

|                                                                       |                                                                  |                                                                                        |                                              |
|-----------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676342 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>04/22/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St. Teresa Nursing & Rehab Center |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10350 Montana Avenue<br>El Paso, TX 79925 |                                              |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to have evidence that all alleged violations of abuse, neglect, exploitation, or mistreatment are thoroughly investigated to prevent further potential while the investigation is in progress for 1 of 9 residents (Residents #3) reviewed for misappropriation. The facility failed to ensure the Administrator followed the facility's policy, by not completing an investigation, and reporting an allegation of misappropriation involving Resident #3. These failures could place residents at risk of not being provided services to meet their needs. Findings include: Record review of Resident #3's face sheet dated 04/22/2026, revealed the resident was an [AGE] year-old female with an original admission date of 01/18/2019 and a readmission date of 10/14/2020. Record review of Resident #3's History and Physical dated 01/22/2026 revealed the resident had diagnoses including dementia in other diseases classified elsewhere without behavioral disturbance (decline in memory and thinking abilities), schizophrenia, unspecified (mental disorder affecting perception, thoughts, and behavior), history of a brain hemangioma (abnormal collection of blood vessels in the brain) and seizure disorder (condition causing recurrent seizures). Record review of Resident #3's quarterly MDS dated [DATE] revealed under Section C (Cognitive Patterns) Resident #3 had a BIMS score of 15, which indicated the resident was cognitively intact. Review of Section C revealed the resident was able to complete the BIMS, demonstrating intact memory recall and orientation. Review of Section B (Hearing, Speech, and Vision) revealed that the resident had clear speech, was understood by others, and demonstrated the ability to understand verbal communication. MDS section I for active diagnoses revealed Resident #3 had Non-Alzheimer's Dementia (type of dementia that are not caused by Alzheimer's disease, meaning a person has problems with memory, thinking, reasoning, or behavior severe enough to affect daily life), anxiety disorder (a mental health condition where a person experiences excessive worry, fear, nervousness, or panic that is stronger or lasts longer than normal everyday stress) and schizophrenia (a mental health disorder that affects how a person thinks, feels, behaves, and understands reality). Record review of Resident #3's care plan, last reviewed on 01/02/2026, revealed Resident #3 was diagnosed with major depression and called for staff intervention by monitoring the resident for signs of depression including hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing negative statements, repetitive anxious or health-related complaints and tearfulness. Interventions included monitoring Resident #3 due to taking anti-anxiety medications which were associated with an increased risk of confusion, amnesia, loss of balance, and cognitive impairment that looked like dementia. During an observation and interview on 04/20/2026 at 11:15 a.m., Resident #3 stated that money had been stolen from her purse but could not recall the exact amount or date the incident occurred. Resident #3 stated she routinely placed her handbag on top of the lamp located beside her bed. During the observation, Resident #3's handbag was observed on top of the lamp at the head of her bed. Resident #3 stated she had informed ADON B that money had been stolen from her purse and, sometime later, she was informed by an unidentified staff member from the front office that the facility would reimburse the missing money by depositing it into her resident account. Resident #3 stated she felt anxious and upset after discovering the money was missing. During an interview on (continued on next page)</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 |
|-----------------------------------------------------------------------|-------|-----------|

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                              |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676342                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>04/22/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St. Teresa Nursing & Rehab Center                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10350 Montana Avenue<br>El Paso, TX 79925 |                                              |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |                                              |
| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few                            | <p>04/20/2026 at 11:57 a.m., ADON A stated that when allegations of misappropriation were reported, the resident was interviewed, the room was checked to verify the belongings were missing, and family members were contacted to determine whether they had removed any of the items or to ask if they knew the resident had spent money recently. ADON A stated the investigation process involved the nurse, ADON, DON, Administrator, and that allegations of this nature were believed to require documentation, investigation and reporting to the state. During an interview on 04/20/2026 at 11:59 a.m., CNA I stated that if a resident reported missing belongings or alleged misappropriation, she immediately reported the concern to the ADON and nursing staff. CNA I stated there had been an in-service regarding not touching resident belongings or searching