

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 Bob Rogers Dr Eagle Pass, TX 78852	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</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 treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes enhancement of his or her quality of life, recognizing each resident's individuality for 2 of 3 Residents (Resident #4 and Resident #5) who were interviewed regarding the method of transportation used to take them to doctor's appointments.</p> <ol style="list-style-type: none"> <li>Resident #4 stated that the van driver had taken her in her wheelchair instead of the van across the street from the facility for a doctor's appointment which created pain in her knees.</li> <li>Resident #5 was also wheeled across the street in her wheelchair for a doctor's appointment which embarrassed her.</li> </ol> <p>These deficient practices could affect dependent residents and contribute to feelings of shame or feeling uncomfortable and could place residents at risk of embarrassment, lack of privacy, and loss of dignity.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Record review of admission Record for Resident #4 revealed an [AGE] year old female originally admitted to the facility 10/30/2018 with the most recent admission date of 01/02/24. The diagnoses for Resident #4 included sepsis (a very serious condition that occurs as a result of a complication with an infection), pyogenic arthritis (a serious and painful infection of a joint), chronic obstructive pulmonary disease (a progressive lung disease characterized by chronic respiratory symptoms and airflow limitation), and acute pyelonephritis (a serious kidney infection affecting both kidneys).</li> </ol> <p>Record review of Resident #4's Quarterly MDS dated [DATE] revealed a BIMS score of 13 indicating resident was cognitively intact.</p> <p>During an interview with Resident #4 on 05/14/25 at 11:45 am, resident stated that the van driver had decided to take her to her doctor's appointment across the street by pushing her wheelchair to the office. Resident #4 stated this was very painful since she had a great deal of pain in her knee and was supposed to get an injection in the knee at the doctor's office. Being pushed in a wheelchair along a bumpy street created a great deal of pain in her leg. Resident #4 did not know why she was not taken in the van.</p> <p>(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:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3333 Bob Rogers Dr Eagle Pass, TX 78852	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Van Driver on 05/14/25 at 12:49 pm, she was asked if she took residents to the doctor's office in their wheelchairs rather than in the van. The Van Driver stated that since residents don't get to go out of the facility very often and they like to get fresh air, she takes them in their wheelchairs since the offices are just across the street. She stated that sometimes families take residents out as well. She then claimed that she knew that Resident #4 was upset about going in the wheelchair but that she did not take her and someone else must have taken her. She was asked for the names of other residents who she has taken to the doctor in their wheelchair. There was no documentation in the medical record as to why the van was not used.</p> <p>2. Record review of admission Record dated 05/14/25 for Resident #5 revealed a [AGE] year-old female admitted to the facility 09/20/24. Resident #5's diagnoses included aftercare following joint replacement surgery, overactive bladder, difficulty in walking, anxiety disorder (a mental health condition that causes fear, dread and other symptoms that are out of proportion to the situation), and Type 2 Diabetes Mellitus (a group of diseases that result in too much sugar in the blood).</p> <p>Record review of Resident #5's Quarterly MDS dated [DATE] revealed a BIMS score of 13 indicating she was cognitively intact.</p> <p>An interview with Resident #5 on 05/14/25 at 1:35 pm revealed she had been taken to the doctor via wheelchair. Resident #5 stated the van driver told her it would be too much trouble to load her into the van, go across the street and then have to unload her. She also stated she felt embarrassed when she was pushed in the wheelchair down the street. Resident #5 stated she was not given a choice as to how she wanted to be transported to the doctor's office.</p> <p>During an interview with Resident #6 on 05/14/25 at 1:12 pm, he acknowledged he had been taken to the doctor via wheelchair. Resident #6 stated he would go either way and didn't mind going in the wheelchair. Resident #6 was asked if the Van Driver ever asked for his preference and he said its whatever is available.</p> <p>An interview with the DON on 05/14/25 at 2:46 pm revealed that Resident #4 had mentioned to the charge nurse that she didn't want to go to the doctor's appointment if she was going to be taken in the wheelchair. The DON stated that resident should have expressed her concerns about this to her so it could be addressed. After discussing the issues that were expressed by the residents with surveyor, the DON stated that residents would no longer be taken via wheelchair and only be transported via facility van.