

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/23/2026
NAME OF PROVIDER OR SUPPLIER Castro County Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 Butler Blvd. 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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on interviews and record review, the facility failed to ensure residents had the right to send and receive mail for 3 of 11 confidential residents reviewed for right to communication. The facility failed to ensure residents received their mail unopened. This failure could put residents in the facility who receive mail at risk for a decline in the residents' psychosocial well-being and quality of life. Findings included: During a confidential group interview at an undisclosed date and time, 3 of 11 residents said they had received their mail already opened. They stated they would like to receive their mail unopened. The residents stated they did not know why some of their mail was already opened when it was delivered to them and they did not like it. During an interview on 07/22/26 at 11:35 AM, the AD stated she recently started passing out mail to the residents. The AD stated she did not open any mail before giving it to the residents. During an interview on 07/22/26 at 11:40 AM, the ADM stated the AD, the BOM and he provided mail service to the residents. The ADM stated he did open some of the residents' mail before giving it to them. The ADM stated the BOM and he processed the Medicaid mail for the residents. The ADM stated it was in the admission's agreement for the facility to have permission to open the resident's mail. The ADM stated the residents were aware it was in the admission's agreement. During an interview on 07/22/26 at 3:48 PM, the BOM stated the only resident mail she opened and kept was from Social Security and it was not addressed to the resident. The BOM stated all other mail she delivered to the residents was unopened. During an interview on 07/23/26 at 11:37 AM, the ADM was asked about training regarding mail delivery, and he stated he was familiar with the process for mail delivery. The ADM stated he opened the Medicaid applications and renewals that were addressed to a resident and had the facility name on the second line of the address [c/o]. The ADM stated he opened some of the mail because it may be a check that the facility needed to have opened and deposited. The ADM stated the last time he was trained on mail delivery was unknown. The ADM stated a potential negative outcome to the residents was privacy violation. During a confidential record review at an undisclosed date and time, the facility admissions agreement page titled, Attachment E, revealed: Mail: The facility is authorized to handle the Resident's mail as follows: (Check one box only) ☐ All mail given directly to the Resident ☐ All mail read to the Resident ☐ Forward all of the Resident's mail to: ☐ Give personal mail to the Resident; forward business mail to: . Some Residents were noted to have marked off the first option: All mail given directly to the Resident. Record review of the facility policy titled, Resident Rights, with a revised date of 04/25/25 reflected the following: Policy: The facility will inform the resident both orally and in writing, in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Resident Rights: The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.- Information and communication. The resident has the right to be informed of his or her rights and of all rules and (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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	regulations governing resident conduct and responsibilities during his or her stay in the facility.- The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to:Privacy of such communications consistent with this section.- Privacy and confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.- Personal privacy includes.written and telephone communications.		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interviews and record reviews the facility failed to ensure prompt efforts were made to resolve grievances for 7 of 11 confidential residents reviewed for grievances. The facility failed to ensure 7 confidential residents were provided with prompt resolution for their grievances at the facility. This failure could place residents at risk of unresolved grievances and decreased quality of life and low self-worth. Findings include: During a resident group meeting at an undisclosed date and time, 7 of 11 confidential residents stated they did not receive any follow-up on grievances made at the facility. The residents stated they knew how to file a grievance, but it did not matter because they were not listened to or followed up on. The residents stated they did not know if the grievance was ever resolved because no one talked to them about it. During an interview on 07/22/26 at 11:40 AM, the ADM stated he was the grievance officer at the facility. The ADM stated anyone could receive a grievance and then it was given to him. The ADM stated he would then assign the grievance to the department it was related to and it would be resolved in 72 hours or 3 days and they would let the residents know what took place. During a confidential record review of the facility grievance forms for May 2026 and June 2026 revealed: May 2026: 3 grievances reviewed did not have a resolved date, notification of representative name or date was blank and did not have a date it was documented. June 2026: 10 grievances reviewed did not have a resolved date, notification of representative name or date was blank and did not have a date it was documented. During an interview on 07/23/26 at 11:37 AM, the ADM stated normally the Social Worker would help follow up on grievances, but the facility did not have one at this time. The ADM stated he would follow up with the residents verbally within the time frame of 72 hours. The ADM stated the follow-up on the grievance forms was an oversight by him. The ADM stated he was last trained upon hire regarding the grievance process. The ADM stated a potential negative outcome to the residents was they could not feel heard or addressed. Record review of the facility policy titled, Resident and Family Grievances with a revised date of 06/13/25 reflected the following: Policy: It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal. Policy Explanation and Compliance Guidelines: 2. Administrator or designee is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations. 10. Procedure: d. The Grievance Official will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form. e. The Grievance Official, or designee, will keep the resident appropriately apprised of progress towards resolution of the grievances. g. In accordance with the resident's right to obtain a written decision regarding his or her grievance, the Grievance Official will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. The written decision will include at a minimum: i. The date the grievance was received. ii. The steps taken to investigate the grievance. iii. A summary of the pertinent findings or conclusions regarding the residents' concern(s). iv. A statement as to whether the grievance was confirmed or not confirmed. v. Any corrective action taken or to be taken by the facility as a result of the grievance. vi. The date the written decision was issued.		

