 1012 following:-an individual's diagnosis is changed		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 resident (Resident # 83) of 24 residents reviewed for comprehensive person-centered care plans. The facility failed to ensure Resident #83's care plan included Contact Isolation which was ordered to prevent spread of her infection C-diff and EBP for her infected wound which required treatment and a dressing. Resident #83's comprehensive person-centered care plan did not reflect the use of PPE as an intervention. This deficient practice affects residents with contagious infections and could result in increased transmission of the bacteria. The findings included: Record review of Resident #83's electronic face sheet dated 12/10/2025 reflected she was an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included: sepsis (a life-threatening medical emergency where the body's extreme overactive response to an infection damages its own tissues and organs), unspecified organism, enterocolitis due to clostridium difficile (a bacteria that is highly contagious from contact, and can cause diarrhea (loose stools) and colitis (inflammation in the colon (intestine), pseudomonas aeruginosa (common opportunistic pathogen (bacteria or virus that can cause disease) known for causing infections, and is notable for its antibiotic resistance), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), anxiety (a feeling of worry, nervousness), pressure ulcer of right buttock, Stage 2 (characterized by partial-thickness skin loss, presenting as shallow, open wounds or blisters, and require proper treatment to prevent infection and further progression). Record review of Resident #83's quarterly MDS assessment dated [DATE] reflected that she could usually understand and be understood. She scored 9 of 15 on her BIMS which signified her cognitive status was moderately impaired. She had a UTI in the last 30 days. C-diff, sepsis (life threatening medical emergency caused by the body's overwhelming response to an infection), pseudomonas and pressure ulcer of right buttock were active diagnoses. Her pressure sore was noted in the MDS. Review of Section O-Special Treatments, Procedures and Programs reflected M1. Isolation or quarantine for active infectious disease was noted while she was a resident. She required substantial/maximal assistance with her ADLs. Record review of Resident #83's comprehensive person-centered care plan dated 11/24/2025 reflected Problem, has infection of the gastrointestinal tract, interventions, administer antibiotic per MD orders. Problem, pressure ulcer, resident has an alteration in skin integrity. Resident #83's comprehensive person-centered care plan did not reflect she required EBP for having a dressing to an open wound or contact isolation for her C-diff infection. Record review of Resident #83's lab results dated 11/17/2025 reflected that she assessed positive for C-Diff Toxin. Record review of Resident #83's Skin Check dated 11/29/2025 reflected that she had a skin issue on her right gluteal (buttock) area. Record review of Resident #83's Wound Culture report dated 11/22/25 reflected that she had a Pseudomonas Aeruginosa bacteria growing in her wound. Record review of Resident #83's Active Orders as of: 12/11/2025 reflected that she was readmitted to the facility on [DATE]. Her orders reflected Contact Isolation: CDIFF active as of 11/22/2025. She had a treatment order for Stage 2, right gluteus: cleanse with ns, pat dry 4x4 gauze, apply hydrogel (a mixture of materials that let air and solutions pass through and water used for wound healing), collagen particles (type of protein that forms a primary dressing for wound management) to wound bed, cover bordered gauze daily, active as of 11/25/2025. Further review reflected, Vancomycin HCL Oral Capsule 250 mg, give 1 capsule by mouth one time a day for C-Diff for 7 days, start date 11/23/2025 and end date 12/01/2025. Vancomycin HCL Oral Capsule 250 mg, give 1 capsule by mouth two times a day for C-Diff for 7 days, start date 12/09/2025 and end (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	date 12/16/2025. Observation on 12/09/2024 at 11:20 am revealed Resident #83 had a plastic bin outside her room which contained paper gowns, gloves, and masks. No Contact Isolation sign or EBP sign were seen. A yellow sign which hung on the resident's door reflected Check with nurse before entering room. Interview on 12/11/2025 at 10:05 am with the DON, she stated it was important that Resident #83's isolation and EBP requirement be reflected in the comprehensive care plan. She stated the MDS triggered care areas, and the care plan needed to reflect the isolation for the type of PPE required. She stated staff would not know what type of contact precautions were