

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676318	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Windmill Village Rehabilitation & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 507 Martin Luther King Blvd Lubbock, TX 79403	

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 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. (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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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to incorporate recommendations from a PASRR level II determination and the PASRR evaluation report for 1 of 5 residents (Resident #1) reviewed for PASRR. The facility failed to submit a complete and accurate request for NFSS in the LTC online portal within 20 days after the IDT meeting. This failure could cause residents with mental health disorders and psychiatric conditions to have a delay in services or not receive specialized services or equipment that may be needed for a better quality of life. Record review of Resident #1's face sheet dated 08/28/25 revealed a [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses: paranoid schizophrenia (a disorder that affects the ability to think, feel and behave clearly), mild intellectual disabilities, cognitive communication deficit (inability to communicate effectively due to cognitive impairments), intermittent explosive disorder (a mental disorder characterized by explosive outbursts of anger or violence), Type 2 diabetes mellitus (a condition in which the body does not use insulin properly), cerebral infarction (stroke) and generalized muscle weakness. Record review of Resident #1's annual MDS assessment dated [DATE] revealed a BIMS score of 07, indicating the resident had severe cognitive impairment. The MDS also revealed Resident #1 had a psychiatric disorder and was dependent in eating, toileting and hygiene. Record review of Resident #1's comprehensive care plan, initiated 04/11/25 and revised on 05/18/25, revealed the resident as PASRR positive related to IDD. Further review revealed an IDT PASRR meeting was held on 04/28/25. Record review of a Care Plan Conference document dated 04/28/25 revealed the care plan meeting was held due to Other: PASRR. Attendees included: MDS Nurse, Social Services, Dietary, a staff nurse, Resident #1's family member, a COTA and a PASRR habilitation coordinator. Record review of Resident #1's PCSP dated 04/28/25 revealed a recommendation for a CMWC and coordination of habilitative therapy services of PT and OT. In an interview on 08/28/25 at 2:34 PM with the MDS Nurse, she stated she was responsible for LTC PASRR assessments. She stated Resident #1 was PASRR positive and recommendations had been made at the initial IDT meeting on 04/28/25, but she had issues with being able to upload the OT evaluation. She stated the facility reached out to the caseworker but did not receive a response and she was not able to enter anything due to the resident's information not populating in the system. The MDS Nurse stated a second IDT meeting was held in June to extend the deadline due to not being able to enter the information. She stated she had attended PASRR training and had performed PASRR assessments for many years. She stated it was her responsibility to assure proper PASRR assessments were submitted timely and to submit NFSS through the LTC portal. The MDS Nurse stated she knew Resident #1 qualified for services and was not receiving services, but she had not been able to fix the problem so far. In an interview on 08/29/25 at 9:48 AM with the HHSC PASRR Unit Program Specialist, she stated if PASRR specialized services were recommended at the IDT meeting but were not initiated within 20 business days following the date the services were agreed to, the resident would not receive a PASRR specialized service. She stated the facility was given an additional specific timeframe to submit the NFSS request, but the facility did not meet that timeframe in addition to the previous 20 business days that were allowed. In an interview on 08/29/25 at 2:57 PM, Resident #1 stated he occasionally attended his own care plan meetings, but his family member usually took care of his business. He stated he was aware of the fact that he could have a new wheelchair, and he was waiting to get it. He stated his current wheelchair was functioning fine but was missing a brake on one side. Resident #1 stated he was not interested in doing therapy. In an interview on 08/29/25 at 3:04 PM, the DOR stated he was not in his current position when the IDT meeting for Resident #1 took place. He stated the OT evaluation was completed and the CMWC had been measured and ordered and was awaiting PASRR approval. In an interview on 08/29/25 at 4:07 PM, the Regional LIDDA Director stated Resident #1 was recommended for a CMWC and habilitative OT and PT. She stated the facility submitted partial information on 05/20/25 which was processed by HHSC on 05/23/25. She stated all the required documentation was not submitted under the supplier acknowledgment tab and was lacking documentation for PT and OT services, which caused the process to be delayed beyond the 20-day timeline. She stated it was the responsibility of the facility to follow-up on the portal process and assure timely submission and acceptance of documentation. In an interview on 08/29/25 at 4:43 PM, the ADM stated the process when a PASRR positive resident is identified was to hold an IDT meeting with PASRR workers to establish what services were needed. She stated it was the responsibility of the MDS</p>		