

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Spanish Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 440 E Ruben Torres Blvd Brownsville, TX 78520	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41761</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents have a right to a safe, clean, comfortable, and homelike environment for 4 of 89 residents (Resident #1, and Resident #2, Resident #3, and Resident #4 reviewed for safe, clean, and comfortable environment.</p> <p>The facility failed to repair water damage to the wall and ceiling, in two rooms in which there were occupied by Residents #1, #2, #3 and #4. 2 residents in each room.</p> <p>This deficient practice failure could place residents at risk of a diminished quality of life due to exposure to an environment that is unpleasant, unsanitary, and unsafe.</p> <p>The findings included:</p> <p>1) Record review of Resident #1's Admission Record, dated 10/16/2024, reflected she was a [AGE] year old female, initially admitted on [DATE], with diagnoses of dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), psychotic disorder with delusions (a mental disorder characterized by a disconnection from reality in which the person cannot tell what is real from what is imagined), spastic hemiplegia cerebral palsy (uncontrolled or involuntary muscle movements that affects one side of the body).</p> <p>Record review of Resident #1's Annual MDS dated [DATE], reflected Resident #1 had a BIMS score of 12 which suggests moderate cognitive impairment. Resident #1 was occasionally incontinent of bowel and frequently incontinent of bladder according to section H in the MDS.</p> <p>Record review of Resident #1's Care Plan, dated 07/24/2024, revealed, she had chest x-ray results on 07/29/2024 with diagnosis of pneumonia with interventions.</p> <p>2) Record review of Resident #2's Admission Record, dated 10/16/2024, reflected she was a 96- year old female, initially admitted on [DATE], with diagnoses of dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions), and chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe).</p> <p>(continued on next page)</p>

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #2's Quarterly MDS dated [DATE], reflected Resident #2 had a BIMS score of 03 which suggests severe cognitive impairment.</p> <p>Record review of Resident #2's Care Plan, dated 08/25/2024, revealed</p> <p>FOCUS: I am at risk for SOB and congestion as I have Dx. Of SOB, allergic rhinitis, COPD, and episodes of cough.</p> <p>GOALS: no episodes of shortness of breath daily by next review.</p> <p>INTERVENTIONS/TASKS: o ADMINISTER ADVAIR DISKUS AS PER ORDERS RN/LVN MED-A o ALBUTEROL PER MD ORDER RN/LVN o BENZONATATE PER MD ORDER RN/LVN o CHEST XRAY Q YEAR IN OCTOBER TO RULE OUT TB RN/LVN o GUAIFENESIN PER MD ORDER RN/LVN o MEDICATION AS ORDERED: RN/LVN o ADMINISTER NEBULIZER TREATMENTS AS ORDERED: RN/LVN o HAVE O2 AVAILABLE IF NEEDED RN/LVN o LABS AND X-RAYS AS ORDERED AND REPORT RESULTS TO MD RN/LVN o MONITOR FOR CONGESTION OR ELEVATED TEMPERTURE AND NOTIFY MD IF OCCURS RN/LVN o ENCOURAGE FLUIDS AND MONITOR SKIN TURGOR RN/LVN CNA o ENCOURAGE RESIDENT TO BE OUT OF BED DAILY AND PARTICIPATE WITH EXERCISES RN/LVN Physical Therapist CNA o NOTIFY MD IF O2 SATS DROP BELOW 90% RN/LVN o MONITOR VITAL SIGNS AND NOTIFY MD OF ANY CHANGES RN/LVN o MONITOR FOR SOB/CONGESTION AND ADMINISTER TREATMENTS AS ORDERED RN/LVN o PROVIDE ORAL/NASAL CARE AS NEEDED RN/LVN CNA</p> <p>Record review of Resident #3's Admission Record, dated 10/16/2024, reflected she was a [AGE] year-old female, initially admitted on [DATE], with diagnoses of wedge compression fracture of T11 -- T12 vertebra (a type of spinal compression fracture that occurs when the front of the vertebra collapses, causing it to take on a wedge shape) and type 2 diabetes mellitus.</p> <p>Record review of Resident #3's Quarterly MDS dated [DATE], reflected Resident #3 had a BIMS score of 12 which suggests moderate cognitive impairment.</p> <p>Record review of Resident #3's Care Plan, dated 08/10/2024, reflected</p> <p>FOCUS: o I'M AT RISK FOR INEFFECTIVE AIRWAY CLEARANCE RELATED TO ACCUMULATION OF NASAL SECRETIONS SECONDARY TO INFLAMMATION OF THE SINUSES.</p> <p>GOALS: o I WILL HAVE ADEQUATE LEVEL OF COMFORT AND RELIEF FROM RHINITIS SYMPTOMS AS EVIDENCED BY EXPRESSING COMFORT AND EXHIBITING NO S/SX OR DECREASED S/SX THROUGH NEXT REVIEW DATE IN 90 DAYS Target Date: 11/10/2024</p> <p>INTERVENTIONS/TASKS: o I WILL HAVE ADEQUATE LEVEL OF COMFORT AND RELIEF FROM RHINITIS SYMPTOMS AS EVIDENCED BY EXPRESSING COMFORT AND EXHIBITING NO S/SX OR DECREASED S/SX THROUGH NEXT REVIEW DATE IN 90 DAYS Target Date: 11/10/2024.</p> <p>4) Record review of Resident #4's Admission Record, dated 10/16/2024, reflected she was a [AGE] year old female, initially admitted on [DATE], with diagnoses of dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), asthma (a condition in which a person's airways become inflamed, narrow and swell, and produce extra mucus, which makes it difficult to breathe), and dependence on supplemental oxygen.