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview, and record review, the facility failed to ensure that pureed food was prepared in a form designed to meet individual needs for the lunch meal on 07/22/2026. The facility failed to puree the meatballs with rice and the squash to a smooth texture. This failure could place residents at risk of swallowing difficulties, decreased food intake, hunger, and unwanted weight loss. The findings included: During confidential individual interviews 5 of 10 residents voiced concerns related to food. Five residents stated the food was not good. During an observation on 7/22/26 at 12:21 PM the test trays arrived and were sampled by four surveyors with the following results: Regular Meal - Regular Texture Meatballs - okay texture and taste Rice Pilaf - okay texture and taste Squash & Red Peppers - okay texture and taste Dinner Roll - okay texture and taste Mango Chunks - okay texture and taste Regular Meal - Mechanical Soft Texture Meatballs - okay texture and taste Rice Pilaf - okay texture and taste Squash & Red Peppers - okay texture and taste Dinner Roll - okay texture and taste Mango Chunks - okay texture and taste Regular Meal - Puree Meatballs with [NAME] Pilaf - lumpy texture and okay taste Squash & Red Peppers - lumpy texture and okay taste Dinner Roll - smooth texture and salty taste Mango Chunks - smooth texture and okay taste During an interview on 7/22/26 at 12:35 PM, the DM stated [NAME] A pureed the rice and meatballs together and the texture was not smooth it was chunky. During an interview on 7/23/26 at 9:58 AM, the DM stated she did not monitor [NAME] A when she pureed the food on 07/22/2026. She stated the facility received a truck that morning and she was putting the items received up. She stated the texture of the puree food should be smooth, no chunks. She stated the puree food from 07/22/26 was not smooth. She stated she spoke with [NAME] A and was told, [she] thought it was good enough. She explained to [NAME] A the puree was not smooth and had chunks in it. She stated that a resident that received a puree diet could choke if the texture was not smooth. During an interview on 7/23/26 at 10:35 AM, [NAME] A stated the texture of the pureed food should be not runny, kind of thick but not too thick and smooth. She stated she did not taste the pureed meatballs or squash. She stated she, used a spoon and stirred the pureed meatballs and squash and held some up and it looked fine. She stated a resident could choke if the texture was not smooth. During an interview on 7/23/26 at 11:07 AM, the ADM stated the DM should monitor the cooks to ensure they prepare the puree meal to the correct texture. He stated the vegetables (squash) were chunky and the meatballs were not completely smooth. He stated the DM usually monitored the staff, however on 7/22/26 they received a truck and the DM was busy putting items up that were delivered. He stated a resident could aspirate if the puree was not the correct texture. Record review of the facility's policy titled, Puree Food Preparation dated 9/1/23 revised date 4/25/25 reflected the following: Policy: It is the policy of this facility to provide puree food that has been prepared in a manner to conserve nutritive value, palatable flavor, and attractive appearance. Definitions: Puree means that all food has been ground, pressed and/or strained to a consistency of a soft, smooth, thick paste similar to a thick pudding. Policy Explanation and Compliance Guidelines: 2. Puree foods should be prepared in such a manner to prevent lumps or chunks. The goal is a smooth, soft, homogenous consistency similar to soft mashed potatoes.		

