STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676186	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Castro County Nursing & Rehabilitation	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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to implement its written policies and procedures for screening to ensure potential employees were screened before hire for 2 of 5 employees (RN A, [NAME] B) reviewed for employability status. The facility failed to ensure the Employee Misconduct Registry /Nurse Aide Registry check was conducted for RN A and [NAME] B before hire. B. The facility failed to ensure the Criminal History check was conducted for RN A before hire. This failure could place residents at risk of abuse, neglect and/or exploitation. Findings included: Record review of RN A's personnel file reflected a hire date of 11/22/25. There was no evidence of the EMR/NAR check being completed before hire. An EMR/NAR history check was completed on 1/20/26. There was no evidence of the Criminal History check completed before hire. A Criminal History check was completed on 2/11/26. Record review of [NAME] B's personnel file reflected a hire date of 2/6/26. There was no evidence of the EMR/NAR check being completed before hire. The EMR/NAR check had been completed on 4/1/26. In an interview on 4/1/26 at 4:00 PM, the ADM stated he had been responsible for running most of the background checks on prospective employees prior to hiring. He stated he did not know why the Criminal History check for RN A had not been done. He stated it should have been run before hire, The ADM said he did not know why the EMR/NAR had not been run. He stated he did not know what the consequences of not running the Criminal History checks or the EMR/NAR checks were. Record review of a facility Abuse policy document titled, Employment Screening, dated 4/11/25, revealed potential employees will be screened for a history of abuse, neglect and exploitation, or misappropriation of property. Background reference and credentials check will be conducted on potential employees. The facility will maintain documentation of proof that the screenings occurred.

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