STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676393	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Las Ventanas DE Socorro	10064 Alameda Avenue Socorro, TX 79927

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 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide proper treatment and care to maintain mobility and good foot health in accordance with professional standards of practice, including to prevent complications from the resident's medical conditions and if necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments for 1 (Resident #5) 7 reviewed for foot care. The facility failed to provide access to podiatrist for Resident #5.This deficient practice placed residents at risk of poor foot hygiene and decline in residents' physical condition.Record review of resident #5 face sheet date 5/15/2026 revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Residents' diagnosis included severe weakness and weight loss (failure to thrive, cachexia, muscle wasting. She cannot move normally. And is mostly or completely bedridden (functional quadriplegia, bed confinement). She needs help with all personal care. She also had brain mental status problems (encephalopathy'), anxiety, and severe muscle weakness from critical illness. Record review of Resident #5's MDS assessment dated [DATE], reflected a BIMS score of 0, indicating severe cognitive impairment. The resident had impairment on one side in upper extremity (shoulder, elbow, wrist, hand) and impairment on both sides of lower extremities (hip, knee, ankle, foot). Record review of Resident #5's Care Plan dated 03/13/2026, reveled resident 2 requires assistance with ADLs, TOILETING HYGIENE: Dependent (X1 STAFF), PUTTING ON/TAKING OFF FOOTWEAR:Substantial/maximal assistance (X1 STAFF) PERSONAL HYGIENE: Substantial/maximal assistance (X1 STAFF) Record Review of Resident #5's orders dated 05/15/2026, revealed she had a podiatrist appointment order dated 03/13/2026. In an interview and observation was conducted by surveyor on 05/14/2026 at 2:04PM, on Residnet #2 regarding podiatry services per ombudsman as he told surveyor to check for podiatry services on this resident. Upon observation resident had long toe nails about 3 centimeters long, finger nails were trimmed. In an interview on 05/15/2026 at 11:21 am , RN A stated I work double weekends and 6am-2pm. I have been employed since August of 2025. We have a podiatrist in home., I heard he comes, but I dont know him; they just give me report twice that he's come. When they have an order, administration follows up, and if they were new patients, registered nurse place the order and let the DON know.I don't know if she calls directly or let the (admissions) case manager, know. Nursing does rounds all the time. When i do my rounds, the first one in the morning with report, we make sure they were breathing and alive. I am rounding all day long. I sit in the hallway and round constantly, it's more than every hour. I make sure their nails were cut and toenails were cut. If I see they need assitance and its something easy I can do, I do it myself. If I see its infected I put a wound care order and a order for podiatry. We have to check every 15 days and it pops up on every resident, not just specific. We have to check off and have options where it had 3 different options on what we can answer for this. Its just nursing, not CNAs. They don't get the pop up. Most of the CNAs here were really good. I don't ever have to tell them they usually tell me but it is not on their point of plan of correction to complete. My ADON, DON were the ones overlooking to make sure this is getting done. I always do progress notes and make sure its documented and we have huddles and make sure to let them know what is going on. The risk would be infection; the nails could get torn apart, pain, and (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	discomfort. In an interview on 05/15/2026 at 11:42am,CNA A stated, I have been here for 3 years at the facility and work the 6am-2pm shift Mon- Friday. When I do my rounds, I make sure they were alive and start them to get ready for the showers. there were times when there were more patients to shower, so that the first thing we do is conduct hygiene and changed them and dress them and take them to the front and the nurses give meds and get them ready for breakfast. Our job is to keep them clean and make sure the nails were cut; that is one of our jobs if they were too long. we tell the nurse and we let them know they need to be cut, and some have a doctor to come in and do their nails. Only nurses do the nails; CNAs were not allowed to cut nails only nurses, but we do report. CNA's do not have notes for CNA in documenting; only the nursing staff, but we tell them vocally. Hospice patients have a CNA that come and shower them, but we do help them with changing and rotating, but the showers were done with hospice cnas. Hospice cnas have their own routine in regard to assessments for hygiene. In an interview on 05/15/2026 at11:49 am, CNA B stated I report it to the nurse automatically and she's the one that reports it to the nurse, if nurse says it's okay and I can cut them i can but the nursing staff does it most of the time but she needs to give me the okay to be able to because they can be diabetic. Every time we shower residents and change of socks, we make sure and check they were cut. We can't document on POC for nail care; we just