</p> <p>An undated policy titled Transportation of a Resident (non-emergency) states:</p> <p>Residents requiring transportation in non-emergency situations to and from the nearest medical service provider will be transferred by a facility employee in a safe manner.</p> <ol style="list-style-type: none"> <li>1. The driver must be a licensed driver in the state and an employee of the nursing facility.</li> <li>2. All residents must be secured in the vehicle by seat belt.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3333 Bob Rogers Dr Eagle Pass, TX 78852	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Residents must be physically assisted in and out of the vehicle by a trained employee using appropriate transfer techniques. Based on observation, interview and record review the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes enhancement of his or her quality of life, recognizing each resident's individuality for 2 of 3 Residents (Resident #4 and Resident #5) who were interviewed regarding the method of transportation used to take them to doctor's appointments.</p> <p>1. Resident #4 stated that the van driver had taken her in her wheelchair instead of the van across the street from the facility for a doctor's appointment which created pain in her knees.</p> <p>2. Resident #5 was also wheeled across the street in her wheelchair for a doctor's appointment which embarrassed her.</p> <p>These deficient practices could affect dependent residents and contribute to feelings of shame or feeling uncomfortable and could place residents at risk of embarrassment, lack of privacy, and loss of dignity.</p> <p>Findings include:</p> <p>1. Record review of admission Record for Resident #4 revealed an [AGE] year old female originally admitted to the facility 10/30/2018 with the most recent admission date of 01/02/24. The diagnoses for Resident #4 included sepsis (a very serious condition that occurs as a result of a complication with an infection), pyogenic arthritis (a serious and painful infection of a joint), chronic obstructive pulmonary disease (a progressive lung disease characterized by chronic respiratory symptoms and airflow limitation), and acute pyelonephritis (a serious kidney infection affecting both kidneys).</p> <p>Record review of Resident #4's Quarterly MDS dated [DATE] revealed a BIMS score of 13 indicating resident was cognitively intact.</p> <p>During an interview with Resident #4 on 05/14/25 at 11:45 am, resident stated that the van driver had decided to take her to her doctor's appointment across the street by pushing her wheelchair to the office. Resident #4 stated this was very painful since she had a great deal of pain in her knee and was supposed to get an injection in the knee at the doctor's office. Being pushed in a wheelchair along a bumpy street created a great deal of pain in her leg. Resident #4 did not know why she was not taken in the van.</p> <p>During an interview with the Van Driver on 05/14/25 at 12:49 pm, she was asked if she took residents to the doctor's office in their wheelchairs rather than in the van. The Van Driver stated that since residents don't get to go out of the facility very often and they like to get fresh air, she takes them in their wheelchairs since the offices are just across the street. She stated that sometimes families take residents out as well. She then claimed that she knew that Resident #4 was upset about going in the wheelchair but that she did not take her and someone else must have taken her. She was asked for the names of other residents who she has taken to the doctor in their wheelchair. There was no documentation in the medical record as to why the van was not used.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3333 Bob Rogers Dr Eagle Pass, TX 78852	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Record review of admission Record dated 05/14/25 for Resident #5 revealed a [AGE] year-old female admitted to the facility 09/20/24. Resident #5's diagnoses included aftercare following joint replacement surgery, overactive bladder, difficulty in walking, anxiety disorder (a mental health condition that causes fear, dread and other symptoms that are out of proportion to the situation), and Type 2 Diabetes Mellitus (a group of diseases that result in too much sugar in the blood).</p> <p>Record review of Resident #5's Quarterly MDS dated [DATE] revealed a BIMS score of 13 indicating she was cognitively intact.</p> <p>An interview with Resident #5 on 05/14/25 at 1:35 pm revealed she had been taken to the doctor via wheelchair. Resident #5 stated the van driver told her it would be too much trouble to load her into the van, go across the street and then have to unload her. She also stated she felt embarrassed when she was pushed in the wheelchair down the street. Resident #5 stated she was not given a choice as to how she wanted to be transported to the doctor's office.</p> <p>During an interview with Resident #6 on 05/14/25 at 1:12 pm, he acknowledged he had been taken to the doctor via wheelchair. Resident #6 stated he would go either way and didn't mind going in the wheelchair. Resident #6 was asked if the Van Driver ever asked for his preference and he said its whatever is available.