required if the care plan was inaccurate and cross contamination and spread of infections could occur. Interview on 12/11/2025 at 10:40 am with RN D, the MDS nurse stated she was part of the IDT and responsible for Resident care plans and keeping them current. She stated Resident #83's infection was in the care plan, but not that she required contact isolation which was ordered by the provider since C-Diff was contagious. She stated Resident #83 was on antibiotics and with her wound which required a dressing, the EBP needed to be in Resident #83's care plan. She did not know how it was missing since it was an important part of her care. She stated the care plan needed to reflect the PPE required. She stated the wrong information about what a resident required, or care could be missed without the information being in the care plan. Record review of the facility policy and procedure titled Comprehensive Care Plans dated 10/24/2022 reflected It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, and mental and psychosocial needs that are identified in a resident's comprehensive assessment.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice for 1 resident (Resident #30) of 3 residents reviewed for oxygen therapy. Resident #30's oxygen concentrator left side black foam filter was gray from being covered with air particles and dust. This deficient practice affects residents who receive oxygen therapy and could result in hypoxia (low oxygen) and difficulty breathing. The findings included: Record review of Resident #30's electronic face sheet dated 12/10/2025 reflected he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included: epilepsy (chronological neurological disorder characterized by recurrent seizures), anoxic brain damage (damage to the brain due to a lack of oxygen), respiratory failure with hypoxia (a condition where the body does not receive enough oxygen leading to insufficient oxygen in the tissues), dementia (loss of cognitive functioning that interferes with daily life activities) and quadriplegia (symptom of paralysis that affects all a person's limbs and body from the neck down). Record review of Resident #30's quarterly MDS assessment dated [DATE] reflected that he rarely understands and was rarely understood. He was not a candidate for a BIMS which signified his cognitive status was severely impaired. He was dependent on staff for his ADLs. He received oxygen therapy while he was a resident. The MDS reflected he was not interview-able. Record review of Resident #30's comprehensive person-centered care plan dated 09/13/2025 reflected Problem, has a tracheostomy (tube, and medical device that is inserted into a surgically created opening in the trachea (windpipe), allow direct airway access), at risk for hypoxia, interventions, administer O2 at 30 percent via collar mask oxygen and O2 at 2L/min. Record review of Resident #30's Active Orders as of: 12/10/2025 reflected Administer oxygen via trach collar mask at 2L/min with a start date of 04/08/2025. Observation on 12/09/2025 at 11:25 am of Resident #30 revealed he was lying in bed, clean and well-groomed. He had humidified oxygen via a trach collar and mask infusing. The oxygen concentrator setting was at 2L/min. The black foam filter on the right side of the machine was clean; the black foam filter on the left side of the machine was gray from dust and air particles (tiny solid bits (soot, pollen, smoke and liquid droplets). The surveyor was able to touch the filter and move the dust to display the black foam. Observation on 12/10/2025 at 08:30 am of Resident #30 revealed the left filter of his concentrator continued to be covered with dust and air particles which displayed as a gray film. Observation on 12/10/2025 at 07:45 am with the DON, she confirmed there was dust and dirt particles covering the left oxygen concentrator filter in Resident #30's room. During an interview on 12/11/2025 at 10:10 am, the DON stated she thought the oxygen concentrator filters for Resident #30 needed to be checked and cleaned once a week. She stated she had no guidelines or process for cleaning and checking oxygen concentrator filters, but she would put it in the physician orders to have nursing staff check, clean or change them in the future. She stated dust and air particles could clog the filter and prevent air flow which would result in hypoxia or difficulty breathing. Record review of the facility policy and procedure titled Oxygen Safety dated 0126/2024 reflected Oxygen in Use, Licensed staff using oxygen equipment will be trained in the operation, safety precautions, and manufacturer's instructions for using the equipment. Record review of the manufacturer recommendations for the concentrator titled Invacare System Compatible Oxygen Concentrator User Manual dated 01/2017 reflected page 23 7.2 Cleaning the Cabinet Filter, CAUTION! To avoid damage from clogging, DO NOT operate the concentrator without the filter installed. Remove the filter and clean as needed, environmental conditions that may require more frequent inspection and cleaning of filter include but are not limited to high dust and air pollutants.		