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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. Based on observations, interviews, and record reviews, the facility failed to maintain and ensure safe and sanitary storage of residents' personal food items for 1 of 1 food nourishment refrigerator reviewed for food safety in that;The facility did not have a system in place to label and date perishable food in the nourishment refrigerator used by the residents to ensure safe food handling and prevent consumption of spoiled and/or expired foods.These failures could place residents at risk for food borne illnesses.Findings included: During an observation on 7/21/26 at 10:50 AM, of the nourishment refrigerator in the dining room revealed there was 1 gallon of tea unopened dated 6/15 without a use by date. 1 jar of apple sauce opened without an opened date, and a use by date 07/14/2026.1 package of muenster cheese opened, without an open date or use by date.1 container of cobb salad, unopened, with a use by date 07/04/2026.1 bowl of cobb salad opened, without an open date and a use by date of 07/04/2026.In the freezer of the nourishment refrigerator there was1 frozen mini pizza unopened, with a use by date 07/16/2026.1 bag of frozen chicken nuggets unopened, with a use by date 03/06/2026.2 bags of sweet sauce unopened, without a use by date. During an interview on 7/21/26 at 10:58 AM, the DM stated she would take responsibility for the nourishment refrigerator and would start checking it daily. She stated she was unsure who should have been checking the food for dates and labels as staff and residents used that refrigerator. She stated she would throw out all the unlabeled and expired food. During an interview on 07/21/2026 at 4:10 PM, the ADM stated residents used the refrigerator in the dining room as a nourishment refrigerator. He stated no one monitored the food in the refrigerator. During an interview on 7/23/26 at 9:58 AM, the DM stated she did not know it was her responsibility to check the nourishment refrigerator in the dining room. She had not paid attention to that refrigerator, or if anyone checked it. She stated she would check that refrigerator from now on. She stated she was aware food for residents use from outside would need to be dated and labeled. She stated that residents could get sick if they consumed expired food. During an interview on 7/23/26 at 11:07 AM, the ADM stated the nourishment refrigerator in the dining room was for residents to use for personal food if they did not have a refrigerator in their rooms. He stated the DM was responsible to maintain and check the food in the refrigerator. He stated a resident could get a food borne illness if they ate expired food. He stated he did not have an answer as to why the DM did not check the refrigerator, however since staff helped residents with their food from that refrigerator, they should have monitored food and dates. Record review of the facility policy Use and Storage of Food Brought in by Family and Visitors, dated 09/01/2023 with a revised date of 10/31/2025 reflected: Policy: It is the right of the residents of this facility to have food brought in by family or other visitors, however, the food must be handled in a way to ensure the safety of the residents. Policy Explanation and Compliance Guidelines:.2. All food items that are already prepared by the family or visitor brought in must be labeled with content and date.a. The facility may refrigerate labeled and dated prepared items in the nourishment refrigerator.b. The prepared food must be consumed by the resident within 3 days.c. If not consumed within 3 days, food will be thrown away by facility staff.		

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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 observation, interview, and record review, 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 1 of 3 (Resident #39) residents reviewed for infection control. LVN B failed to ensure medications were administered in a sanitary manner, when LVN B dispensed Resident #39s medication into her bare hand before placing into a medication cup. These failures could place residents at risk for cross contamination and infection. The findings included:Record review of Resident #39's face sheet revealed a [AGE] year-old female originally admitted to the facility on [DATE]. Resident #39 had a medical history of hypothyroidism (when thyroid gland does not produce enough thyroid hormone), bipolar disorder (extreme shifts in mood, energy, activity levels and concentrations), hypertension (high blood pressure), paranoid schizophrenia (mental illness that affects how a person thinks, feels, and acts), and seizures (sudden, abnormal burst of electrical activity in the brain).Record review of Resident #39's Quarterly MDS dated [DATE] Section C- Cognitive Patterns, revealed Resident #39 had a BIMS score of 13, which indicated resident #39 was cognitively intact. Record review of Resident #39's physician orders revealed the following medication orders-Aspirin 81 milligrams (used to relieve minor aches, reduce fever, and decrease inflammation) once a day with a start date of 1/17/2026. Ferrous Sulfate Oral Tablet 325MG (an iron supplement used to treat and prevent iron deficiency anemia (a health condition where your blood does not have enough healthy red blood cells)) once a day with a start date of 1/17/2026.Gabapentin