

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/24/2026
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights and that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 (Resident #19) of 13 residents reviewed for comprehensive care plans. The facility failed to include Resident #19's use of a foley catheter (a device that drains urine from your urinary bladder into a collection bag outside of your body) in her care plan. These failures could place residents at risk of not receiving adequate care for a foley catheter device which could potentially lead to infection and deterioration of health. The findings were: Record review of Resident #19's face sheet dated 06/23/26 revealed a [AGE] year-old female originally admitted to the facility on [DATE] and then a re-admission date of 06/17/26. Her diagnoses included but not limited to, acute panmyelosis with myelofibrosis (a very rare and aggressive type of leukemia), malignant melanoma of skin (the most serious type of skin cancer), neutropenia (having low levels of white blood cells), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), generalized anxiety (a group of mental illnesses that cause constant fear and worry), and schizophrenia (mental health condition that affects how people think, feel and behave). Record review of Resident #19's care plan dated 04/17/26 revealed no mention of the foley catheter. Record review of Resident #19's Order Summary of active orders dated 06/22/26 revealed an order with a date of 06/17/26: Flush foley catheter (sending a liquid gently through the tube to clear out any blockages) with 60ml of sterile water or normal saline as needed for non-patency (blockage). During an observation on 06/22/26 at 10:21 AM, Resident #19 was lying in her bed. Resident #19's foley catheter bag was hung from the side of the bed. In an interview on 06/22/26 at 10:21 AM, Resident #19 stated the foley catheter had been placed during a recent hospital stay. She stated she returned to the facility with the foley catheter in place. Resident #19 stated she could not remember the exact date the foley had been placed, but it was a few days ago. In an interview on 06/22/2026 at 10:27 AM, LVN A stated she was the nurse caring for Resident #19. She stated Resident #19 had returned from the hospital a week ago with the foley catheter in place. LVN A stated she had not looked at Resident #19's care plan to verify if the foley catheter had been (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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	added. She stated that the MDS coordinator was in charge of updating all care plans. LVN A stated the MDS coordinator usually informed her of changes with residents but had not updated her on Resident #19's foley catheter care plan updates. In an interview on 06/24/26 at 9:44 AM, the MDS coordinator stated she was in charge of updating care plans. She stated that when a resident had a change, she would update the care plan that same day or the following day, at the latest. The MDS coordinator stated she was aware Resident #19 was returning to the facility with a foley catheter due to having reviewed the hospital paperwork. The MDS coordinator stated that she immediately updated the MDS form and the care plan. She stated that since the facility was going through company changes and computer system changes, the addition of the foley catheter in the care plan must not have been updated. The MDS coordinator stated that if there was a change on any resident, she notified the nurses in the daily morning meeting. The MDS coordinator stated it was important to update the care plans because if changes were not updated, the proper care would not be rendered. In an interview on 06/24/26 at 10:26 AM, the DON stated Resident #19 had returned from the hospital with a foley about a week ago. He stated that the MDS coordinator was responsible for updating the changes in Resident #19's care plan. The DON stated the computer system was having issues with the transition of the new company, and that might have caused the care plan not to be updated. Record review of the facility's policy titled Care Plans and CAAs (Care Area Assessments) with a revision date of 05/06/2016 revealed: Purpose The purpose of this guide is to ensure that an interdisciplinary (IDT) approach is utilized in addressing the Care Area Triggers that were generated by the completion of the MDS in order to effectively address the CAA and ultimately achieve the completion of an effective comprehensive plan of care for each resident. Procedure .Manager or designee will be responsible for: 3. Urinary Incontinence / Foley Catheter Care Plan Updates The IDT will review the care plan. as needed to ensure all goals and approaches are appropriate. Acute Care Plans As acute problems or changes to interventions or goals are identified, an appropriate care plan will be developed or modified.		