

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Cimarron Park Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7441 Paseo Del Norte El Paso, TX 79911	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49854</p> <p>Based on observations, interviews, and record reviews the facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition for 1 of 1 of the facility's laundry department and 1 tankless water heater reviewed for patient care equipment in safe operating condition.</p> <p>-The facility failed to maintain dryer in operation condition.</p> <p>-The facility failed to ensure the residents for hallway 200 of the facility had hot water in their showers and bathrooms.</p> <p>These failures could place residents at risk for harm by the facility's inability to provide clean sanitary linens and could place residents at risk for poor hygiene and health.</p> <p>Findings include:</p> <p>1. During an observation on 03/05/25 at 09:05 AM, the facility's laundry department revealed 1 commercial was not operational.</p> <p>During an interview on 03/05/2025 at 09:07AM, laundry Aide stated dryers and washer had been inoperable for about 3 weeks. Laundry Aide stated she was able to provide clean linens for the facility's residents with the current operational equipment because they prioritize the linen and washed and dried residents' personal clothes daily. She also stated that laundry staff have been working at night as well to meet the demands.</p> <p>During an interview on 03/06/25 at 2:19 p.m. with housekeeping manager, revealed she was notified of dryer breaking down immediately after it happened by laundry aide. After she was notified, she notified maintenance director. After notifying him, she stated she prioritized washing bed linen first and personal clothes second. She stated that laundry staff washed residents' personal clothes during the nighttime to keep up with the demand. She stated residents have gotten their personal clothes back to them in about 3 to 4 days. Housekeeping manager stated that residents need to get their clothes back in a timely manner due to weather changes.</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: 676431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Cimarron Park Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7441 Paseo Del Norte El Paso, TX 79911	
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/06/25 at 2:34 p.m. with administrator revealed that he was made aware of dryer not working this week, he stated that the order had not been able to be placed because the company got bought by another company and the credit cards had not been working, they had been cut off since Saturday 3/1. He stated he would reach out to corporate and let them know they needed to place order for dryer part. He stated with 1 working dryer residents take longer to get their clothes back than they would usually. He stated that laundry aids have been washing and drying during the nighttime to meet the demand.</p> <p>During an interview on 03/06/25 at 3:16 PM with maintenance director, the dryer had been broken down for about 3 weeks. He was notified immediately after dryer broke down and he was able to troubleshoot it and find the part that was not working. He stated he had not placed the order for the part that was needed yet because it was a little more expensive.</p> <p>2. During an interview and Observation on 03/05/2025 at 03:00 PM with the Maintenance Director at hallway 200, he stated the facility had received complaints from residents in hallway 200 at the beginning of 2025 stating the water was too cold to shower in the morning. The facility had been taking the residents to hallway 100 to assist with showers because in that hallway, the temperature was higher and more comfortable for the residents. The Maintenance Director said the facility had waterless tanks. The Maintenance Director stated the problem with cold water was solved when the valve for the gas was ordered and replaced on the tankless water heater for hallway 200. The Maintenance Director and the Surveyor selected four rooms at random in hallway 200 to test the water temperature with a thermometer and the results were as follows:</p> <p>room [ROOM NUMBER] at 3:05 PM temp 97 F</p> <p>room [ROOM NUMBER] at 3:08 PM temp 96 F</p> <p>room [ROOM NUMBER] at 3:11 PM temp 91 F</p> <p>During and observation on 03/06/25 starting at 11:43 AM The Maintenance Director and the Surveyor selected four rooms at random in hallway 200 to test the water temperature with a thermometer and the results were as follows:</p> <p>room [ROOM NUMBER] at 3:00 PM temp 84 F</p> <p>room [ROOM NUMBER] at 3:05 PM temp 82 F</p> <p>room [ROOM NUMBER] at 3:08 PM temp 89 F</p> <p>room [ROOM NUMBER] at 3:11 PM temp 85 F</p> <p>After taking the temperature for the water on the resident's showers, The Maintenance Director stated the water was not within range for a resident to have a comfortable shower and said the range had to be no lower than 100 degrees Fahrenheit and to hold the temperature not higher than 110 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Cimarron Park Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7441 Paseo Del Norte El Paso, TX 79911	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an Interview on 03/05/25 at 11:14 AM Resident #13, she stated the facility had been taking the residents from hallway 200 to be showered in the common bathroom of hallway 100. Resident #13 said she had overheard residents from hallway 200 complaining they had to be taken out of their room to be showered somewhere else.</p> <p>During an interview on 03/06/25 at 02:48 PM with the Administrator stated he received complaints about the water temperatures in January of 2025 at the beginning of the month. The complaint was the water was too cold to be taking showers in the room. He said the facility staff did not shower the residents with cold water and took residents from hallway 200 to shower in 100. The Administrator said the potential outcome could be the Residents could be inconvenienced by not having proper working equipment and not being able to shower in their own rooms.</p> <p>During an interview on 03/06/25 at 03:39 PM with the DON stated she had heard about the issues with hallway 200 and low water temperatures and that residents from that hallway were being taken to hallway 100 to be showered. She stated the potential outcome could be the residents could be frustrated because they can't take showers in their rooms</p> <p>Record Review of the facility's policy titled Safe Water Temperatures dated 07/2022 stated in part: Water temperatures will be set to a temperature of no more than 110 degrees for sink faucets showers and lavatories.</p> <p>Facility did not provide policy for the functioning essential equipment upon surveyor exit.</p> <p>51010</p>