through resident items. CNA I stated allegations involving missing money or belongings were believed to require investigation by the facility by asking residents if they knew anything about a missing item or money and that it was done by the abuse coordinator and upper management. During an interview on 04/21/2026 at 11:45 a.m., Resident #3's family member stated that during a visit with the resident, she informed him that money had been stolen from her purse. The family member stated he reported the allegation to the Administrator and was informed the resident would be reimbursed for the missing \$60 through her resident account. The family member stated Resident #3 remained anxious during the period it took the facility to reimburse the missing money. During an interview on 04/21/2026 at 1:05 p.m., LVN J stated she informed ADON B regarding Resident #3's allegation that money had been stolen from her purse and that staff had searched for the money but were unable to locate it. LVN J stated ADON B informed her she would notify additional staff, possibly the social worker, although she was unsure. LVN J stated she was later informed the resident had been reimbursed for the missing money. LVN J stated allegations such as this were required to be investigated by the facility by asking residents if they had witnessed anything out of the ordinary and reporting to the state, although she did not know whether those steps had occurred. During an interview on 04/21/2026 at 1:51 p.m., the SW stated the allegation had been voiced directly to the BOM and an investigation had been initiated. The SW stated she spoke with the RP who reportedly was not concerned because Resident #3 occasionally became confused. The SW stated she discussed the missing money with Resident #3, who reportedly stated she was unsure whether she had misplaced or lost the \$60. The SW stated she opened a grievance to ensure documentation of the concern and that the Administrator later took over the investigation. SW stated that based on the circumstances, she did not believe the resident had been exploited; however, she acknowledged allegations involving missing money were generally believed to require investigation and potential reporting to the state. During an interview on 04/21/2026 at 2:05 p.m., LVN F stated that in cases involving missing belongings or allegations of misappropriation, he would request assistance from another staff member or CNA to help search for the missing items. LVN F stated he would then notify the ADON and abuse coordinator regarding the allegation. LVN F stated upper management, including the Administrator, ADON, and DON, were responsible for following up on missing belongings, conducting the appropriate investigation, and ensuring the allegation was reported to the state when necessary. LVN F stated allegations of missing money or belongings were believed to require investigation and state reporting. During an interview on 04/22/2026 at 9:57 a.m., LVN G stated that if a resident approached him stating money had been stolen or was missing, he would immediately notify his supervisor to obtain direction regarding the next steps. LVN G stated he would assist the resident in attempting to locate the missing money and determine whether the resident had possessed the money. LVN G stated he would document the incident through an incident report and nurse's notes and understood the abuse coordinator and Administrator would need to conduct a full investigation. LVN G stated allegations involving missing money or belongings were believed to require investigation and possible reporting to the state if the money or item was not recovered. During an interview on 04/22/2026 at 10:00 a.m. with the BOM stated Resident #3 informed her that \$60 in cash had been stolen from her purse. The BOM stated she reported the allegation to the Administrator and was informed the social worker would initiate a grievance on (continued on next page)</p> |                                                                                        |                                              |

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                              |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676342                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>04/22/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St. Teresa Nursing & Rehab Center                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10350 Montana Avenue<br>El Paso, TX 79925 |                                              |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |                                              |
| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>behalf of Resident #3. The BOM stated she contacted a family member and learned other family members occasionally mailed cash to the resident. The BOM stated she reviewed the resident trust account and found no indication of being deposited or withdrawn funds related to the allegation. The BOM stated allegations involving missing money required investigation by the abuse coordinator and possible reporting to the state. During an interview on 04/22/2026 at 11:25 a.m., ADON B stated LVN J informed her that Resident #3 alleged someone had stolen \$60 in cash from her purse. ADON B stated that she informed the Administrator regarding the allegation. ADON B stated she spoke with Resident #3's representative and explained the resident would be reimbursed using fundraising money from the facility. ADON B stated that the Administrator served as the abuse coordinator and assumed responsibility for the investigation after receiving the allegation. ADON B stated allegations involving stolen money should have been investigated through interviews with residents and staff and should have been reported to the state. During an interview on 04/22/2026 at 12:31 p.m., the Administrator stated she received the report regarding the missing money and spoke with Resident #3, who