tell the nursing staff. For hospice residents, no matter, i always check if they need care when I'm checking the resident. The hospice cnas, I'm sure does it, but im not sure since they were cna for hospice. In an interview on 05/15/26 at 11:54am, CNA C stated, The ones responsible were the nurses and the podiatrist. We let the nurse know when the residents need a nail cut, and then the nurse will do it or call the podiatrist to let them know. We do not have a place to document the POC for nails, but we do tell the nurses. The hospice resident's agency were responsible for the hospice residents at the facility, but we still take care of them if they need help or transfer or change them. And if they don't, they need help the nurse is told. I think hospice agency only come when they have appointments for podiatrist, the nurse usually does and contact the podiatrist, I have not seen in the time that i have worked here, anyone come in to cut nails. In an interview on 05/15/2026 at 12:06pm, the DON stated, The nurse will print it out for [CNA D] who transportation is and make the appointment and then give it back to the nurse. It should be on the progress note or on the 24-hour for podiatry. The CNAs, as long as they were not diabetic and usually the nurses on the skin check if they need to add something for a podiatrist, when they get them up to shower, i don't know if CNAs but we have a shower check where they should document, for hospice its them who were responsible for them so it is hospice that's responsible for it. The CNAs at the facility should still be responsible for letting us know at least voicing since they were in home. The nurse is responsible for the hall to make sure that [CNA D] is getting it done. We just make sure the appointments were made already but not actually seeing they have or need a appointment. In an interview on 05/15/2026 at 12:56pm, Hospice RN B, stated The family is responsible for paying the podiatrist. The the family needs to make sure they were getting paid, she's a new patient for me and I don't have any information in regards to her nail care. She's a new admission to me. She was living in her home and now she is at the facility. I am responsible for looking at this patient ; I tdid see the patient and completed my assessment, but i didn't talk to them about this, because i was following up for the wounds. My focus was on the wounds and not nail care. Also spoke to RN C support system on all the facilities, stated usually I'm in charge of the facility the family if she is not diabetes, our CNAs can cut the nails, but if they were diabetic, we request a podiatrist. the nurse did not understand the protocol, she just started. She started under us since [DATE]. If they have socks i don't take them off i need to in-service for them. It's a learning process. I need to do an in-service for nursing and the CNAs for hospice. I spoke to my administrator and gave him an update and was not aware of this so he's being a podiatrist to pay the cost and let him know that that there is an in-service and just for right now this so the best and intervention completed and we will collaborate on to what the cnas were going to do and what hospice were going to do so that doesn't happen again. In an interview on 05/15/2026b at 03:01 pm, the Administrator, stated the (continued on next page)

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	podiatry for the facility, I'm not versed on this. It's a hard and fast process on nail care on hospice patients. Specifically, it would be the CNA to bring it up, or patients to the nurses for hospice they would be responsible for providing podiatrist and the family wanted it. If this resident got care, it would be voiced by anyone's facility or hospice. The risk of a resident does not receive nail care would be discomfort, and not sure about other possible risks if there is no nail care, mostly a comfort thing. We have a contract with hospice. I am not aware of what each care for the resident received. Record review of the facility's policy titled Medical Services: Podiatrist dated on 11/17/2017 During the record review, it was noted that the facility maintained a policy titled Podiatry Services under Section VI: Medical Services. The policy stated that the facility leadership would provide podiatry services to patients/residents for conditions including, but not limited to, corns, neuromas, calluses, bunions, heel spurs, nail disorders, and preventive foot care for patients/residents with diabetes and circulatory problems when indicated.The review further showed that the policy included procedures requiring that:The podiatrist possesses a Doctor of Podiatry Medicine degree and holds a current state license.The facility develops and completes a contract with a podiatrist through the Legal Department.Each patient/resident had the right to choose his or her own podiatrist, and if unable, the facility would assist the patient/resident in obtaining services.The attending physician writes an order for the patient/resident to be seen by the podiatrist.The podiatrist documents a progress note in the patient/resident's medical record at each visit. Record review of the facility's undated Hospice and Inpatient Facility Services Agreement, no date, policy was reviewed. There was nothing stating or indicating in the contract with facility that reflects Hospice CNAs were solemnly responsible for hygiene: nail care for Resident #2.