</p> <p>An interview with the DON on 05/14/25 at 2:46 pm revealed that Resident #4 had mentioned to the charge nurse that she didn't want to go to the doctor's appointment if she was going to be taken in the wheelchair. The DON stated that resident should have expressed her concerns about this to her so it could be addressed. After discussing the issues that were expressed by the residents with surveyor, the DON stated that residents would no longer be taken via wheelchair and only be transported via facility van.</p> <p>An undated policy titled Transportation of a Resident (non-emergency) states:</p> <p>Residents requiring transportation in non-emergency situations to and from the nearest medical service provider will be transferred by a facility employee in a safe manner.</p> <ol style="list-style-type: none"> <li>1. The driver must be a licensed driver in the state and an employee of the nursing facility.</li> <li>2. All residents must be secured in the vehicle by seat belt.</li> <li>3. Residents must be physically assisted in and out of the vehicle by a trained employee using appropriate transfer techniques.</li> </ol>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3333 Bob Rogers Dr Eagle Pass, TX 78852	
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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</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 protect a resident's right to be free from abuse, neglect, misappropriation of resident property, and exploitation for 1 of 3 residents (Resident #2) reviewed for abuse, in that:</p> <p>The facility failed to supervise and protect Resident #2, who did not have the ability to consent, from harm when Resident #1, on 3/27/25, was observed leaning over Resident #2's bed with his hand under her brief touching her genital area.</p> <p>An Immediate Jeopardy (IJ) was identified as past noncompliance. The noncompliance began on 03/27/25 and ended on 03/29/25. The facility had corrected the noncompliance before the survey began. A PNC IJ template was presented to the Director of Nursing at 5:45 pm on 05/15/25.</p> <p>These deficient practices placed residents at risk of psychosocial harm and continued abuse.</p> <p>The findings were:</p> <p>Record review of admission Record dated 05/14/25 for Resident #1 revealed an [AGE] year-old male admitted to the facility 02/14/25. Resident #1's diagnoses included encounter for orthopedic aftercare following surgical amputation, generalized anxiety disorder (a disorder characterized by excessive, uncontrollable and often irrational worry about events or activities); unspecified dementia, unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety (a person has been diagnosed with dementia and exhibits cognitive decline (memory loss, difficulty thinking, etc) but does not show accompanying behavioral symptoms; mood disorder due to known physiological condition (diagnosis where a person experiences depressed mood or diminished interest/pleasure that is directly related to the physiological effects of another medical condition); and end stage renal disease (a condition in which the kidneys lose the ability to remove waste and balance fluids).</p> <p>Record review of Resident #1's admission MDS dated [DATE] revealed a BIMS score of 5, indicating severe cognitive impairment.</p> <p>Record review of Resident #1's Care Plan with revision date of 03/27/25 had a focus of The resident has potential to demonstrate physical behaviors related to dementia. The Interventions included May be evaluated and treated by [NAME] psych services; May be evaluated and treated by [ NAME] behavioral health associates; Give resident as many choices as possible about care and activities; Monitor/document/report to MD of danger to self or others; Notify the charge nurse of any physically abusive behaviors.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3333 Bob Rogers Dr Eagle Pass, TX 78852	
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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of admission Record dated 05/15/25 for Resident #2 revealed a [AGE] year-old female admitted to the facility 02/29/20 with the most recent admission date of 07/05/23. Resident 2's diagnoses included cerebral infarction (known as a stroke, a medical condition where brain tissue dies due to a lack of blood flow), aphasia following cerebral infarction (language disorder caused by damage to the brain's language centers, that impairs communication, comprehension and expression), dysphasia (impaired ability to understand or use the spoken word) and hemiplegia and hemiparesis following cerebral infarction affecting left dominant side (muscle weakness or partial paralysis on one side of the body).</p> <p>Record review of Resident #2's Quarterly MDS dated [DATE] documented that resident was unable to complete a BIMS and a staff interview revealed she is severely cognitively impaired.</p> <p>Record review of Resident #2's Care Plan revised 5/22/23 indicated a Focus of The resident has a psychosocial well-being problem related to abuse allegation. The Interventions included Allow the resident time to answer questions and to verbalize feelings perceptions and fears; Initiate referrals as needed Social Services consult and referral to psych services.