

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455672	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/10/2025
NAME OF PROVIDER OR SUPPLIER  Golden Palms Rehabilitation and Retirement		STREET ADDRESS, CITY, STATE, ZIP CODE  2101 Treasure Hills Blvd Harlingen, TX 78550	

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 0727  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.  (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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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week, for 13 ([DATE]th, 10th, 23rd, 24th, and 31st, [DATE]th, 7th, and 21st, and [DATE]th, 18th, 19th, 25th, and 26th, 2025) of 90 days reviewed for RN hours, for the period from [DATE], through [DATE].The facility failed to have any RN coverage on weekends for [DATE]st, [DATE]th, 18th, 19th, 25th, and 26th, 2025.The facility failed to have less than 8 hours of RN coverage on weekends for [DATE]th, 10th, 23rd, and 24th, and [DATE]th, 7th, and 21st, 2025.This failure could place residents at risk of harm by denying residents the advanced critical thinking skills a registered nurse could provide. The findings were: Record review of the facility's RN timesheets revealed no RN coverage on weekends for [DATE]st, and [DATE]th, 18th, 19th, 25th, and 26th, 2025.Record review of the facility's RN timesheets revealed less than 8 hours of RN coverage on weekends for [DATE]th, 10th, 23rd, and 24th, [DATE]th, 7th, and 21st, 2025.In an interview with the DON and on [DATE] at 5:00 pm, she said there was not RN coverage every weekend. She said there were 4 RN's employed and only 1 worked weekends regularly. She said RN's assigned on weekends were not necessarily inside the building unless they were called. She said she was not aware of the rule about having RN's work 8 consecutive hours a day, 7 days a week. The DON said it was her responsibility to ensure the facility had RN coverage for 8 consecutive hours every day. She said if the scheduled RN were to call in, then it would be her and the ADON's responsibility to look for another RN, or she would have to cover the shift. The DON said the negative outcome of not having an RN in the facility for 8 consecutive hours could be that certain tasks only an RN could do (i.e., signing off on baseline care plans, removing midline/PICC (peripherally inserted central [intravenous] catheter) catheters, and/or pronouncing a resident deceased ) could not be performed. Policy(s) for Staffing/RN Coverage/Scheduling were requested, but not received prior to exit.In an interview with the ADM and RN A on [DATE] at 1:15 p.m., the ADM said that it was the DON's responsibility to ensure she scheduled an RN for 8 consecutive hours every day, but ultimately it was her responsibility as the Administrator. RN A said the negative outcome of not having an RN work 8 consecutive hours every day could be that the tasks that only an RN could perform, like pronouncing a death or being a resource in case of an emergency or a sudden illness. The Administrator said the facility had sufficient RNs to cover their 8 consecutive hours shift every day and did not know why it was not done. She said the facility followed Best Practices. Policy(s) for Staffing, RN Coverage, Scheduling, and best practices were requested but not received prior to exit. In an interview with the ADM and RN A on [DATE] at 3:30 pm, the ADM said she checked with another ADM at their sister facility, and they did not have the policies requested. She said the only policy she could find was a job description for the DON position. RN A said he was unaware of any specific policies the company had for scheduling or RN coverage.Record review of the facility's job description for the DON dated 10/2021 revealed under Position Summary: To assist in the management and direction of the nursing department in accordance with federal, state, and local standards, guidelines, and regulations that govern our facility.to ensure that the highest degree of quality care is maintained at all times.</p>		