

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER St. Teresa Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10350 Montana Avenue 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure that a resident who needed respiratory care was provided with such care, consistent with professional standards of practice for 2 (Resident #1 and Resident #2) of 11 residents observed for oxygen management. The facility failed on 06/05/2026 to ensure oxygen warning signs were posted outside the rooms of Resident #1 and Resident #2 while the residents were receiving oxygen therapy. The facility failed on 06/05/2026 to ensure oxygen cylinders not actively in use were stored in the designated oxygen storage room and instead left them inside Resident's #1 and Resident #2's room. These failures had the potential to expose residents receiving oxygen therapy to delayed identification of oxygen-related needs, increase the risk of fire hazards associated with oxygen use, and create unsafe environmental conditions by leaving oxygen cylinders stored in resident rooms when not in use. Findings included: Record review of Resident #1's face sheet dated 06/05/2026 revealed a [AGE] year-old female with an admission date of 06/27/2024. Record review of the History and Physical dated 08/27/2024 revealed Resident #1 had diagnoses of ischemic stroke (a stroke caused by a blockage of blood flow to a portion of the brain) and hypertension (high blood pressure, a condition that places additional strain on the heart and blood vessels and increases the risk of future strokes and heart disease). Resident #1 required supplemental oxygen therapy (the use of oxygen to help maintain adequate oxygen levels in the blood when the lungs or body require additional respiratory support). Record review of the Annual MDS dated [DATE] revealed Resident #1 had a BIMS score of 15 out of 15, indicating Resident #1 was cognitively intact. Under Section I (Active Diagnoses), the MDS revealed a thyroid disorder (a condition affecting the thyroid gland, including hypothyroidism or Hashimoto's disease), cerebrovascular accident (CVA)/stroke (damage to the brain caused by interrupted blood flow), and hemiparesis (weakness affecting one side of the body). Section J (Health Conditions) revealed Resident #1 had shortness of breath or trouble breathing with exertion. Review of Section O (Special Treatments, Procedures, and Programs) revealed oxygen-related respiratory treatments. Section O revealed the resident had received respiratory therapy seven days a week for at least 15 minutes a day. Record review of Resident #1's care plan with a last care plan review date of 04/28/2026 revealed the resident had a care plan focus for Oxygen Therapy. The care plan revealed the oxygen therapy care plan was initiated on 06/28/2024 and revised on 08/12/2024. The care plan revealed Resident #1 was to remain free from signs and symptoms of poor oxygen absorption (a condition in which the body is not receiving enough oxygen to meet its needs) through the review date. Interventions revealed staff were to continue oxygen administration during meals by changing the oxygen delivery method, such as changing from a mask to a nasal cannula and returning the resident to the usual oxygen delivery method after meals. The care plan revealed staff were to monitor for signs and symptoms of respiratory distress (difficulty breathing or not getting enough oxygen), including changes in respirations, pulse oximetry (measurement of oxygen levels in the blood), tachycardia (an abnormally fast heart rate), restlessness (inability to remain calm or still), diaphoresis (excessive sweating), headaches, lethargy (unusual tiredness or lack of energy), confusion, cough, and changes in skin color, and report concerns to the physician as needed. The care (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676342
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