reportedly tended to forget locations, details, and amounts. The Administrator stated Resident #3 provided varying information regarding the amount of missing money and changed portions of her account of the incident. The Administrator stated Resident #3 did not inform her that someone had stolen the money and instead reported she had misplaced it. The Administrator stated she would have conducted a full investigation and reported the allegation to the state if Resident #3 had specifically alleged theft by another individual. The Administrator stated she did not document an investigation and did not ask residents or staff whether they had found any money. The Administrator stated the matter had only been treated as a grievance, and she did not believe it required investigation or reporting to the state. Record review of the facility's policy titled Nursing Policy and Procedure Manual, Abuse/Neglect, revised on 03/29/2018 read in part: The facility will provide and ensure the promotion and protection of resident rights. It is each individual's responsibility to recognize, report, and promptly investigate actual or alleged abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property abuse and situations that may constitute abuse or neglect to any resident in the facility. 9. Misappropriation of resident property: means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. E. Reporting: 1. Any person having reasonable cause to believe an elderly or incapacitated adult is suffering from abuse, neglect or exploitation must report this to the DON, administrator, state and/or adult protective services. State law mandates that citizens report all suspected cases of abuse, neglect or financial exploitation of the elderly and incapacitated persons. 2. When a suspected abused, neglected, exploited, mistreated or potential victim of misappropriation of property comes to the attention of any employee, that employee will make an immediate verbal report to the Abuse Preventionist or designee. If the discovery occurs outside of normal business hours, the Abuse Preventionist and/or designee will be called. 3. Facility employees must report all allegations of: abuse, neglect, exploitation, mistreatment of residents, misappropriation of resident property or injury of unknown source to the facility administrator. The facility administrator or designee will report to HHSC all incidents that meet the criteria of Provider Letter 19-17 dated 7/10/19. F. Investigation Comprehensive investigations will be the responsibility of the administrator and/or Abuse Preventionist. All allegations of abuse, neglect, exploitation, mistreatment of residents, misappropriation of resident property and injuries of unknown source will be investigated. 1. The administrator in consultation with Risk Management Department will be responsible for investigating and reporting cases to the HHSC. 2. After receipt of the allegation the Abuse Preventionist and administrator in conjunction with Risk Management will immediately evaluate the resident's situation using the criteria as stated in this policy. Determination will be made for required reporting to HHSC per reporting guidelines found in Provider letter 19-17. 6. The Abuse Preventionist and/or administrator will conduct a thorough investigation of the incident(s). A copy of the written report will accompany any personnel action deemed necessary. If a personnel action (continued on next page)</p> |                                                                                        |                                              |

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                              |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676342                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>04/22/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St. Teresa Nursing & Rehab Center                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10350 Montana Avenue<br>El Paso, TX 79925 |                                              |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                     |                                                                                        |                                              |
| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>occurs, a copy of all pertinent documents will be placed in the employee's personnel file.7. The facility will report and cooperate with any and all investigations concerning reports of abuse, neglect, exploitation, mistreatment of residents, misappropriation of resident property and injuries of unknown source by the company's employees as set forth in state law (including to the state survey and certification agency).</p> |                                                                                        |                                              |

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                        |                                              |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676342                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>04/22/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St. Teresa Nursing & Rehab Center                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10350 Montana Avenue<br>El Paso, TX 79925 |                                              |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                        |                                              |
| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record reviews the facility failed to ensure that the residents environment remains as free of accidents hazards as is possible and each resident receives adequate supervision to prevent accidents for 1 (Resident #1) of 24 residents observed. The facility failed to dispose of an empty syringe and left it on top of Resident #1's dresser located in the room. This failure could place residents at risk of accidents, and potential harm. Findings include: Record review of Resident #1's face sheet dated 04/22/2026 revealed the resident was an [AGE] year-old female with an original admission date of 02/13/2025 with a readmission date of 09/15/2025. Record review of Resident #1's History and Physical revealed diagnoses including type 2 diabetes mellitus (a chronic condition where the body cannot properly regulate blood sugar levels), congestive heart failure (a condition where the heart cannot pump blood effectively), chronic obstructive pulmonary disease (a chronic lung disease causing difficulty breathing), hypertension (high blood pressure), and hyperlipidemia (high levels of fat in the blood). Record review of Resident #1's quarterly MDS dated [DATE] revealed Resident #1 had a BIMS score of 14, indicating the resident was cognitively intact (able to understand and respond appropriately with minimal impairment). The MDS revealed under Section I (Active Diagnoses) that the resident had a diagnosis of Diabetes Mellitus. The MDS revealed under section N0350, medications, insulin; Resident #1 received insulin injections five days per week since the admission or reentry day. Record review of Resident #1's care plan revealed the resident had a diagnosis of Diabetes Mellitus with interventions including administering diabetes medications as ordered, monitoring side effects and effectiveness, and conducting blood glucose monitoring. The care plan reflected the need for ongoing management of the resident's condition, including medication administration and monitoring signs and symptoms of hypo/hyperglycemia (low/high blood sugar). During an observation and interview on 04/20/26 at 10:42 a.m., in Resident #1's room, an empty syringe was observed on top of Resident #1's dresser. The syringe was left unattended and within reach of any residents, staff or visitors who went into the room. Resident #1 was in bed with her tracheostomy tube (a curved tube inserted into an opening surgically made in the neck and trachea (windpipe) to help a person breathe) on and could not speak. Resident #1 slightly nodded when she was asked if she received insulin medications. During an interview on 04/20/2026 at 11:59 a.m., ADON A stated that sharps, including needles, razors, and syringes, were required to be disposed of in designated sharps containers immediately after medications had been administered to residents. He explained that unattended needles placed residents, staff, and visitors at risk for accidental injuries and infection control concerns. He stated that improperly discarded needles could expose individuals to bloodborne pathogens and create a hazardous environment within the facility. During an interview on 04/20/2026 at 3:15 p.m., CNA C stated that sharps and syringes were required to be discarded immediately after medications had been administered to residents to prevent accidents or injuries. She explained that leaving syringes unattended created a safety concern for both residents and staff members. During an interview on 04/20/2026 at 3:17 p.m., CNA D stated that syringes and sharps were expected to be disposed of promptly after medication administration. She stated that failure to properly dispose of sharps could result in another resident obtaining the syringe and accidentally injuring themselves, potentially causing allergic reactions or exposure risks. She also stated that staff members and visitors could be placed in danger if sharps were left exposed. During an interview on 04/21/2026 at 1:30 p.m., LVN F stated that anything containing a needle was considered a sharp and was required to be disposed of in a sharps container immediately following medication administration. He explained that safety syringes were to be secured before disposal. He stated that leaving syringes unattended in resident rooms created a significant safety risk for residents and staff due to possible needle-stick injuries and exposure to bloodborne pathogens, (continued on next page)</p> |                                                                                        |                                              |

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                              |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676342                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>04/22/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St. Teresa Nursing & Rehab Center                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10350 Montana Avenue<br>El Paso, TX 79925 |                                              |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                              |
| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>including HIV and Hepatitis C. He stated the incident would have been reported to his immediate supervisor after proper disposal. During an interview on 04/20/2026 at 1:48 p.m., CNA E stated that syringes and sharps were required to be discarded immediately after use and that the floor nurse should have been notified if one was found unattended. She explained that used syringes left in resident rooms created contamination and infection control concerns and increased the risk of residents being accidentally poked. During an interview on 04/22/2026 at 9:48 a.m., LVN G stated that syringes were to be placed in a red biohazard bag and then properly disposed of in a sharps container immediately after medications had been administered. He explained that sharps included any object that entered a person's body and was exposed to bodily fluids. He stated that concerns regarding improperly discarded sharps would have been reported to the ADON who was responsible for the hall. He stated that leaving syringes in resident rooms created a major safety hazard, particularly due to residents wandering into other rooms and potentially injuring themselves. He stated staff members could also sustain injuries and become exposed to infections. During an interview on 04/22/2026 at 10:22 a.m., LVN