

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: 676225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Mitchell County Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 971 West I-20 Colorado City, TX 79512	
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 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure it received registry verification for 1 (CNA A) of 5 employees reviewed for registry verification prior to allowing an applicant to serve as a nurse aide. The facility failed to ensure CNA A had a current nurse aide certification while employed at the facility, while actively providing care for residents. This failure could result in residents being provided with care by staff who have not provided documentation of training and competency in providing care. The findings included: Record review of CNA A's personnel file reflected a date of hire of [DATE]. The last employability status check search via TULIP that was completed on [DATE] reflected CNA A's NAR status would expire on [DATE]. There were not any disciplinary action forms in the personnel file reflecting any concerns with resident care. Record review of CNA A's time punch detail dated [DATE] reflected CNA A clocked in and worked from 07:02 AM until 7:00 PM. During an interview on [DATE] at 11:00 AM, the DON stated that the ADM was no longer here. During an interview on [DATE] at 5:32 PM, the DON stated that CNA A was still working but not here today. She stated that HR was responsible for the verification and monitoring of staff licensures. The DON further stated that verifications of staff licensures all happened at the hospital, next to the facility. When asked what the potential negative outcome could be, the DON stated, It is not that they have not been trained, so it is out of compliance, they should keep it till date with the employer. I don't think it has any impact, that's my view. During a phone interview on [DATE] at 11:35 AM, HR stated that she knew CNA A and to the best of her knowledge she was still working. She stated that verifications of staff licensures were run through TULIP and outcomes communicated to the ADM, DON and ADON. HR added that both the facility's management and she were responsible for the verification and monitoring of staff licensures, and that she communicated to ADON two weeks ago about CNA A's expired license. She stated that it was both the facility and CNA A's fault not to have a current license, and she does not know if CNA A was informed about her expired license. HR stated that she did not know the potential negative outcomes but obviously believed that CNA A should have been current with her licensures. During a phone interview on [DATE] at 12:07PM, CNA A stated, I have worked for the facility for 4years and no, I am not aware of that, and I honestly didn't know it was expired. She stated that she had worked some couple of days ago and last day worked was Monday - [DATE], worked the day shift from 7:00AM -7:00PM. She further stated that she was supposed to renew her license every 2years, that the last time she did, the facility informed her that she was about to go out of date. CNA A stated that she was pretty sure that she was informed about her expired license but did not realize that it had expired and would work on that once we got off the phone. When asked what the potential negative outcome could be, CNA A stated, first, if I don't have up-to-date license then I don't have up-to-date information, I could not be following the rules or the (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 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	law and that's not good. During a phone interview on [DATE] at 12:44 PM, the DON stated that ADON was on vacation. An email request on [DATE] at 12:58PM, was made for facility policy for Credentialing of Nursing Services Personnel from the DON; did not provide requested policy.		