

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 05/22/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43871</p> <p>Based on interview and record review, the facility failed to immediately inform the resident, consult with the resident's physician when there was a significant change in the resident's physical, mental, or psychosocial status for one (Resident #1) of four residents reviewed for resident rights.</p> <p>The facility failed to ensure LVN A and LVN B communicate to the physician the need to administer medications while pending G-Tube placement result from KUB.</p> <p>This failure could place residents at risk of unmet medical needs and a decreased in quality of life.</p> <p>The findings included:</p> <p>Record review of Resident #1's hospital transfer form not dated revealed a [AGE] year-old female who was admitted to the facility on [DATE] and had diagnoses of: Attention and concentration deficit (Difficulty staying focused or paying attention, which can affect daily tasks and communication); Cognitive communication deficit (Problems with thinking and using language, such as trouble understanding, speaking, or remembering words); Unspecified dementia (general decline in memory and thinking skills, often due to aging or disease, that affects daily life); Alzheimer's disease (progressive brain disorder that slowly destroys memory, thinking skills, and the ability to carry out simple tasks); Cervical disc disorder with radiculopathy (problem with a disc in the neck that is pressing on nerves, causing pain, numbness, or weakness in the arms or shoulders); Type 2 diabetes with diabetic neuropathy (nerve damage caused by high blood sugar levels, leading to tingling, pain, or numbness, usually in the feet or hands); Other specified depressive episodes (period of depression with symptoms like sadness, loss of interest, or fatigue that doesn't exactly fit the standard categories but still significantly impacts well-being); Gastronomy status (person has feeding tube directly placed in their stomach); Gastroesophageal reflux disease (GERD) without esophagitis (stomach acid flows back into the esophagus (food pipe), causing heartburn or discomfort, but without damage to the esophagus lining); Epigastric pain (pain or discomfort in the upper belly area, just below the ribs, often related to digestion); Mild protein-calorie malnutrition (not getting enough calories and protein, which can lead to weakness, weight loss, and poor healing); Essential (primary) hypertension (high blood pressure with no known specific cause, which can increase the risk of heart problems over time); Atherosclerotic heart disease without angina (buildup of plaque in the heart's arteries, reducing blood flow, but without causing chest pain yet); Peripheral vascular disease (poor circulation in the arms or legs due to narrowed blood vessels, often leading to leg pain when walking)</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's physician order dated 07/06/24 revealed every shift for adequate nutrition related to mild protein-calorie malnutrition, Glucerna 1.2 at 45ml/hr with water flush 140ml/hr.</p> <p>Record review of Resident #1's physician order dated 6/29/23 revealed mechanical ground texture, nectar consistency, finely chopped/minced may have thin small quantities with spoon only, hold feeding 30 minutes before and 30 minutes after.</p> <p>Record review of Resident #1's physician order dated 3/3/25 revealed Lasix oral tablet 20mg, give 1 tablet by mouth one time a day for swelling.</p> <p>Record review of Resident #1's physician order dated 5/19/23 revealed Plavix tablet 75mg, give one tablet via g-tube one time a day related to peripheral vascular disease.</p> <p>Record review of Resident #1's MARS for May 2025 revealed Lasix 20mg tablet and Plavix 75 mg were not administered on 5/14/25.</p> <p>Record review of Resident #1's SBAR dated 5/14/25 revealed situation: gastronomy tube blockage or displacement; vitals: blood pressure 104/48, pulse 62, respiration 17, temperature 98.2 Fahrenheit, weight 96.2 lbs, blood sugar 187; Code status: DNR; Primary care clinician notified yes, date 5/14/25 at 6:55 am, recommendations of primary clinician KUB Xray.</p> <p>Record review of Resident #1's progress note dated 5/14/25 written by RN C revealed Notified ADON on-call, RP, and Dr. r/t resident pulling out her G-tube. New order for STAT KUB placed. Pending Xray in order to re-start tube feedings. RT with no s/s of pain or discomfort lying in bed, awakens easily to voice.</p> <p>Record review of Resident #1's progress note dated 5/14/25 written by LVN A revealed Nurse received on report that the resident removed her peg tube during the night. This nurse replaced new 27F/20mL peg tube with no problems. No pain or discomfort note or reported. Placement auscultate with 30 mL of residuals noted. STAT KUB was ordered to confirm placement. MD, ADON and [RP] all aware, evening nurse notified on report.