H stated that sharps and needles were considered biohazardous items and were required to be disposed of in designated sharps containers immediately after use. She explained that if a syringe had been found in a resident room, she would have donned gloves (put on gloves), disposed of the syringe appropriately, assessed the resident, and questioned the nurse responsible for leaving the syringe unattended. She stated that exposed syringes placed residents and staff at risk for needle-stick injuries and possible exposure to infections such as HIV and Hepatitis C. During an interview on 04/22/2026 at 12:03 p.m., ADON B stated that insulin needles should not have been left in resident rooms due to infection control concerns and the potential for injury or allergic reactions. She stated that the nurse administering the medication was responsible for disposing of needles immediately after medication administration. She explained that medication carts contained designated sharps containers to ensure proper disposal practices were followed. Record review of the facility's policy titled Fundamentals of Infection Control Precautions, not dated, read in part: 6. Resident care equipment and articles. 1. Used sharps are never recapped and always placed in puncture-resistant containers. 2. Puncture-resistant containers, or sharps, will be maintained at designated areas where needles and sharps are used for resident care. Sharps containers will be locked and changed out when they are 2/3 full. Sharps containers will not be filled to more than 2/3 full. Sharp containers that have been locked will be placed in a bio-hazard container designated for medical waste removal. Record review of the facility's policy titled Standard Precautions, not dated, read in part: 15. Needles will not be purposely bent or broken by hand. 16. Contaminated sharps will not be recapped unless required by a specific medical procedure. Such recapping cannot employ a two-handed manual technique. 17. Sharps containers must be readily and easily accessible, closable, and puncture resistant and leak proof on the sides and bottom. Sharps containers must not be more than 2/3 full. The charge nurse or designee will be responsible for changing out sharps containers that are 2/3 full each shift. Sharps containers must be labeled with a biohazard sticker or color-coded (red). 18. Contaminated equipment must be closed immediately prior to removal or replacement and placed in the designated central collection area in preparation for waste removal. 25. Contaminated sharps will be discarded immediately in puncture-resistant, leak proof and closable containers. The containers will be easily accessible and labeled with the biohazard legend. 26. Sharps containers will be located as close as possible to the immediate area where sharps are used. Sharps containers will maintain in an upright position and replaced routinely. 27. When moving containers of contaminated sharps from the area of use, the containers will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. 28. Full sharps containers may be placed in a secondary container if leakage is possible. Secondary containers will be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The secondary container will be labeled with the biohazard legend.</p> |                                                                                        |                                              |

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                              |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676342                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>04/22/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St. Teresa Nursing & Rehab Center                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10350 Montana Avenue<br>El Paso, TX 79925 |                                              |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                              |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to 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 disease and infection for 1 of 24 residents (Resident #2) reviewed for infection control in that:PPE (Protective equipment such as gowns and gloves) was not used properly by LVN H when performing an IV insertion and properly handling sharps for Resident #2.The deficient practice could place residents at risk for infection due to improper care practices.Findings include:Resident # 2 Record review of Resident # 2's face sheet dated 4/22/26 revealed [AGE] year-old female that was originally admitted on [DATE] and then re-admitted on [DATE]. Record review of Resident # 2's History and Physical dated revealed diagnosis including, Diabetes Mellitus, Hyperkalemia, malnutrition, displaced Introchanter Fixation (broken leg) of left femur, unspecified constipation, muscle weakness, overactive bladder, Dysphagia (trouble swallowing), hypothyroidism, cognitive communication deficit, Vitamin D, Myocardial infarction (heart attack) Record review of Resident # 2 ?s Quarterly MDS dated [DATE], revealed a BIMS score of 3 indicating poor cognitive level. Record review of Resident # 2's care plan dated 1/30/26 revealed focus plan on DRIPT IV Therapy infusion program, (IV fluid administration) with interventions that included. Record review of Resident # 2's physician order dated 04/22/26 revealed orders for IV administration of sodium chloride (IV fluids for hydration) every shift for 2liters . During an observation on 4/22/26 at 10:22 am, LVN H was observed initiating an intravenous (IV) insertion on Resident #2 with ADON B present. Aseptic technique was not consistently maintained during the procedure. The IV tubing was observed lying on the resident's sheets and blanket prior to administration, exposing it to potential contamination. Resident #2's linens were noted to be soiled, with visible stains present. During the procedure, after inserting the IV catheter into the resident's left wrist, LVN H was inserting