</p> <p><i>(continued on next page)</i></p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #4's Quarterly MDS dated [DATE], reflected Resident #4 had a BIMS score of 00, which suggests severe cognitive impairment.</p> <p>Record review of Resident #4's Care Plan, dated 09/22/2024, revealed,</p> <p>FOCUS: o I'M AT RISK FOR SOB, COUGH AND CONGESTION AS I HAVE DX: REACTIVE AIRWAY DISEASE, (ASTHMA). I AM SHORT OF BREATH WHEN LYING FLAT</p> <p>GOALS: o I WILL HAVE NO EPISODES OF SHORTNESS OF BREATH DAILY BY NEXT REVIEW IN 90 DAYS Target Date: 12/21/2024</p> <p>INTERVENTIONS/TASKS: o ADMINISTER GUAIFENESIN PER MD ORDERS MED-A RN/LVN o HOB ELEVATED WHEN IN BED DUE TO SHORTNESS OF BREATH WHEN LYING FLAT CNA RN/LVN o CHECK SPO2 Q SHIFT AND NOTIFY MD IF O2 SATS DROP BELOW 90% RN/LVN o ELEVATE HEAD OF BED AT LEAST 30-45 DEGREES AT ALL TIMES RN/LVN CNA o CHANGE OXYGEN TUBING AS ORDERED RN/LVN o CLEAN OXYGEN CONCENTRATOR FILTERS AS ORDERED RN/LVN o ANNUAL FLU AND PNEUMOVAX IF RESIDENT/FAMILY IN AGREEMENT RN/LVN</p> <p>FOCUS: I HAVE CHRONIC KIDNEY DISEASE III AND I'M AT RISK FOR SHORTNESS OF BREATH, CHEST PAIN AND ELEVATED BLOOD PRESSURE.</p> <p>GOALS: o I WILL HAVE NO SOB, CHEST PAIN OR ELEVATED B/P DAILY BY NEXT REVIEW IN 90 DAYS Target Date: 12/21/2024</p> <p>INTERVENTIONS/TASKS: o URETHRAL STENT EXCHANGE BY DR. EWANE RN/LVN o DIET AND MEDICATION AS ORDERED RN/LVN o DIETICIAN CONSULT AS NEEDED RN/LVN o ENCOURAGE RESIDENT TO GET OUT OF BED DAILY AND EXERCISE RN/LVN CNA o GOOD PERSONAL HYGIENE RN/LVN CNA o LAB AND X-RAY AS ORDERED RN/LVN o MONITOR FEET AND HANDS FOR EDEMA RN/LVN CNA o MONITOR OUTPUT RN/LVN o NOTIFY MD IF RESIDENT IS C/O ITCHING RN/LVN o NOTIFY MD IF SOB, CHEST PAIN, EDEMA OR ELEVATED B/P OCCUR RN/LVN.</p> <p>During an observations and interview on 10/12/24 at 10:10 a.m., the ceiling in room where Resident #1 and Resident #2 were, showed where there had been water damage around vent. The wall on the window side showed water damage with bubbling and some black discoloration. The wall was dry. Resident #1, who was in the room, stated she was moved to that room because they were fixing her other room because the ceiling had leaked, and she was in that room for now and it also leaked. Resident #1 stated they had to move her bed because she had gotten wet with the ceiling leaking on her. Resident #1 stated she had no cough or illness. Resident stated she had no complaints or concerns.</p> <p>In an observation and interview on 10/12/24 at 12:00 p.m., RN A and LVN B were sitting at nurse's station on the north side of the building. RN A stated she only worked weekends and if it rained, the ceilings leaked, but today it was not raining. LVN B stated she worked PRN and she had not noticed any leaking except down North 10 -20 hallway.</p> <p>In an interview on 10/12/24 at 04:20 p.m., LVN C stated none of her residents in the 30's hall had any new onset respiratory issues and neither did staff that she knew of. LVN C stated there were no leaks on the 30's hallway that she knew of. She said she knew they were working on the other side of the building, but that was all she knew. LVN C came back and reported discoloration on ceiling in room [ROOM NUMBER]. She said she had not noticed before.</p> <p><i>(continued on next page)</i></p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/12/24 at 04:25 p.m., Resident #3 in room stated the vent dripped from all four sides and would get her sheets, blankets, and floor wet when it drizzled or rained outside. She said her bed was moved so it did not get her wet. Resident stated she had not gotten sick from the water dripping. Resident stated she had no complaints about anything.</p> <p>In an interview on 10/12/24 at 04:36 p.m., LVN D stated he worked in 40's hall. LVN D stated he had not seen any leaking or dripping from vents. He said he had mostly seen it in the dining room. LVN D stated there was not a fear the ceiling would fall, but there was always that risk. LVN D stated none of his residents had any acute respiratory problems.</p> <p>In an interview on 10/12/24 at 05:30 p.m., the administrator said they had the roof replaced north to south. The administrator stated they were going to have the whole roof replaced but were doing it in chunks. He said the worst had been replaced. The administrator said they had not tested the vents. He said they sprayed the black discoloration with Clorox and wiped it off. The administrator stated the water damage started with Hurricane [NAME] back in June or July.</p> <p>Record review on 10/13/24 at 01:30 p.m., the infection control mapping revealed there were no increases in any respiratory infections from June through September.