

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2025
NAME OF PROVIDER OR SUPPLIER  McAllen Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  600 N Cynthia St McAllen, TX 78501	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47573</b></p> <p>Based on interviews and record reviews, the facility failed to ensure each resident and/ or their representative and the IDT were invited to attend/participate in the care plan meetings including both the comprehensive and quarterly review assessments for the resident for 2 of 6 residents (Resident #1 and Resident 2) reviewed for care plan timing and revision.</p> <p>The facility failed to ensure Resident #1 and Resident #2's care plan was revised to accurately reflect current smoking status.</p> <p>The facility failed to develop a care plan for Resident #2 to address his discharge plan.</p> <p>These failures could place the residents at risk of not receiving appropriate interventions and care to meet their needs as indicated on the comprehensive care plans.</p> <p>The findings included:</p> <p>Record review of Resident #1's face sheet dated 05/20/25 reflected the resident was a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses that included: bipolar disorder (mental health condition with mood swings), type 2 diabetes (high levels of sugar in blood), depression, anxiety disorder, heart disease, and peripheral vascular disease (narrowing/blocking of the blood vessels outside of the heart).</p> <p>Record review of Resident #1's MDS assessment dated [DATE] reflected Resident #1 had a BIMS score of 15, indicating intact cognition. MDS assessment did not reflect tobacco use or smoking for Resident #1.</p> <p>Record review of Resident #1's care plan dated 05/20/25 reflected Resident #1 had an ADL self-care performance deficit and was at risk for not having his needs met in a timely manner. Date initiated: 05/17/24. Resident #1's care plan did not reflect that he smoked.</p> <p>Record review of Resident #1's smoking evaluation dated 04/07/25 reflected Resident #1 was independent and required no supervision to smoke. Resident #1 demonstrated safe techniques for smoking. Resident #1 understood that smoking may only take place at designated times and in designated smoking areas.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #2's face sheet dated 05/20/25 reflected the resident was a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses that included: nontraumatic subdural hemorrhage (brain bleed), mood disorder, type 2 diabetes (high levels of sugar in blood), and heart disease.</p> <p>Record review of Resident #2's MDS assessment dated [DATE] reflected Resident #2 had a BIMS score of 9, indicating moderately impaired cognition. MDS assessment did not reflect tobacco use or smoking for Resident #2.</p> <p>Record review of Resident #2's care plan dated 05/20/25 reflected Resident #2 had an ADL self-care performance deficit and was at risk for not having his needs met in a timely manner. Date initiated: 01/08/25. Resident #2's care plan did not reflect that he smoked or his discharge plan.</p> <p>Record review of Resident #2's smoking evaluation dated 02/12/25 reflected Resident #2 was independent and required no supervision to smoke. Resident #2 demonstrated safe techniques for smoking. Resident #2 understood that smoking may only take place at designated times and in designated smoking areas.</p> <p>On 05/22/25 at 10:30 AM, in an interview with MDS E, she said she completed the MDS assessment and developed the care plan based on the triggered areas and initial assessments. MDS E said they completed the smoking assessment upon admission, if the resident told them they smoked or if based on their history they smoked. MDS E said if the resident did not voice that they smoked or wanted to smoke, they did not complete the assessment. MDS E said Resident #1 did not smoke when he was first admitted and he started smoking recently in April 2025. MDS E said Resident #2 did not smoke when he was first admitted and they did the smoking assessment for him in February 2025. MDS E said she was unsure of when the care plans were implemented regarding smoking for Resident #1 and Resident #2. MDS E said whoever completed the smoking assessments could have developed the care plan for smoking, however, the team should have followed up to ensure smoking was properly care planned.</p> <p>On 05/22/25 at 12:00 PM, in an interview with the DON, she said Resident #1 just started smoking a month ago, but when he was first admitted , he did not smoke. The DON said Resident #2 was also a smoker but she was unsure of when he started smoking. The DON said for the residents that smoke, they should have the smoking care planned. The DON said Resident #1 and Resident #2 have smoking care planned. The DON said Resident #1 and Resident #2 did not have the smoking care planned until 05/20/25. The DON said discharge plans should have been care planned. The DON said Resident #2 had been admitted since January 2025 and discharge plans were not care planned. The DON said she would conduct an audit on all the care plans regarding discharge plans. The DON said the team would have ensured to implement the smoking care plan and the discharge care plan. The DON said it was important for the care plan to be developed and implemented accurately so staff knew how to care for the residents. The DON said there was no negative outcomes for Resident #1 and Resident #2 as staff were aware that they were smokers.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/22/25 at 12:45 PM, in an interview with the ADM, she said the team discussed things for a resident that wanted to smoke, they completed the smoking assessment, ensured they were a safe smoker, and implemented the care plan. The ADM said Resident #1 and Resident #2 did not have care plans for smoking until 05/20/25. The ADM said she was going to have the social worker develop a binder with the smoking policy, guidelines, and information for the residents that smoked. The ADM said discharge planning was care planned. The ADM said Resident #2 was admitted since January 2025 and had a care plan meeting regarding his discharge. The ADM said Resident #2 was going to be at the facility long term. The ADM said she was unsure of why Resident #2 did not have discharge plans on his care plan. The ADM said there were no negative outcomes for Resident #1 and Resident #2 as staff were aware that they were smokers and they completed the smoking evaluations to determine they were safe smokers.</p> <p>Record review of the facility's Comprehensive Care Plans policy dated 02/10/21 reflected -</p> <p>Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p> <p>3. The comprehensive care plan will describe at a minimum:</p> <p>a. The services that are to be furnished to attain and maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>6. Alternative interventions will be documented, as needed.</p>		