</p> <p>According to the Facility Provider Investigation Report 3613-A, on 3/27/25 CNA R reported to charge nurse that she heard screaming coming from Resident #2's room. CNA R found Resident #1 on the floor next to the low bed for Resident #2 with his hand under her diaper in her genital area. CNA R immediately told him to remove his hand and she called for the charge nurse, LVN S, to come and assist her to get Resident #1 out of the room.</p> <p>Attempts were made to call CNA R and LVN S for further comment on 05/14/25 at 4:32 pm but neither one returned the call after voicemails were left.</p> <p>Record review showed Head to toe assessments were completed for both residents following this event. Resident #2 was sent to the hospital for further exam to ensure there were no physical changes noted and physician confirmed there were no abnormal findings. Resident #1 was referred for psych services. Following the event, both residents were interviewed and neither could tell anything that happened and were not aware of what had occurred.</p> <p>Record review shows Safe surveys were conducted with 11 female residents and all expressed they could tell a staff members if they felt threatened but all said they felt safe at the time of interview. Five of the females were referred to psychiatric services for a Trauma Informed PRN Assessment. 3 of these 5 were seen on 04/22/25 and 2 were seen on 4/23/25.</p> <p>Record review of psychiatric consultant visits for Resident #1 revealed he was seen on 4/11/24, 4/18/24, 5/1/24, 5/7/24 and 5/14/24.</p> <p>Record review of email dated 04/23/25 sent from Director of Operations for the facility to local Ombudsman revealed the list of names of females that had trauma informed assessments and the Ombudsman was asked to visit with them.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 Bob Rogers Dr Eagle Pass, TX 78852	
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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of Progress Notes from the time of his admission, revealed Resident #1 was frequently found wandering into other residents' rooms, especially female rooms, expressing that he was looking for his mother or his wife. Due to the wandering, review of observations logs revealed Resident #1 was placed on intermittent periods of increased observation beginning 03/04/25 through 03/06/25 (every hour from 10:00 pm to 5:00 am), and on 3/23/25 every 30 minutes (from 10:00 pm to 5:00 am). After the incident with Resident #2, he was placed on 1 to 1 monitoring 24 hours per day beginning 03/27/25.</p> <p>During the surveyor's investigation, confidential interviews revealed several women who had previous encounters with Resident #1. They all expressed anxiety and unease about Resident #1 coming in their rooms but stated they felt the facility staff were doing their best to keep them safe.</p> <p>Record review of the 30-Day Discharge Notice in the Medical Record documented that on 04/11/25, the facility gave Resident #1's representative a 30-day discharge notice due to facility not being able to meet resident's needs. The notice stated Resident requires an all-male facility. Resident continuously exhibits behavior to enter women's rooms. On 03/27/25 a nonconsensual sexual incident involving Resident #1 with a female resident was witnessed. Since incident Resident #1 continues on 1:1 supervision.</p> <p>Resident #1 was observed in his room on 05/15/25 at 7:00 am eating his breakfast. He was confused and not able to be interviewed. According to the sitter, he was leaving to go to hyperbaric treatment at 7:30 am which was scheduled twice a week due to his non-healing wounds.</p> <p>Resident #2 was observed in her room in bed on 05/15/25 at 7:15 am. Observation made with DON present. Resident #2 appeared to be asleep. DON stated resident no longer talks but appears to understand some simple things that are said to her.</p> <p>According to the DON on 05/15/25 at 9:50 am, during the last care plan meeting with the responsible party, facilities who could provide the needed care due to Resident #1's wandering and behavior with female residents were discussed and permission was given to send clinical documentation for the facilities' review. The representative then decided to appeal the discharge and the appeals hearing will be held 05/27/25.</p> <p>Review of the facility policy titled Abuse/Neglect dated 09/09/24 stated:</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in the subpart.</p> <p>1. Abuse: Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. (sic) .Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>4. Sexual Abuse: non-consensual sexual contact of any type with a resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3333 Bob Rogers Dr Eagle Pass, TX 78852	