Oral Capsule 100 MG (used to treat nerve pain), three times a day with a start date of 1/16/2026. lamoTRlgine Oral Tablet 25 MG (used to treat epilepsy (a brain disorder that causes repeated, unprovoked seizures) and mood disorders), two tablets twice a day with a start date of 1/16/2026busPIRone HCl Oral Tablet 30 MG (used to treat anxiety), twice a day with a start date of 1/16/2026.Benzotropine Mesylate Oral Tablet 2 MG (used to treat muscle stiffness and involuntary movement), twice a day with a start date of 1/16/2026.Metoprolol Tartrate Oral Tablet 25 MG (used to treat high blood pressure), twice a day with a start date of 1/16/2026.Losartan Potassium Oral Tablet 25 MG (used to treat high blood pressure), 1/2 tablet once a day with a start date of 1/17/2026.levETIRAcetam Oral Tablet 1000 MG (used to treat seizures), twice a day with a start date of 1/16/2026.Escitalopram Oxalate Oral Tablet 10 MG (used to treat depression or anxiety), once a day with a start date of 1/17/2026.During a medication administration observation on 7/22/2026 at 8:06AM for Resident #39 , LVN B removed the following medications with her bare hands and placed them into a medication cup. LVN B did not utilize hand hygiene between each medication and did not put on gloves. LVN B used her fingers to remove Aspirin 81mg tablet from the bottle container and into the medication cup.LVN B used her fingers to remove Ferrous Sulfate 325mg tablet from the bottle container and placed it into the medication cup. LVN B popped Gabapentin 100mg tablet from the blister pack into the palm of her hand and placed it into the medication cup. LVN B popped Lamotrigine 25mg, two tablets from the blister pack into the palm of her hand and placed it into the medication cup.LVN B popped buspirone 30 mg tablet from the blister pack into the palm of her hand and placed it into the medication cup.LVN B popped Benzotropine 2mg from the blister pack into the palm of her hand and placed it into the medication cup.LVN B popped Metoprolol 25mg tablet from the blister pack into the palm of her hand and placed it into the medication cup. LVN B popped Losartan 12.5mg 1/2 tablet from the blister pack into the palm of her hand and placed it into the medication cup.LVN B popped Escitalopram 10mg tablet from the blister (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pack into the palm of her hand and placed it into the medication cup.LVN B popped Levetiracetam 1000mg tablet from the blister pack into the palm of her hand and placed it into the medication cup.During an interview on 7/22/2026 at 8:20AM with LVN B, she stated she had been trained on infection prevention, and the infection preventionist was the ADON and DON. She stated she had been trained on medication administration procedure. She stated she had been trained to pop the medication directly into the medication cup from the packaging and not into her hand. She stated she had used her bare hand because she had gotten nervous. She stated the potential negative outcome could be cross contamination and infection to the residents. During an interview on 7/23/2026 at 9:56AM, the DON stated the ADON and DON were the infection preventionist. She stated training on infection control was done yearly and medication administration was done yearly with competencies. She stated during competencies nursing staff are observed dispensing medication and if there are concerns, they are addressed during that time. She stated staff are trained to sanitize between medication passes and check the six rights of medication administration. The DON stated medication should be directly placed into the medication cup and if a pill is touched with bare hands or falls on the floor, it should be discarded. She stated a potential negative outcome could be exposing residents to illness and infection. During an interview on 7/23/2026 at 10:02AM with the ADM, he stated the DON and ADON are infection preventionists. He stated training on infection control and medication administration are completed upon hire, yearly and as needed. He stated staff should be dispensing medication from the packaging directly into the medication cup and not use their hands or fingers. He stated a potential negative outcome could be cross contamination. He stated his expectation of staff are to sanitize between residents and maintain hand hygiene during the process. Record review of facility policy titled Hand Hygiene dated 11/2/2025 revealed, All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Before preparing or handling medications .Either Soap and Water or Alcohol Based Hand Rub (ABHR is preferred)Record review of facility policy titled Infection Prevention and Control Program dated 4/25/2025 revealed This facility has established and maintains 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. 4. Standard Precautions: .d. Licensed staff shall adhere to safe injection and medication administration practices, as described in relevant facility policies.16. Staff Education: a. All staff shall receive training, relevant to their specific roles and responsibilities, regarding the facility's infection prevention and control program, including policies and procedures related to their job function.b. All staff shall demonstrate competence in relevant infection control practices.c. Direct care staff shall demonstrate competence in resident care procedures established by our facility.		