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain and ensure safe and sanitary storage of residents' food items for 1 (refrigerators in resident room [ROOM NUMBER]-B) of 5 residents' refrigerators reviewed in that: The personal refrigerator in resident's room [ROOM NUMBER] B contained unlabeled, undated food items. This deficient practice could place residents at risk of foodborne illness due to consuming foods which could be spoiled. The findings were: Observation on 12/10/2025 at 9:05 a.m. revealed that the personal refrigerator in resident room [ROOM NUMBER]-B contained an ice-cream pint, opened, with an expiration date of 03/15/26, which was unlabeled and undated. Observation on 12/11/2025 at 08:50 a.m. revealed the personal refrigerator in resident room [ROOM NUMBER]-B contained an ice-cream pint, opened, with an expiration date of 3/15/2026, which was unlabeled and undated. Further observation on 12/11/2025 at 12:54 p.m. revealed that the ice cream was still present in the refrigerator in room [ROOM NUMBER]-B. Interview on 12/11/2025, at 2:00 p.m., during an interview with LVN F, it was confirmed that the refrigerator in resident room # 301- B contained an ice-cream pint, with an expiration date of 3/15/2026, which was unlabeled and undated. During an interview with the DON on 12/12/2025, at 9:30 a.m., the DON confirmed that perishable food in residents' personal refrigerators should be labeled and dated to prevent residents from consuming spoiled food. The DON stated that the night shift nurses are responsible for overseeing this and it was not currently being monitored. Record review of the facility policy, Use and Storage of Food Brought in by Family or Visitors , dated ,1/27/2023, revealed, All food items that the family or visitor already prepares must be labeled with the contents and dated; if not consumed by 3 days, the facility staff will throw the food away.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **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 2 residents (Resident #36 and #83) who were reviewed for infection control. The findings included: 1. The facility failed to post a sign which indicated enhanced barrier precautions (EBP) for Resident #36 who had an open wound with treatment. 2. The facility failed to post signs on Resident #83's door that indicated she was on contact isolation for C-Diff. and required EBP for having an open wound which required a dressing. This deficient practice affects residents with infections and wounds and could result in increased transmission or cross contamination. The findings include: Record review of Resident #36's face sheet, dated 12/10/2025, revealed a [AGE] year-old male and admitted to the facility on [DATE], with a primary diagnosis for orthopedic aftercare following surgical amputation. Record review of Resident #36's MDS, dated [DATE], revealed the resident's BIMS score a 11 out of 15 which suggested the resident's cognition was intact for daily decision making. Record review of Resident #36's active order summary dated 12/11/2025 revealed the following orders: Stage 2 Buttocks- generalized: cleanse with ns pat dry 4x4 gauze, apply collagen powder, cover with exuderm satin hydrocolloid wound dressing. Daily as needed that had a start date of 12/10/2025. Stage 2 Buttocks- generalized: cleanse with ns pat dry 4x4 gauze, apply collagen powder, cover with exuderm satin hydrocolloid wound dressing. Daily one time a day that had a start date of 12/11/2025. During an observation on 12/11/2025 at 10:04 a.m., Resident #36 did not have EBP (Enhanced Barrier Precautions) signage by the door. During an observation on 12/11/2025 at 2:15 p.m., Resident #36 did not have EBP signage by the door. During an interview on 12/11/2025 at 2:18 p.m., LVN E stated EBP signage was required for all residents who have wounds, new surgical sights, tube feeding, Clostridioides difficile (bacterium that primarily affects the colon), respiratory, droplet, infection of the wound and more. LVN E stated the reason for EBP signage is to prevent the spread of infection to the residents. LVN E stated Resident # 36 should have EBP signage if he had a wound yes. LVN E stated Resident # 36 is at increased risk of changes of infection to the wound when appropriate EBP signage is not in place. During an interview on 12/11/2025 at 2:22 p.m., RN A stated EBP signage was required for any open wounds and any surgeries. RN A stated Resident #36 would need EBP signage. RN A stated EBP signage was needed for residents to not spread infections to other residents. RN A stated themselves or LVN C are responsible for putting up the EBP signage During an interview on 12/11/2025 at 3:26pm, LVN C, who was one ADON, stated EBP signage was required for any resident who has open wounds, foley, dialysis, peg tubes, and anything that could get an infection. LVN C stated ADON's or the wound care treatment nurse are responsible for putting up (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2025
