STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455625	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta Vista Rehabilitation and Healthcare	510 Paredes Line Rd Brownsville, TX 78521

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the right to be informed in advance, by the physician or other practitioner or professional of the risks and benefits of proposed care, treatment and treatment alternatives for one (Resident #1) of three residents reviewed for consent of psychoactive medications. The facility failed to obtain consent from the resident or responsible party for Trazodone (antidepressant) for Resident #1. This failure could affect residents receiving antidepressants medications, by contributing to residents/responsible parties not being fully informed of the benefits and/or side effects and risks associated with these medications, placing residents at risk for receiving psychoactive medications without consent. Findings included: Review of Resident #1's face sheet dated 03/13/26 reflected she was admitted on [DATE] with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side (paralysis and weakness on the right side following a stroke), type 2 diabetes mellitus (a chronic condition where the body resist insulin or fails to produce enough, causing high blood sugar levels), and lack of coordination. Review of Resident #1's admission MDS assessment dated [DATE] reflected she was moderately cognitively impaired. Resident #1 required moderate assistance with most ADLs. Resident #1 received antipsychotic and antidepressant medications for 7 days during the assessment period. Review of Resident #1's consolidated physician orders dated 03/13/26 reflected the following: Physician order dated 03/8/26 of Trazodone 25 mg, by mouth at bedtime for Insomnia, unspecified. Review of Informed Consent for Psychoactive Medication revealed Resident #1's legal representative signed the consent on 03/10/26 for Trazodone. It was checked whether the legal representative did not consent for the medication. The consent was not signed when medication was administered to Resident #1 on 3/9/26. During an interview on 03/13/26 at 7:05 PM, the DON stated the informed consents for Resident #1's Trazodone was not completed and did not show if the medication was consented or not by the responsible party. She stated the informed consents should have been completed prior to administering medication to the resident. Review of facility's policy Chemical Restraints and Psychotropic Medication Management with a revision date 4/2025 reflected the following:On admission, the admitting nurse will review the transfer orders for any psychotropic medications. All effort will be made by the licensed nurses to obtain as much history regarding these medications, including prior informed consents, from the previous facility or through resident or resident representative interview. Any information obtained will be documented in the resident's clinical record.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455625	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta Vista Rehabilitation and Healthcare	510 Paredes Line Rd Brownsville, TX 78521

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that the residents were free from chemical restraints not required to treat the residents' medical symptoms for one (Resident #1) of three sampled residents reviewed for unnecessary drugs. Resident #1 received an anti-depressant medication, Trazodone, without a consent form signed. These failures could cause residents to have side effects, adverse medication reactions, or allergic reactions to medications that were unnecessary. Findings included: Review of Resident #1's face sheet dated 03/13/26 reflected she was admitted on [DATE] with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side (paralysis and weakness on the right side following a stroke), type 2 diabetes mellitus (a chronic condition where the body resist insulin or fails to produce enough, causing high blood sugar levels), lack of coordination. Review of Resident #1's admission MDS assessment dated [DATE] reflected she was moderately cognitively impaired. Resident #1 required moderate assistance with most ADLs. Resident #1 received antipsychotic and antidepressant medications for 7 days during the assessment period. Review of Resident #1's consolidated physician orders dated 03/13/26 reflected the following: Physician order dated 03/8/26 of Trazodone 25 mg, by mouth at bedtime for Insomnia, unspecified Review of Informed Consent for Psychoactive Medication revealed Resident #1's legal representative signed the consent on 03/10/26 for Trazodone. It was checked whether the legal representative did not consent for the medication. The consent was not signed when medication was administered to Resident #1 on 3/9/26. During an interview on 3/13/26 at 7:00 PM, the DON was informed Resident #1 had medications on the March 2026 MAR, that was given without a signed consent form. The DON said that medication was not supposed to be given without a consent form because it could cause an adverse effect to Resident #1. Review of facility's policy Chemical Restraints and Psychotropic Medication Management with a revision date 4/2025 reflected the following:On admission, the admitting nurse will review the transfer orders for any psychotropic medications. All effort will be made by the licensed nurses to obtain as much history regarding these medications, including prior informed consents, from the previous facility or through resident or resident representative interview. Any information obtained will be documented in the resident's clinical record.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews, and record review, the facility failed to ensure drugs and biologicals were stored and labeled in accordance with currently accepted professional principles for 1 (wound care cart) of 5 medication carts. The facility failed to ensure the wound care medication cart was secured and lock when it was left unattended by RN A. This failure could place residents at risk of injury to other residents if medication left unsecured were consumed. Findings included: During an observation and interview on 3/13/2026 at 06:03 p.m., revealed the treatment cart was left unlocked and unattended in the 300 hallway. During the observation RN A was called by surveyor and informed her that the treatment cart was unlocked. RN A secured the cart by locking it. RN A revealed she was responsible for the treatment cart that was left unlocked. She stated she was expected to lock the cart when she walked away from it. She said that inside the cart there were medications the residents needed for wound care and wound care supplies. She stated if it was left unlocked then a resident could open a drawer and take a medication that was not for them. During an interview on 3/13/2026 at 06:57 p.m., the DON revealed numerous staff, including she and the ADON, were responsible for ensuring medication carts were locked. The DON stated her expectation of staff when they walked away from the medication cart was to lock it. The DON stated the negative outcome for leaving the cart unlocked was a resident or visitor could grab the medication from the cart, and it could harm them. Record review of facility's policy titled Medication Storage revealed: Medications and biologicals are stored properly, following manufacturer's or provider pharmacy recommendations, to maintain their integrity and to support safe effective drug administration. In order to limit access to prescription medications, only licensed nurses, pharmacy staff, and those lawfully authorized to administer medications (such as medication aides) are allowed to access to medication carts. Medication rooms, cabinets and medication supplies should remain locked when not in use or attended by persons with authorized access.