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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Inservice training was reviewed for training in misappropriation of property and abuse and neglect. The following inservices were noted:</p> <p>10/11/24 - Topic: Abuse and Neglect - Signed by 101 of 105 staff members</p> <p>12/12/24 - Topic: Signed by 133 of 133 staff members</p> <p>3/28/25 - Topic: Abuse, Neglect and Exploitation - Signed by 79 staff members</p> <p>Following this incident, the facility conducted safe surveys of residents. One unidentified resident stated she felt anxious in Resident #1's presence but denied feeling unsafe.</p> <p>Surveyors interviewed staff members on 05/14/25 and 05/15/25 by asking Have you had training about abuse/neglect/misappropriation? When was the most recent time? How would you respond to allegations of abuse/neglect/misappropriation? The purpose of these interviews was to cover staff members understanding of how to prevent misappropriation of resident's property as well as prevention of abuse.</p> <p>5/14/25 8:30 am - CNA C - Have had training on ANE - would report any incidents to Administrator</p> <p>5/14/25 10:20 am - LVN D - Have had training on ANE - would report any incidents to Administrator</p> <p>5/14/25 1:00 pm - Interviews with COTA E, PTA F and OT G in therapy department. All said they had training about 2 weeks ago and received information on protocols for ANE and how to keep resident safe.</p> <p>5/15/25 9:26 am - LVN A - Stated we get inservices on ANE regularly. I would let the DON and ADM know if I was aware of any incident.</p> <p>5/15/25 9:27 am - LVN H - Yes we had one recently like last month. I would tell the DON or ADM.</p> <p>5/15/25 9:30 am - LVN I - I believe last month was the last time we had an inservice. For misappropriation I would report to the finance person and the supervisor.</p> <p>5/15/25 9:31 am - CNA J - We had an inservice a few weeks ago. We report to the DON and ADM.</p> <p>5/15/25 9:35 am - HSK K - We have had a lot of inservices on ANE. I have been here 5 years. For misappropriation, we would try to find out who took the money. We would report to the DON or ADM.</p> <p>5/15/25 9:35 am - HSK L - I had an inservice a month ago. For misappropriation, I would first help them look for their money and then tell ADM and my supervisor.</p> <p>5/15/25 12:00 - CNA M - Yes we had training about a month ago. I would report ANE immediately to the ADM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3333 Bob Rogers Dr Eagle Pass, TX 78852	

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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>5/15/25 12:00 - CNA N - We had an inservice about a month ago. I would report to the ADM and charge nurse.</p> <p>5/15/25 3:21 pm - CNA O (Night shift via phone) We have had a lot of inservices on ANE. I would report it immediately to ADM.</p> <p>5/15/25 3:24 pm - CNA P - (Night shift via phone) Anytime something happens they do an inservice. I would report to ADM.</p> <p>5/15/25 3:30 pm - CNA Q - (Night shift via phone) We have had a lot of inservices on ANE. I would report immediately to ADM.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3333 Bob Rogers Dr Eagle Pass, TX 78852	
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)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure residents had the right to be free from abuse, neglect, misappropriation of resident property, and exploitation for 1 resident (Resident #3) reviewed for misappropriation.</p> <p>The facility failed to prevent misappropriation of property when HSK B took money via cash app directly from a bank card from Resident #3 in the amount of \$891.</p> <p>The noncompliance was identified as past noncompliance. The noncompliance began on 09/30/24 and ended on 10/01/24. The facility had corrected the noncompliance before the survey began.</p> <p>This failure could place residents at risk of misappropriation which could lead to further exploitation of other residents.</p> <p>Findings included:</p> <p>Record review of Resident #3's admission Record dated 05/13/25 documented a [AGE] year-old female admitted to the facility 07/17/24. Resident #3's diagnoses included sepsis (a very serious condition that occurs as a result of a complication with an infection), mild cognitive impairment, Type 2 Diabetes Mellitus without complications (a group of diseases that result in too much sugar in the blood), and extended spectrum beta lactamase (ESBL) resistance (the development of resistance by bacteria to a broad range of antibiotics including penicillins, cephalosporins and aztreonam).</p> <p>A review of the Care Plan for Resident #3 revealed a BIMS score of 8 indicating impaired cognitive function. The BIMS was initiated on 07/26/24. Although she had diabetes, she was on a regular diet and enjoyed ordering food through a food delivery service from area restaurants. An intervention for this was to monitor her blood sugar and weight per policy.</p> <p>Review of Facility Investigation Report dated 10/01/24 revealed that while trying to pay Resident #3's applied income on 09/30/24 using her bank card, the Business Office Manager discovered Resident #3 did not have sufficient funds in her bank account due to a number of Cash App withdrawals made to HSK B. The facility immediately suspended HSK B on 9/30/24 and made a police report. When confronted by facility, HSK B denied taking any money from the resident but one of the withdrawals was to the name of HSK B's boyfriend who did not work at the facility. The employee did not return to work after being suspended and was terminated following the investigation.</p> <p>Record review of Inservice training revealed training for misappropriation of property and abuse and neglect. The following inservices were noted:</p> <p>10/11/24 - Topic: Abuse and Neglect - Signed by 101 of 105 staff members</p> <p>Record review noted that on 10/01/24, the facility conducted an inservice on exploitation and had staff members complete a questionnaire. On 10/02/24, a Safe Survey was conducted with residents. No other residents reported any issues with staff members requesting money from them or having money taken without their consent.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 Bob Rogers Dr Eagle Pass, TX 78852	