NAME OF PROVIDER OR SUPPLIER Maverick Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3106 Bob Rogers Dr Eagle Pass, TX 78852	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	EBP signage. LVN C stated Resident #36 should have EBP signage up due to their wound. LVN C stated there was a risk to Resident # 36 not having the EBP signage but it was minimal. 2. Record review of Resident #83's electronic face sheet dated 12/10/2025 reflected she was an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included: sepsis ,(life-threatening medical emergency where the body's extreme, overactive response to an infection damages unspecified organism, enterocolitis due to clostridium difficile (a bacteria that is highly contagious from contact, and can cause diarrhea (loose stools) and colitis (inflammation in the colon (intestine), pseudomonas aeruginosa (common opportunistic pathogen (bacteria or virus that can cause disease) known for causing infections, and is notable for its antibiotic resistance), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), anxiety (a feeling of worry, nervousness), pressure ulcer of right buttock, Stage 2 (characterized by partial-thickness skin loss, presenting as shallow, open wounds or blisters, and require proper treatment to prevent infection and further progression). Record review of Resident #83's quarterly MDS assessment dated [DATE] reflected that she could usually understand and be understood. She scored 9 of 15 on her BIMS which signified her cognitive status was moderately impaired. She had a UTI in the last 30 days. C-diff, sepsis (life threatening medical emergency caused by the body's overwhelming response to an infection), pseudomonas and pressure ulcer of right buttock were active diagnoses. Her pressure sore was noted in the MDS. Review of Section O-Special Treatments, Procedures and Programs reflected M1. Isolation or quarantine for active infectious disease was noted while she was a resident. She required substantial/maximal assistance with her ADLs. Record review of Resident #83's comprehensive person-centered care plan dated 11/24/2025 reflected Problem, has infection of the gastrointestinal tract, interventions, administer antibiotic per MD orders. Problem, pressure ulcer, resident has an alteration in skin integrity. Record review of Resident #83's lab results dated 11/17/2025 reflected that she assessed positive for C-Diff Toxin. Record review of Resident #83's Skin Check dated 11/29/2025 reflected that she had a skin issue on her right gluteal (buttock) area. Record review of Resident #83's Wound Culture report dated 11/22/25 reflected that she had a Pseudomonas Aeruginosa bacteria growing in her wound. Record review of Resident #83's Active Orders as of: 12/11/2025 reflected that she was readmitted to the facility on [DATE]. Her orders reflected Contact Isolation: CDIFF active as of 11/22/2025. She had a treatment order for Stage 2, right gluteus: cleanse with ns, pat dry 4x4 gauze, apply hydrogel (a mixture of material that allow solutions and air to enter and water used for wound healing), collagen particles (type of protein that forms a primary dressing for wound management) to wound bed, cover bordered gauze daily, active as of 11/25/2025. Further review reflected, Vancomycin HCL Oral Capsule 250 mg, give 1 capsule by mouth one time a day for C-Diff for 7 days, start date 11/23/2025 and end date 12/01/2025. Vancomycin HCL Oral Capsule 250 mg, give 1 capsule by mouth two times a day for C-Diff for 7 days, start date 12/09/2025 and end date 12/16/2025. Observation on 12/09/2025 at 11:20 am revealed Resident #83 had a plastic bin outside her room which contained paper gowns, gloves, and masks. No Contact Isolation sign or EBP sign was seen. