STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676428	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort El Paso, LLC	3421 Joe Battle Boulevard El Paso, TX 79936

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45217 Based on observation, interview, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for professional standards for food service safety. -Access to trash can next to handwashing sink was not hands free as the lid of the trash can was damaged. -The facility failed to ensure food items in the facility's only walk-in refrigerator were sealed and labeled appropriately. -The facility failed to ensure food items in the facility's only walk-in freezer were dated and stored appropriately. -The dishwashing and sanitization machine was dirty with dried caked on substance on top of the machine and streaking down the front of the machine. -The kitchen ice machine was dirty with dried caked on substance around the ice dispenser door. -Multiple vents observed with dust and debris over cooking prep areas. -Wall and ceiling observed with dried yellow splatter in a kitchen prep area. These failures could place residents at risk for food-borne illness, and food contamination. Findings include: Observation on 03/26/2025 at 11:03 a.m., observed next to handwashing sink a small (13 gallon) trashcan with a damaged metal lid. Observed that the foot pedal to access the hands-free lid was not working and the lid was not fully set on top of the trash can. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676428	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort El Paso, LLC	3421 Joe Battle Boulevard El Paso, TX 79936

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation and interview on 03/26/2025 at 11:04 a.m., of the walk-in refrigerator revealed on a storage rack brownish/yellow shredded lettuce wrapped loosely in a cellophane with ends opened (not fully sealed). The lettuce wrapped item was not labeled. Dietary Staff I said that all food items should be labeled with the date that the item was opened. The Dietary Staff I said the food item was not properly sealed and the contents were not fresh or appropriate for use. Dietary Staff I said all staff in the kitchen were responsible to ensure that food was not stored in this manner. Dietary Staff I removed the item to throw away. Observation and interview on 03/26/2025 at 11:06 a.m., of the walk-in freezer revealed a sealed storage bag of unknown food item on a storage rack. The Dietary Staff I said the food item in the storage bag was some type of beef that was removed from the original package. The storage bag was not labeled. The Dietary Staff I said that the bag should have been labeled and was not properly stored in the freezer as it was out of the original package. Observation and interview on 03/26/2025 at 11:08 a.m., observed a food service staff member at a prep station with an open bag of shredded lettuce. The lettuce observed with brownish and yellowish lettuce. The food service staff member said he was going to use the lettuce to make a Caesar salad for a resident. The Dietary Staff I told the food service staff member not to use the lettuce as it appeared brownish. The Dietary Staff I took the bag of lettuce and threw out the lettuce. Observation on 03/26/2025 at 11:10 a.m., revealed the dishwashing and sanitization machine was dirty with dried caked on white substance on top of the machine and streaking down the front of the machine. Observation and interview on 03/26/2025 at 11:10 a.m., revealed in the kitchen prep area, dried yellowish splatter against the wall and ceiling. The Dietary Staff I said that the splatter occurred during the evening shift on 03/24/2025 when another kitchen staff member used the blender, and something went wrong and caused the splatter all over the area. The Dietary Staff I said that the kitchen prep table was cleaned but the wall and ceiling was not cleaned resulting in the pureed food drying up. Observation on 03/26/2025 at 11:15 a.m., revealed ceiling vents over food prep areas were dirty with dark dust on and surrounding the vent. Observation on 03/26/2025 at 11:17 a.m., revealed dried caked on white substance around the ice machine dispenser door in the kitchen. The ice machine was the only one in the kitchen and actively being used. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676428	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort El Paso, LLC	3421 Joe Battle Boulevard El Paso, TX 79936

