

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  04/10/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51010</p> <p>Based on, interviews, and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident that included measurable objectives and timeframes to meet a resident medical, nursing and mental and psychosocial needs for 2 (Residents #1 and 2) of 4 residents reviewed for care plans.</p> <p>-The facility failed to ensure Resident #1 and 2's diagnoses of dysphagia (difficulty swallowing) was addressed on their care plan.</p> <p>This failure could place resident at risk for not having their individual needs met in a timely manner injury, and a decline in physical well-being.</p> <p>Findings included.</p> <p>Review of Resident #1 face sheet, dated 04/10/2025, reflected a [AGE] year-old female with an original admitted [DATE] and a readmitted [DATE] to the facility with a diagnosis of dysphagia oropharyngeal phase(difficulty moving food and liquids from back of the mouth to esophagus).</p> <p>Review of Resident #1's Annual MDS, dated [DATE], reflected Resident #1 had moderate impairment of cognitive skills for daily decision making (decisions poor; cues/supervision required). Resident #1 needed supervision or touching assistance with eating (Helper provides verbal cues and or touching/ steady and or contact guard assistance as resident completes activity. Assistance may be provided throughout activity or intermittently). MDS did not reflect resident had any signs and symptoms of possible swallowing disorder.</p> <p>Review of Resident # 1's comprehensive Care plan dated 01/09/25 did not reflect the dysphagia diagnosis.</p> <p>Resident #2</p> <p>Review of Resident #2 face sheet, dated 04/10/2025, reflected an [AGE] year-old male with an admitted [DATE] to the facility with a diagnosis of dysphagia oropharyngeal phase (difficulty moving food and liquids from back of the mouth to esophagus).</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #2's quarterly MDS, dated [DATE], reflected Resident #2 had a BIMS score of 07 indicating severe cognitive impairment. Resident #1 needed supervision or touching assistance with eating(Helper provides verbal cues and or touching/ steady and or contact guard assistance as resident completes activity. Assistance may be provided throughout activity or intermittently). MDS did not reflect resident had any signs and symptoms of possible swallowing disorder.</p> <p>Review of Resident # 2's comprehensive Care plan dated 02/04/25 did not reflect the dysphagia diagnosis.</p> <p>Interview on 04/09/25 at 1:43 p.m. with DON, revealed the purpose of the care plan was to show the kind of care the resident needed. She stated dysphagia was supposed to be included in the care plan because it was in both residents' diagnosis upon admission to the facility. She stated that MDS coordinator was responsible for completing care plan assessments. She stated nursing interventions were being done such as sitting residents at assisted feeding table in the dining room, CNAs observed her for any food pocketing or trouble swallowing and prompting to eat meals. The risk of not having dysphagia included in the care plan was that signs of dysphagia could be missed by the staff and could have resulted in signs not being reported to nurse.</p> <p>Interview with MDS coordinator on 4/09/25 at 2:07p.m. revealed that dysphagia was a therapy diagnosis for both residents and therefore this did not need to be added in the care plan because it was not a medical diagnosis. This diagnosis was rationalized with the therapeutic diet which was puree foods for both residents. She stated both residents are seated at the assisted feeding table and monitored by the staff for any signs of trouble swallowing.</p> <p>Review of facility policy Care Plans - Comprehensive Person Centered revised on 03/2022, reads in part, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the residents physical, psychosocial and functional needs is developed and implemented for each resident. the care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.</p>