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 12/09/2025 at 11:20 am and review of a yellow sign which hung on Resident #83's door reflected Check with nurse before entering room. Observation on 12/10/2025 at 08:20 am of Resident #83's door to her room revealed she had no EBP or Contact Isolation signs which reflected staff were required to use PPE when they entered the room. Observation on 12/10/2025 at 07:45 am with the DON, she confirmed there was no EBP or Contact Isolation sign outside Resident #83's room to indicate she required isolation and contact precautions with use of PPE. During an interview on 12/10/2025 at 09:33 am, RN A, the Treatment Nurse stated that she knew Resident #83 had C-Diff and a wound that was being treated with a gauze dressing. She stated she did not notice EBP or contact isolation signs were not placed; however, she used PPE from the bin next to the room. She stated it was important to place signs to communicate to others what type of PPE the resident required for her care or cross contamination could occur. During an interview on 12/11/2025 at 10:10 am, the DON stated she thought the yellow sign was enough for people to go to the nurse and then find out what the resident needed. She stated the resident had assessed positive for C-Diff and was ordered antibiotics, placed on contact isolation as ordered by the MD and was in a single room. She stated staff would know to use PPE because the plastic bin with PPE was outside Resident #83's door. She stated she would educate staff on EBP and isolation procedures. She stated that Resident #83 had an open wound and received treatment and a dressing and should have EBP and did not know why she did not. She stated she was accountable for nursing care in the facility. During an interview on 12/11/2025 at 10:21 am, LVN B who readmitted Resident #83 to the facility on [DATE] stated she saw the order of contact isolation and knew Resident #83 was infected with C-Diff. She stated she knew Resident #83 had an open wound with treatment orders to include dressing the wound with gauze. She stated she was trained in isolation precautions and EBP and signs should have been posted by the resident's room, and she did not know why she did not post them. During an observation on 12/11/2025 at 2:15 p.m., Resident #83 did not have EBP signage by the door. During an interview on 12/11/2025 at 2:18 p.m., LVN E stated EBP signage was required for all residents who have wounds, new surgical sites, tube feeding, Clostridioides difficile (bacterium that primarily affects the colon), respiratory, droplet, infection of the wound and more. LVN E stated the reason for EBP signage is to prevent the spread of infection to the residents. When asked if Resident #83 should have had EBP signage by their door, LVN E stated if he had a wound yes. When asked what the risk was to Resident #83 with not having EBP signage, LVN E stated an increased risk of infection to the wound. During an interview on 12/11/2025 at 2:22 p.m., RN A stated EBP signage was required for any open wounds and any surgeries. When asked if Resident #83 should have EBP signage, RN A stated Resident #83 would need EBP signage. When asked what the risk was to Resident #83 with not having EBP signage, RN A stated EBP signage was needed for residents to not spread infections to other residents. When asked who was responsible for putting up EBP signage for residents, RN A stated themselves or LVN C. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/11/2025 at 3:26pm, LVN C, who was one ADON, stated EBP signage was required for any resident who has open wounds, foley catheter, dialysis, peg tubes, and anything that could get an infection. When asked who was responsible for putting up EBP signage, LVN C stated ADONs or the wound care treatment nurse. When asked if Resident #83 should have EBP signage, LVN C stated Resident #83 should have EBP signage up due to their wound. When asked what the risk was to Resident #83 with not having EBP signage, LVN C stated there was a risk, but it was minimal. During an interview on 12/12/2025 at 08:34 am, Resident #83 stated that staff wear PPE when they assist her with care. Review of LVN B's Charge Nurse Orientation Checklist dated 10/17/2025 reflected she satisfactorily completed isolation procedures. Review of facility staff training titled EBP dated 11/13/2025 reflected LVN B had attended the training. Record review of the facility policy and procedure titled Enhanced Barrier Precautions dated 11/24/2025 reflected, It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. 2. Initiation of Enhanced Barrier Precautions: EBP will be implemented for residents with wounds such as pressure ulcers, high contact resident care activities include wound care: any skin opening requiring a dressing. Record review of the policy and procedure titled Infection Prevention and Control Program dated 05/13/2023 reflected The facility has established and maintained 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 as per accepted national standards and guidelines. Review of cdc.gov/c-diff/hcp/clinical-guidanceindex.html (current) reflected Isolate and initiate contact precautions for suspected or confirmed C-Diff infection.		