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 03/27/2025 at 10:45 a.m., the Dietary Manager (DM) said he had been the DM at the facility for a year. The DM said that the splatter on the wall and ceiling in the kitchen prep area occurred on 03/24/2025 when a dietary staff member opened the blender while making pudding and it splashed on the walls. The DM said the prep table was immediately cleaned but the walls and ceiling were not cleaned immediately. The DM said that was not acceptable and the area should have been cleaned. The DM said the vents found dirty over the prep area had been dirty for a few weeks and he had not had an opportunity to clean them. The DM said that dirty vents could affect food prep if dust or debris falls in the prep area causing possible contamination of food. The DM said he had been aware for weeks that the trash bin next to the handwashing station was not in good condition and that he needed to buy a new trash can. The DM said the risk of trash can not being hands free was contamination of hands from touching the lid. The DM said all food items in the refrigerator and freezer should be labeled. The DM said there was no label on the freezer bag for the shredded beef that had been removed out of the original package. The DM said it was all dietary staff members responsibility to check labels and correct if items are not labeled. The DM said the ice machine and dishwashing machine should be wiped down daily to prevent the dried caked on substance. The DM said there was risk that some of the caked-on substance could end up getting mixed in the ice when using the ice machine. The DM said there was a risk that the caked-on substance could get on clean and sanitized dishes that come out of the machine. During an interview on 03/27/2025 at 2:40 p.m., the Administrator said the purpose of a clean kitchen was to ensure everything is sanitary for all residents and prevent food contamination. The Administrator said the risk of not having a clean kitchen was contaminated food. The Administrator said the person responsible to ensure that the kitchen was in good working order was the Dietary Manager (DM). During an interview on 03/27/2025 at 2:45 p.m., the DON said the purpose of a clean kitchen and good dietary services was to prevent food borne illness. The DON said the risk of not have a sanitary kitchen was contaminated food and possible gastro issues. The DON said that there had been no gastro issues at the facility at the time. Review of facility provided Dietary Food Storage policy dated 12/2020, reads in part Food and non-food supplies will be purchased, received and stored under sanitary safe and secure conditions as required to meet, federal, state and local laws. Procedure process included: The Dining Services Manager is responsible for receiving and storing all food and supplies in a proper area. All products will be labeled with the date received in the facility. Review of facility provided Dietary Cleaning Policy dated 12/2020, reads in part This facility will store, prepare, distribute, and serve food under sanitary conditions to ensure that proper sanitation and food handling practices to prevent the outbreak of food borne illnesses is attained continuously. Staff will use a clean as you go technique to keep the facility and neighborhood kitchen areas clean, functional, and attractive. The following areas and equipment will be cleaned daily (included): dishwasher, and kitchen walls.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676428	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort El Paso, LLC	3421 Joe Battle Boulevard El Paso, TX 79936

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45217 Based on interview and record review, the facility failed to ensure medical records were maintained on each resident that were complete and accurately documented for 1 (Resident #1) of 4 residents whose records were reviewed for accuracy and completeness. -The facility failed to document Resident #1's fall incident per policy in an incident report. This deficient practice could place residents at risk for improper care due to incomplete or inaccurate records. Findings included: Record review of Resident #1's Admission Record dated 03/25/2025, revealed an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1's diagnoses included lack of coordination, weakness, and falls. Record review of Resident #1's MDS assessment dated [DATE], revealed a BIMS score of 11 indicating moderate cognitive impairment. Record review of Resident #1's Progress Notes dated 02/27/2025 at 3:28 p.m., reads in part notify MD and NP, patient found sitting on the floor by the toilet. Patient assessed and no injuries noted. Patient stated he really needed to go to the restroom. Nurse notified MD and NP, and called FM. Review of facility incident/accident log from January 2025 to 03/25/2025, revealed no information related to Resident #1 having a fall. During an interview on 03/26/2025 at 9:53 a.m., LVN E said on 02/27/2025 during her shift, Resident #1 had a fall. LVN E said she had been out to lunch and when she came back the other nurse LVN F said they found Resident #1 down in the restroom. LVN E said she assessed Resident #1, and he told her that he needed to go to the restroom and did so independently without calling or waiting for assistance. LVN E said Resident #1 did not have any injuries or complaint of pain or discomfort. LVN E said she documented the fall in the progress notes but was not sure if an incident report had been completed. During an interview on 03/26/2025 at 10:08 a.m., LVN F said on 02/27/2025 he covered LVN E's hall while she went for lunch. LVN F said CNA H called him and said Resident #1 fell . LVN F said Resident #1 got up and went to bed. LVN F said Resident #1 denied hitting his head or any pain. LVN F said he told LVN E when she got back about the fall. LVN F said he did not complete any documentation regarding the fall as LVN E returned and took over. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676428	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort El Paso, LLC	3421 Joe Battle Boulevard El Paso, TX 79936

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/26/2025 at 10:34 a.m., CNA H said on 2/27/2025, Resident #1 went to the restroom by himself. CNA H said Resident #1 pulled the call button cord in the restroom which she responded to and found Resident #1 on the restroom floor in a seated position. CNA H said Resident #1 did not complain of any pain and said he was fine. CNA H said Resident #1 got up and sat on the wheelchair and went back to bed while LVN F was notified of the fall. CNA H said she was not aware of any incident report that needed to be completed about the fall and said that nurses are the ones who document. During an interview on 03/26/2025 at 10:50 a.m., the DON said an incident report should be generated for all falls. The DON said an incident report was not done for Resident #1's fall on 02/27/2025. The DON said generating an incident report would help to track incidents involving residents. The DON said the risk of failing to complete an incident report was resident record would not be accurate which may affect care provided to the resident especially regarding injuries and notifications. The DON said for this incident Resident #1 was assessed and found to be without injury. The DON said the person responsible to ensure completion of an incident report would be the nurses, nurse management including the DON. Review of facility provided Incidents - Accidents policy dated 11/2018, reads in part the facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not an expected outcome of a resident's condition or disease process.