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)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Discharge Summary revealed Resident #3 was discharged home from the facility on 10/31/24.</p> <p>Review indicated 8 residents were interviewed for Safe Surveys on 10/03/25. Resident Grievance log was also reviewed but there were no further allegations of misappropriation.</p> <p>Record review of facility investigation file revealed Resident #3 received a reimbursement check in the amount of #891 dated 11/22/24 from the facility. Resident #3 signed a statement that she had received the check.</p> <p>Review of the Police Report dated 10/01/24 revealed a report was taken and given Incident #202400022660. The report stated the case was referred to the Criminal Investigation Division.</p> <p>A phone interview on 05/13/25 at 2:31 pm with police officer who took the report revealed that the case was investigated by one of the detectives. The officer stated they still needed documents from the victim and have been unable to get them. He stated we cannot file charges until we get those documents. Apparently, Resident #3 told the investigator she was moving to Mexico. The officer could not tell surveyor what documents they were still needing without clearance from the resident.</p> <p>On 05/13/25 at 3:20 pm, the DON stated she had obtained Resident #3's phone number from one of her family members and talked with her. Resident #3 is still in the city and stated she would call the police department to provide the needed information.</p> <p>Record review of HSK B's personnel file did not reveal any previous disciplinary activity. A phone call was attempted to HSK B on 05/15/25 but she did not return the call.</p> <p>Review of the facility policy titled Abuse/Neglect dated 09/09/24 stated:</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in the subpart.</p> <p>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.</p> <p>Surveyors interviewed staff members on 05/14/25 and 05/15/25 by asking Have you had training about abuse/neglect/misappropriation? When was the most recent time? How would you respond to allegations of abuse/neglect/misappropriation? The purpose of these interviews was to cover staff members understanding of how to prevent misappropriation of resident's property as well as prevention of abuse.</p> <p>5/14/25 8:30 am - CNA C - Have had training on ANE - would report any incidents to Administrator</p> <p>5/14/25 10:20 am - LVN D - Have had training on ANE - would report any incidents to Administrator</p> <p>5/14/25 1:00 pm - Interviews with COTA E, PTA F and OT G in therapy department. All said they had training about 2 weeks ago and received information on protocols for ANE and how to keep resident safe.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  LA Hacienda DE Paz Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3333 Bob Rogers Dr Eagle Pass, TX 78852	

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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/15/25 9:26 am - LVN A - Stated we get inservices on ANE regularly. I would let the DON and ADM know if I was aware of any incident.</p> <p>5/15/25 9:27 am - LVN H - Yes we had one recently like last month. I would tell the DON or ADM.</p> <p>5/15/25 9:30 am - LVN I - I believe last month was the last time we had an inservice. For misappropriation I would report to the finance person and the supervisor.</p> <p>5/15/25 9:31 am - CNA J - We had an inservice a few weeks ago. We report to the DON and ADM.</p> <p>5/15/25 9:35 am - HSK K - We have had a lot of inservices on ANE. I have been here 5 years. For misappropriation, we would try to find out who took the money. We would report to the DON or ADM.</p> <p>5/15/25 9:35 am - HSK L - I had an inservice a month ago. For misappropriation, I would first help them look for their money and then tell ADM and my supervisor.</p> <p>5/15/25 12:00 - CNA M - Yes we had training about a month ago. I would report ANE immediately to the ADM.</p> <p>5/15/25 12:00 - CNA N - We had an inservice about a month ago. I would report to the ADM and charge nurse.</p> <p>5/15/25 3:21 pm - CNA O (Night shift via phone) We have had a lot of inservices on ANE. I would report it immediately to ADM.</p> <p>5/15/25 3:24 pm - CNA P - (Night shift via phone) Anytime something happens they do an inservice. I would report to ADM.</p> <p>5/15/25 3:30 pm - CNA Q - (Night shift via phone) We have had a lot of inservices on ANE. I would report immediately to ADM.</p>