</p> <p>During a follow up interview on 5/20/25 at 2:38 pm, LVN A stated that he did not administer any medications to Resident #1 during his shift based on the report he received from the outgoing nurse (RN C). LVN A stated that he was informed the physician had directed staff to hold all medications at that time. LVN A stated that although Resident #1 was on pleasure feedings and might have tolerated medications in crushed form, no such attempts were made during his shift, as the prior report indicated a hold on all medications.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow up interview on 5/20/25 at 2:23 pm, The Dr. stated that she did instruct staff to withhold medications following the dislodgement of Resident #1's G-tube due to that being the primary source of medication administration until KUB placement was completed to verify placement. The Dr. stated that the facility had the option to crush and administer medications orally if the resident was able to tolerate it. The Dr. stated that this was a common alternative when a G-tube was temporarily unavailable, provided the patient could safely ingest the medication. The Dr. stated that she was not specifically informed whether this practice was carried out in this case. The Dr. stated that had there been difficulty administering medications, she expected to have been notified by the facility. The Dr. stated that she did not receive any communication indicating that medications were withheld or that administration was interrupted during that period. The Dr. stated that failing to administer medications, even in crushed form, could pose a concern if not reported. The Dr. stated that although medication administration had not previously been problematic, the facility should have reported any inability to administer medications. The Dr. stated that she did not receive any such report. The Dr. stated that while regular administration of Lasix or anticoagulants such as Plavix was important, a single missed dose was unlikely to cause significant harm. The Dr. stated that not administering Lasix while the resident was not eating or drinking adequately could potentially prevent dehydration. The Dr. stated that missing one dose of an anticoagulant generally did not result in immediate complications. The Dr. stated that she had not seen any indications in the hospital records of coagulation-related issues.</p> <p>During an interview on 5/20/25 at 2:46 pm, LVN B stated she worked the 2-10 shift on May 14th, 2025. LVN B stated the KUB for Resident #1 was completed at the beginning of her shift. LVN B stated that while waiting for verification of tube placement, staff were unable to administer anything via the G-tube. LVN B stated she did not give medications by mouth, as the resident had difficulty swallowing and the physician had not cleared oral administration. LVN B stated she did not call the physician to clarify if oral administration was an option. LVN B stated she did not believe there was a risk by not administering the medications due to learning that Resident #1 was diagnosed with kidney failure her medications may have led to a more rapid decline.</p> <p>During an interview on 5/20/25 at 3:28 pm, ADON stated that she did not receive any report indicating delays in imaging on May 14, 2025. ADON stated that while G-tube administration was not possible due to the tube's status, medications could have been crushed and administered orally as Resident #1 was receiving pleasure feedings. ADON stated that in such cases, it was expected that nursing staff follow up with the physician to clarify whether medications could be given orally. ADON stated that she was not made aware that medication had been withheld and did not find documentation indicating the physician had been contacted regarding alternative administration routes. ADON stated that she reviewed the MAR and found no medications were administered on the day of the G-tube dislodgement. ADON stated that Resident #1 was prescribed Plavix and Lasix for fluid retention and swelling and had a history of heart-related conditions. ADON stated that the risks included fluid overload and heart problems.</p> <p>During an interview on 5/21/25 at 9:21 am, The DON stated that Resident #1 received pleasure feedings and was not NPO, stating she ate well. The DON stated that medications had been placed on hold, and while crushed medications could have been considered, she was informed they were held, likely out of concern that the daughter may not have approved of crushed administration. The DON stated that she expected nursing staff to follow physician orders and document accordingly. The DON stated that missing a single dose of medications such as Plavix and Lasix would likely not have posed significant risk, as Plavix was a long-acting medication.