</p> <p>Observation of facility on 10/16/24 at 09:23 a.m., revealed:</p> <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage to ceiling with bubbled area above dresser. - Water damage to ceiling above A bed area. - Water damage to ceiling in corner on B bed side. - Water damage to wall on B bed side. - Black discoloration on wall by B bed. - Water damage below window. - Water damage with black discoloration to window sill and window frame. - Water damage to restroom ceiling. - Black discoloration to restroom ceiling and walls. - Black discoloration to vent in restroom. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage to ceiling in room. - Black discoloration to vent and around vent in room. <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Water damage to wall with black discoloration.</p> <p>- Black discoloration to restroom vent and ceiling.</p> <p>In an interview on 10/16/24 at 02:05 p.m., Resident #1 was in another room, sitting on her bed. She said they moved her to a new room. She said she does not think the room will rain on her. Resident #1 stated the room seemed smaller than her other room.</p> <p>In an interview on 10/16/24 at 02:10 p.m., Resident #2, who was the roommate to Resident #2, was in her wheelchair in the hallway. Resident #2 had a dripping nose. When surveyor told Resident #2 would get a CNA to wipe her nose, Resident #2 stated it was no problem and pulled her shirt up and wiped her nose. Resident #2 stated, See? No problem. Resident stated she liked her new room because she was closer to therapy. DON notified of Resident #2's dripping nose.</p> <p>In an observation on 10/16/24 at 02:14 p.m., men were painting the ceilings of the dining room.</p> <p>In an observation and interview on 10/16/24 at 02:15 p.m., Resident #3 in her room was lying in her bed with head of bed elevated. Resident #3 stated they fixed her ceiling a couple days ago and so far it had not dripped. Resident #3 stated it had not dripped on her, it had dripped on the floor. Resident #3 stated they painted the ceiling, put a new vent in, and it had been perfect. Resident stated she had no complaints.</p> <p>In an observation on 10/16/24 at 02:14 p.m., Resident #4, roommate of Resident #3, was sleeping on right side with head of bed inclined. Resident #4 snoring lightly. Resident #4 not easily rousable. Rise and fall of chest noted.</p> <p>In an interview on 10/16/24 at 02:40 p.m., the administrator stated the gentleman who was doing the testing (mold) was walking around with his maintenance man right now and had not been given the report yet.</p> <p>In an interview on 10/16/24 at 03:25 p.m., the DON stated they were putting orders in every resident's chart for respiratory signs and symptoms. The DON notified of Resident #2's dripping nose. The DON went to assess Resident #2 and said that was what they were looking for when they put the orders in to check for respiratory signs and symptoms.</p> <p>Observation on 10/17/24 at 10:25 a.m., room [ROOM NUMBER] no leakage noted from ceiling vent and wall on window side after it had rained overnight.</p> <p>In an observation on 10/17/24 at 10:27 a.m., room [ROOM NUMBER] had men working in room. The wall was torn down on window side. Men were reinsulating pipes. Plastic barrier was up at the door.</p> <p>In an observation and interview on 10/17/24 at 10:29 a.m. the room where Residents #3 and #4 were located showed no leakage of rain from the night. Resident #3 and a FM stated there had been no leakage from ceiling even though it rained. Resident #3 stated she was happy about it.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Visual Indoor Mold Inspection Report dated 10/16/24, revealed No visible suspected Fungal Growth was identified on the Door Frames and Air Vents during the inspection. The maintenance crew had been wet wiping the ceilings and door frames using a mold and mildew disinfectant and had changed all air vents with new vents. All intake and return air vents showed no signs of any suspected fungal growth and looked clean.</p> <p>Record review of facility's Resident Rights Policy, Nursing Services Policy and Procedure Manual for Long-Term Care 2001 MED-PASS, Inc. (Revised February 2021), revealed,</p> <p>Policy Statement</p> <p>Employees shall treat all residents with kindness, respect, and dignity.</p> <p>Policy Interpretation and Implementation</p> <p>1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:</p> <p>a. a dignified existence;</p> <p>b. be treated with respect, kindness, and dignity;</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41761</p> <p>Based on observation, interview, and record review the facility failed to provide a safe, functional, sanitary, and comfortable environment for 4 of 6 halls (Hall 1-10, 11-20, 21-30, room [ROOM NUMBER], and room [ROOM NUMBER]) reviewed for environment.</p> <p>The facility did not address moisture damage and discoloration around vents, ceilings and walls.