an IV needle while wearing gloves that had a visible opening. The IV needle was placed on the resident's bed, resulting in blood staining the linens, and was subsequently picked up and placed on the resident's bedside table. LVN H then removed both gloves and disposed of them in the trash. The nurse proceeded to connect the IV tubing to the catheter without gloves and later identified that proper placement had not been achieved. The IV catheter was then removed without the use of gloves. At that time, LVN H stated that the IV was not successfully placed. ADON B stated that another nurse would be contacted to attempt IV insertion for the resident. Following this, LVN H was observed handling the IV needle with bare hands and disposing of additional items into the resident's trash receptacle. When questioned regarding the handling of the IV needle without gloves, LVN B stated, I only had one pair of gloves, and shrugged her shoulders. The IV needle was then placed into the sharps container. Hand hygiene was performed by LVN B after completion of the procedure .Interview on 4/22/2016 at 12:45 PM, ADON B stated that the standard IV initiation process included obtaining a physician's order, completing the appropriate assessment, gathering necessary supplies, and notifying the resident and/or responsible party. When asked whether gloves were consistently used, ADON B stated that gloves should be used. Regarding sharps handling, ADON B stated that sharps should be handled safely to avoid injury and disposed of properly in designated sharps containers. When asked about supply availability, ADON B stated that a central supply room was accessible to staff and stocked regularly. ADON B further stated that gloves were expected to be available in resident rooms and that additional supplies were maintained in central supply. ADON B stated that she had observed areas requiring improvement and that facility policies were not consistently followed. Regarding staff competency validation, ADON B stated that staff were expected to complete IV certification training and that skills validation tools were available. ADON B stated that most recent infection control training was conducted on October 29, 2025. ADON B stated that contaminated linens were expected to be changed immediately and that staff would be (continued on next page)</p> |                                                                                        |                                              |

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                        |                                              |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676342                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>04/22/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St. Teresa Nursing & Rehab Center                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10350 Montana Avenue<br>El Paso, TX 79925 |                                              |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                              |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>re-educated if proper procedures were not followed. In an interview on 04/22/2026 at 1:05 p.m., the Director of Nursing (DON) stated that for IV administration, the nurse receiving a physician order was expected to enter the order into the system, complete an IV assessment, initiate therapy, monitor the resident, and complete post-infusion follow-up. The DON stated that gloves were to be consistently used and that sharps were required to be disposed of immediately in designated sharps containers. The DON acknowledged that failure to properly dispose of sharps increased the risk of needle stick injuries and transmission of infection. The DON stated that residents were expected to be assessed prior to IV initiation, providers notified as appropriate, and documentation completed prior to initiating therapy. The DON further stated that staff were expected to have all necessary supplies available prior to beginning the procedure. When asked if policies were followed, the DON stated that based on the information received, policies were not followed. Regarding staff competency, the DON stated that staff were expected to complete IV certification training, including new hires, and that competency validation tools such as practice arms were available. When asked about the most recent infection control training, the DON stated she was unsure, as she was currently serving in an interim role. In an interview on 4/22/2016 at 1:15 PM, the Administrator stated that she was unsure of the standard practice for IV catheter initiation. The Administrator stated that sharps should be capped and placed in a sharps container after use and that gloves were typically available in resident rooms and that sharps containers were located on medication carts. The Administrator stated that she was aware policies existed but could not recall them specifically. The Administrator stated that she did not have information on infection control training for staff. The Administrator stated that ongoing education and training courses were used to ensure staff remained up to date. During an interview on 04/22/2026 at 1:26 p.m., the Administrator stated that it was not appropriate to leave a syringe in a resident room and that all syringes should have been disposed of in designated sharps containers immediately after use. The administrator stated that exposed syringes created risks for infections and accidental injuries to residents, staff members, and visitors. During an interview with the LVN H on 04/22/26 at 1:15pm, the LVN stated that contamination of IV tubing is prevented by cleaning the resident with alcohol and ensuring that sterile supplies did not come into contact with linens or the resident's belongings. LVN H described the IV insertion process, stating that she gathered all necessary supplies, assessed the resident for appropriate vein placement, inserted the