STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455560	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McAllen Nursing Center	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to respect the residents' right to personal privacy and confidentiality, for 3 of 11 residents (Resident #1, Resident #4, and Resident #7) reviewed for personal privacy and confidentiality. The facility failed to provide personal privacy and confidentiality for Resident #1, Resident #4, and Resident #7 when the residents and their private space were recorded without the resident's or designated representative's consent; and the video was posted on social media on 05/10/26. This failure could place residents at risk of their right to privacy and confidentiality not being honored or respected. Findings included:1. Record review of Resident #1's face sheet, dated 05/13/26, reflected a [AGE] year-old female, admitted on [DATE], diagnoses included: Alzheimer's disease (progressive neurodegenerative disorder that primarily affects memory, thinking, and behavior, and is the most common cause of dementia), mood disorder due to physiological condition (mental health disorder where depressive or manic symptoms arise directly from a medical or neurological condition affecting brain function), and cognitive communication deficit (communication is impaired due to underlying cognitive dysfunction rather than a primary language or speech problem). Record review of Resident #1's MDS assessment, dated 04/29/26, reflected a BIMS score of 6, indicating severe cognitive impairment. Record review of Resident #1's care plan, dated 05/13/26, reflected [Resident #1] had impaired cognition and was at risk for a further decline in cognitive and functional abilities related to diagnosis of Alzheimer's. Date initiated: 11/19/25. [Resident #1] had a potential psychosocial well-being problem related to improper social media exposure. Date initiated: 05/12/26. Interventions included: allow resident time to answer questions, verbalize feelings, perceptions, and fears; and monitor/document resident's feelings relative to situation such as isolation, unhappiness, or anger. 2. Record review of Resident #4's face sheet, dated 05/13/26, reflected a [AGE] year-old female, admitted on [DATE], diagnoses included: Parkinson's disease (progressive neurological disorder that primarily affects movement), chronic kidney disease (condition that affects the kidneys' ability to filter waste from the blood), muscle wasting and atrophy (reduction in muscle mass and strength), mood disorder due to physiological condition (mental health disorder where depressive or manic symptoms arise directly from a medical or neurological condition affecting brain function), cognitive communication deficit (communication is impaired due to underlying cognitive dysfunction rather than a primary language or speech problem) and unspecified psychosis (presence of symptoms, like hallucinations or delusions). Record review of Resident #4's MDS assessment, dated 04/16/26, reflected a BIMS score of 6, indicating severe cognitive impairment. Record review of Resident #4's care plan, dated 05/13/26, reflected [Resident #4] had impaired cognition and was at risk for a further decline in cognitive and functional abilities related to history of psychosis and mood disturbances. Date initiated: 03/15/24. [Resident #4] had a potential psychosocial well-being problem related to improper social media exposure. Date initiated: 05/12/26. Interventions included: allow resident time to answer questions, verbalize feelings, perceptions, and fears; and monitor/document resident's feelings relative to situation such as isolation, unhappiness, or anger. 3. Record review of Resident #7's face sheet, dated 05/13/26, reflected an [AGE] year-old female, admitted on [DATE], diagnoses included: Alzheimer's (continued on next page)

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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