

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER Castro County Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 Butler Dimmitt, TX 79027	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to notify and provide a copy of the 30-day discharge notice to the representative of the Office of the State Long Term Care Ombudsman for 1 of 1 residents (Resident #1) reviewed for discharge planning. The facility failed to ensure notification of a 30-day discharge for Resident #1 was provided to the Ombudsman. This failure could result in residents not having adequate assistance and services in placement issues. Findings Included:Record review of Resident #1 's facility record revealed she was a 59-yo female admitted to the facility on [DATE] with diagnoses of paranoid schizophrenia, schizophrenia unspecified, delusional disorders, unspecified psychosis not due to a substance, post-traumatic stress disorder, mild cognitive impairment and diabetes.A Care Plan dated 1/14/26 documents resident was at risk for falls, had behaviors, was verbally and physically aggressive, had impaired cognition and made false statements. Resident #1 needed some assistance with ADLs. An additional care conference was held on 2/9/26 where residents were presented with a 30-day discharge notice due to the facility not being able to meet her needs. A Quarterly MDS dated [DATE] documented a BIMS score of 15 out of 15 which indicated cognition was intact. Past Incident reports documents resident has been the aggressor in hitting staff, throwing objects, refusing care and making false statements. Resident was delusional during her stay and on 2/11/26 attacked a facility nurse. The police had been called, and a judge signed a warrant. Resident #1 was transported to a psychiatric facility on 2/11/26. In an interview on 3/3/26 at 1:30 pm, the Ombudsman stated she had not received a notice that Resident #1 had been given a 30-day notice of discharge from the facility. In an interview on 3/3/26 at 4:30 pm, the ADM stated a care conference had been held on 2/11/26 with Resident #1 and she had been given the 30-day notice of discharge. The ADM stated after the care conference the signed 30-day notice had been given to the former BOM to send to the ombudsman. He stated he terminated the BOM after he had given her the 30- day notice to send to the Ombudsman. He stated he had not been aware the former BOM had not sent the 30-day notice. He stated he had looked for the original 30-day notice in the facility that was signed by staff who witnessed the presentation to Resident #! but could not locate it. He stated he had been aware that the 30-day notice should have been sent to the Ombudsman at the time it had been done and stated he had been responsible for assuring all functions at the facility had been completed including making sure the Ombudsman had been notified.A policy had been requested but never provided.</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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