</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43871</p> <p>Based on interview and record review, the facility failed to ensure laboratory services were provided to meet the needs of the resident in accordance with professional standards of practice, and for 1 of 6 residents (Resident #1) reviewed for laboratory service.</p> <p>The facility failed to ensure LVN A followed up with diagnostic lab for Resident #1's stat KUB order.</p> <p>This failure could place residents at risk of delayed treatment, unmet medical needs, and a decreased in quality of life.</p> <p>The findings included:</p> <p>Record review of Resident #1's hospital transfer form not dated revealed a [AGE] year-old female who was admitted to the facility on [DATE] and had diagnoses of: Attention and concentration deficit (Difficulty staying focused or paying attention, which can affect daily tasks and communication); Cognitive communication deficit (Problems with thinking and using language, such as trouble understanding, speaking, or remembering words); Unspecified dementia (general decline in memory and thinking skills, often due to aging or disease, that affects daily life); Alzheimer's disease (progressive brain disorder that slowly destroys memory, thinking skills, and the ability to carry out simple tasks); Cervical disc disorder with radiculopathy (problem with a disc in the neck that is pressing on nerves, causing pain, numbness, or weakness in the arms or shoulders); Type 2 diabetes with diabetic neuropathy (nerve damage caused by high blood sugar levels, leading to tingling, pain, or numbness, usually in the feet or hands); Other specified depressive episodes (period of depression with symptoms like sadness, loss of interest, or fatigue that doesn't exactly fit the standard categories but still significantly impacts well-being); Gastronomy status (person has feeding tube directly placed in their stomach); Gastroesophageal reflux disease (GERD) without esophagitis (stomach acid flows back into the esophagus (food pipe), causing heartburn or discomfort, but without damage to the esophagus lining); Epigastric pain (pain or discomfort in the upper belly area, just below the ribs, often related to digestion); Mild protein-calorie malnutrition (not getting enough calories and protein, which can lead to weakness, weight loss, and poor healing); Essential (primary) hypertension (high blood pressure with no known specific cause, which can increase the risk of heart problems over time); Atherosclerotic heart disease without angina (buildup of plaque in the heart's arteries, reducing blood flow, but without causing chest pain yet); Peripheral vascular disease (poor circulation in the arms or legs due to narrowed blood vessels, often leading to leg pain when walking)</p> <p>Record review of Resident #1's physician order dated 07/06/24 revealed every shift for adequate nutrition related to mild protein-calorie malnutrition, Glucerna 1.2 at 45ml/hr with water flush 140ml/hr.</p> <p>Record review of Resident #1's physician order dated 6/29/23 revealed mechanical ground texture, nectar consistency, finely chopped/minced may have thin small quantities with spoon only, hold feeding 30 minutes before and 30 minutes after.</p> <p>(continued on next page)</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's physician order dated 3/3/25 revealed Lasix oral tablet 20mg, give 1 tablet by mouth one time a day for swelling.</p> <p>Record review of Resident #1's physician order dated 5/19/23 revealed Plavix tablet 75mg, give one tablet via g-tube one time a day related to peripheral vascular disease.</p> <p>Record review of Resident #1's MARS for May 2025 revealed Lasix 20mg tablet and Plavix 75 mg were not administered on 5/14/25.</p> <p>Record review of Resident #1's SBAR dated 5/14/25 revealed situation: gastronomy tube blockage or displacement; vitals: blood pressure 104/48, pulse 62, respiration 17, temperature 98.2 Fahrenheit, weight 96.2 lbs, blood sugar 187; Code status: DNR; Primary care clinician notified yes, date 5/14/25 at 6:55 am, recommendations of primary clinician KUB Xray.</p> <p>Record review of Resident #1's progress note dated 5/14/25 written by RN C revealed Notified ADON on-call, RP, and Dr. r/t resident pulling out her G-tube. New order for STAT KUB placed. Pending Xray in order to re-start tube feedings. RT with no s/s of pain or discomfort lying in bed, awakens easily to voice.</p> <p>Record review of Resident #1's progress note dated 5/14/25 written by LVN A revealed Nurse received on report that the resident removed her peg tube during the night. This nurse replaced new 27F/20mL peg tube with no problems. No pain or discomfort note or reported. Placement auscultate with 30 mL of residuals noted. STAT KUB was ordered to confirm placement. MD, ADON and [RP] all aware, evening nurse notified on report.