STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455586	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand Terrace Rehabilitation and Healthcare	812 W Houston Ave 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preference for one (Resident #2) of three residents reviewed for call lights.The facility failed to ensure Resident #2's call light was within reach while in bed.This failure could place residents at risk of being unable to obtain assistance or help when needed and in the event of an emergency.Findings included:Record review of Resident #2's Face Sheet dated 05/08/26 revealed an [AGE] year-old male with an admission initial date of 08/21/24, diagnoses included Type 2 Diabetes Mellitus with Hyperglycemia (high blood sugar levels), Chronic Respiratory Failure with Hypercapnia (high levels of carbon dioxide in lungs, Epistaxis (nosebleed) and Gastrotomy Status (surgical opening in stomach for nutritional and medication administration).Record review of Resident #2's Quarterly MDS assessment dated [DATE], reflected a BIMS score of 4 indicating severe cognitive impairment. Section GG - Functional Abilities and Goals indicated Resident used a manual wheelchair and was dependent requiring two or more helpers for the resident to complete the activities of upper and lower body dressing, rolling left and right side on bed, and toileting hygiene. He required partial/moderate assistance when sitting to lying position on bed.Record review of Resident #2's Care Plan dated 03/30/26, reflected a focus on Resident #2's risk for falls. The interventions included to ensure the call light was within reach and encourage to use it to call for assistance as needed.During an observation and interview on 05/07/26 at 10:18 a.m., Resident #2 was in his room sitting upright on his bed and was alert. Resident #2's call light was not observed near him. When asked where his call light was, Resident #2 did not respond. During an interview on 05/07/26 at 10:30 a.m., the ADON entered Resident #2's room and located his call light on the floor behind Resident #2's headboard. The ADON said Resident #2's call light should have been clipped to his bed within his reach. She said both nurses and CNA's round frequently. She said staff were in serviced frequently on resident call lights being within reach and to be answered timely.During an interview on 05/07/26 at 2:11 p.m., CNA B said she went into Resident #2's room in the morning (05/07/26) but did not remember exactly what time. She said she changed his clothing and brief and also changed his bedding. She said she did not recall if she made sure his call light was near him. She said Resident #2 was supposed to have the call light near him. She said if he needed help, he was not able to call for help. CNA B said they were given in services on resident call lights every week. During an interview on 05/08/26 at 6:41 p.m., the DON said Resident #2 was supposed to have the call light within his reach. He said Resident #2 was frequently checked on and staff were also in serviced frequently on ensuring residents' call light was within reach. He said if Resident #2 needed assistance, he could have had a delay in care if he was unable to reach for the call light for help.Record review of the facility's Policy/Procedure - Nursing Clinical revised date May 2023 reflected in part: Subject: Call Light/BellPolicy: It is the policy of this facility to provide the resident a means of communication with nursing staffProcedures:Answer the light/bell within a reasonable time5. Leave the resident comfortable. Place the call device within resident's reach before leaving room.

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