

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2025
NAME OF PROVIDER OR SUPPLIER The Premier Snf of Alice		STREET ADDRESS, CITY, STATE, ZIP CODE 800-A Coyote Trail Alice, TX 78332	
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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews the facility failed to ensure professional staff were licensed, certified, or registered in accordance with applicable state laws for 1 of 5 CNAs (CNA A) reviewed for CNA certification. The facility failed to ensure CNA A's certification was current before allowing him to care for residents. CNA A worked in the facility providing resident care, on a full-time basis, with an expired certification during the period from [DATE] to [DATE]. This failure could place residents who received care from CNA A at a risk of decreased physical, mental, and psychosocial well-being. Findings included: Record review of CNA A's certification on [DATE] revealed the certification expired on [DATE]. In an interview with the DON at 12:16 PM on [DATE], the DON stated she was not aware CNA A's certification had expired. The DON stated each employee was responsible to ensure their license or certification was current. The DON stated HRC was responsible for reviewing the licenses and certifications of staff periodically and ensuring they were current. The DON stated an active certification showed the employee was capable and deemed fit to practice as a CNA. The DON stated a staff member without the proper certification or license may accidentally harm a resident. The DON stated CNA A was one of the best CNAs at the facility and he constantly got compliments from residents and their families. In an interview with the HRC at 12:30 PM on [DATE], the HRC stated she had been in her current role since [DATE]. The HRC stated it was her responsibility to track licensures and certifications of the staff. The HRC stated she ran audits of the employees periodically to ensure they were current. The HRC stated the last time she ran an audit was around [DATE]. The HRC stated she missed CNA A's certification had expired when she reviewed the audit. The HRC stated it was important to ensure all necessary staff were licensed or certified to keep the residents as safe as possible. In an interview with CNA A at 12:35 PM on [DATE], CNA A stated he had worked at the facility for approximately five years. CNA A stated he was not aware his certification had expired. CNA A stated when he first acquired his certification in 1988, the instructors told him as long he kept working then his certification would be automatically renewed. CNA A stated he thought the facility would maintain his certification. CNA A stated it was important for a CNA to be certified so they could provide the best possible care to a resident. Record review of page 26 of the Employee Handbook revealed the following paragraph: All professionally registered, licensed and certified staff is [sic] required to maintain current licensure, registration and/or certification. A copy of the current documentation must be submitted to your department head for inclusion in your personnel file. Failure to provide the documentation or failure to maintain status may result in suspension and/or termination. The cost for renewal is the responsibility of the employee. Record review of the signature page of the Employee Handbook revealed the form was signed and dated by CNA A on [DATE].</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
---	-------	-----------