</p> <p>During an interview on 5/20/25 at 11:50 am, LVN A stated that Resident #1's stat KUB order was placed around 7:00 a.m., but the imaging was not completed during his shift. LVN A stated that stat x-ray orders were typically addressed promptly but may have been delayed depending on the imaging service's availability. LVN A stated that he contacted the local diagnostic lab and was informed they were booked but would arrive as soon as possible. LVN A stated that he documented the follow-up but later noted that his entry did not appear in the system, only in the 24-hour report. LVN A stated that he checked the 24-hour report and found no documentation completed either. LVN A stated that he could not recall if he reported the matter to the ADON or DON.</p> <p>During an interview on 5/20/25 at 1:31 pm, The Dr. stated that the imaging vendor typically responded within 2-3 hours for stat orders, depending on location, technician availability, and competing priorities. The Dr. stated that she was not contacted about a delay in imaging after the stat order was placed early on May 14. The Dr. stated that had she been notified by mid-morning (e.g., around 10-11 a.m.) that imaging was still pending, she might have directed that Resident #1 be sent out to the hospital sooner for timely intervention. The Dr. stated the potential risk for delayed stat KUB would be risk of delayed treatment.</p> <p>(continued on next page)</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/20/25 at 3:08 pm, The imaging representative stated that she reviewed the KUB X-ray reports associated with the resident's G-tube placement verification. The imaging representative stated that the first STAT order was entered on May 14, 2025, at 7:20 am CDT (6:20 am MST) The imaging representative stated that the order was assigned to a technician at 11:29 am CDT (10:29 am MST), The imaging representative stated that the imaging was completed at 3:41 pm CDT (2:41 pm MST), and the report was signed by the interpreting physician at 8:18 pm CDT (7:18 pm MST). The imaging representative stated that two prior time slots had been assigned but were unsuccessful. The imaging representative stated that she did not recall receiving any follow-up calls from the facility regarding the STAT order.</p> <p>During an interview on 5/20/25 at 3:28 pm, ADON stated that she received a text message at 5:34 a.m. on May 14, 2025, from RN C, who was on night shift. ADON stated that RN C reported Resident #1's G-tube had dislodged and that she was preparing to send the resident to the hospital. ADON stated that shortly afterward, RN C contacted the Responsible Party who requested that nursing staff attempt reinsertion. ADON stated that she was later informed around 6:30 am that the G-tube had been reinserted and that a stat KUB had been ordered to confirm placement. ADON stated that the order was submitted through the facility's portal system. ADON stated that although stat imaging orders were submitted electronically, nursing staff were expected to follow up with a phone call to notify the imaging provider that the request was urgent. ADON stated that while stat responses typically occurred within a few hours, delays could happen, and staff should monitor and follow up.</p> <p>During an interview on 5/21/25 at 9:21 am, the DON stated that she was notified by LVN C around 5:45 to 6:00 a.m. that Resident #1's G-tube had become dislodged, and that Resident #1 RP had requested for LVN A to replace it. The DON stated that by the time she arrived at the facility, the G-tube had already been replaced and they were awaiting the stat KUB. The DON stated that the imaging contract required a response within four hours; however, reading the film could take additional time depending on the availability of the physician. The DON stated she expected the nurses to follow up if diagnostic personnel had not arrived within the four-hour timeframe and report it to her and the physician. The DON stated failure to follow up could delay treatment based on results.</p> <p>Record review of the facility's Test Results policy dated 04/2007 did not address STAT orders.</p> <p>Record review of the facility's contract agreement with local imaging services read in part Addendum No. 1 Additional Terms and Conditions: #2 Services will be provided twenty-four hours a day for STAT ordered exams (Radiology) .#4 STAT exams will be performed within 60 minutes of the call to [local imaging services]. A verbal report will be provided within 120 min or less of completion of the exam. Routine exams will be provided within 120 min or less of completion of the exam.</p>		