catheter, verified proper placement, and connected the tubing to the IV bag to initiate fluid administration. LVN H, stated if there was blood contaminated linens or surfaces, then LVN H stated that she would clean the area using disinfectant wipes and replace the soiled linens. LVN H, stated that all sharps were to be disposed of immediately in a sharps container and handled with gloves at all times. In an interview with LVN H when asked about training related to infection control and IV procedures, LVN H stated that sharps such as needles and razors were to be placed in sharps containers. She further stated that she had not received in-person IV insertion training at the facility and had only completed IV training online. Record review of the facility's policy titled Standard Precautions, not dated, read in part: Procedure 1. Hand washing is necessary after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Hands should be washed immediately after removing gloves, between resident contacts, and when otherwise indicated to avoid transfer of microorganisms to other residents or environments. 3. Gloves should be worn when touching blood, body fluids, secretions, excretions, and contaminated items. Clean gloves should be used before touching mucous membranes and non-intact skin. 4. Gloves should be promptly removed after use, before touching noncontaminated items and environmental surfaces, and before going to another resident. 5. Gloves should be worn when performing other invasive procedures. 7. Change gloves before moving to a new body site that requires use of sterile or clean gloves. 13. Nonsterile gowns will protect skin and prevent the soiling of clothing during procedures and resident-care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Soiled gowns should be promptly removed. 14. Resident care equipment that has been used should be handled in a (continued on next page)</p> |                                                                                        |                                              |

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |                                              |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>676342                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>04/22/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St. Teresa Nursing & Rehab Center                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10350 Montana Avenue<br>El Paso, TX 79925 |                                              |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                        |                                              |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>manner that prevents skin and mucous membrane exposures and contamination of clothing. 15. Needles will not be purposely bent or broken by hand. 16. Contaminated sharps will not be recapped unless required by a specific medical procedure. Such recapping cannot employ a two-handed manual technique. 17. Sharps containers must be readily and easily accessible, closable, and puncture resistant and leak proof on the sides and bottom. Sharps containers must not be more than 2/3 full. 21. Contaminated work surfaces will be disinfected with an approved disinfectant. Contaminated surfaces will be cleaned immediately when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials. 30. Soiled linen will be bagged at the site of use. handled as little as possible. 32. All linens will be recognized as potentially infectious and handled utilizing Standard Precautions. Contaminated sharps will be discarded immediately in puncture-resistant, leak proof and closable containers. The containers will be easily accessible and labeled with the biohazard legend. Record review of the facility's policy titled Fundamentals of infection Control Precautions, not dated, read in part: 1. Hand Hygiene- Hand hygiene continues to be the primary means of preventing the transmission of infection. Before and after performing any invasive procedure. After contact with a resident's mucous membranes and body fluids or excretions. After removing gloves or aprons; Gloving Gloves are worn for three important reasons: 1. To provide protective barrier and prevent gross contamination of the hands when touching blood, body fluids, secretions, excretions, mucous membranes, and nonintact skin. The wearing of gloves in specified circumstances reduce the risk of exposures to blood-borne pathogens and is mandatory for all employees. Gloves must be changed between resident contacts, and hands washed after gloves are removed. Wearing gloves does not replace the need for hand washing. Failure to change gloves between resident contacts is an infection control hazard. 6. Resident care equipment and articles. 1. Used sharps are never recapped and always placed in puncture-resistant containers. 2. Puncture-resistant containers, or sharps, will be maintained at designated areas where needles and sharps are used for resident care. Sharps containers will be locked and changed out when they are 2/3 full. Sharps containers will not be filled to more than 2/3 full. Any resident care equipment/article that is visibly contaminated with blood or body fluids will be immediately cleaned with an approved disinfectant. 7. Linen and laundry Although soiled linen may be contaminated with pathogenic microorganisms. All soiled linen will be double bagged at the site that it was generated. All personnel will utilize appropriate personal protective equipment. 11. Preventing infections related to the use of specific devices. Consistent use of appropriate infection control measures when caring for residents with vascular access catheters reduces the risk for catheter-related infections use of appropriate PPE and hand hygiene during the care and treatment of residents with venous catheters.</p> |                                                                                        |                                              |