</p> <p>This failure could place residents at risk of not living in a safe, functional, sanitary, and comfortable environment.</p> <p>The findings included:</p> <p>In an interview on 10/12/24 at 04:36 p.m., LVN D stated he worked in 40's hall. LVN D stated he had not seen any leaks in the rooms however had seen it in the dining room. LVN D stated none of his residents had any acute respiratory problems.</p> <p>In an interview on 10/12/24 at 05:30 p.m., the administrator said they had the roof replaced north to south. The administrator stated they were in the process of having the whole roof replaced but were doing it in chunks. He added that the worst had been replaced. The administrator said the facility had been cleaning the black discoloration as it was identified. The administrator stated the water damage started after Hurricane [NAME] back in June or July.</p> <p>Record review on 10/13/24 at 01:30 p.m., the infection control mapping revealed there were no increases in any respiratory infections from June through September.</p> <p>Observation with DON of facility on 10/16/24 at 09:23 a.m., revealed:</p> <p>Women's restroom across from conference room:</p> <ul style="list-style-type: none"> - Vents with black discoloration. <p>Men's restroom across from conference room:</p> <ul style="list-style-type: none"> - Vents with black discoloration <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Black discoloration on bathroom vent and beside vent. - Water damage to ceiling in room. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage to ceiling in room painted over. <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Black discoloration to vent in room. - Black discoloration to restroom ceiling. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage to ceiling round area peeling from ceiling. Black discoloration seen under patch that was peeling. - Vent in room with black discoloration. - Water damage under window. - Bathroom vent with black discoloration. - Black discoloration on walls below ceiling all the way around bathroom approximately 12 - 15 down from ceiling. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage to ceiling with bubbled area above dresser. - Water damage to ceiling above A bed area. - Water damage to ceiling in corner on B bed side. - Water damage to wall on B bed side. - Black discoloration on wall by B bed. - Water damage below window. - Water damage with black discoloration to window sill and window frame. - Water damage to restroom ceiling. - Black discoloration to restroom ceiling and walls. - Black discoloration to vent in restroom. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Black discoloration to vent in restroom. - Black discoloration to wall in restroom. <p>room [ROOM NUMBER]:</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Water damage patched to ceiling in room. One spot black discoloration bleeding through. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage to ceiling patched. - Black discoloration to vent and beside vent. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage patched to ceiling in room. - Vent with black discoloration. - Black discoloration to walls. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Hole in drywall under window. - Vent in room with black discoloration. - Vent in bathroom with black discoloration. <p>North side Nurse's restroom:</p> <ul style="list-style-type: none"> - Vent with no cover and black discoloration. - Under sink with black discoloration. - Wall/ceiling with water damage painted over. <p>North side Nurse's station:</p> <ul style="list-style-type: none"> - Black discoloration on ceiling. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage to ceiling painted over. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Black discoloration on vent and around vent in room. - Black discoloration around restroom door that had been painted over and is bleeding through. - Black discoloration on walls in restroom. <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Black discoloration on vent and around vent in restroom. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage to ceiling - Black discoloration bleeding through paint in restroom. - Black discoloration on and around vent in restroom. <p>Hallway Rooms 1 - 9:</p> <ul style="list-style-type: none"> - Vent with black discoloration. - Water damage around vent. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Black discoloration on vent. - Black discoloration to light in restroom. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Black discoloration to ceiling by window with water damage. - Water damage to windowsill and window frame. - Black discoloration to vent in room. - Water damage to restroom behind toilet. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage to window with black discoloration to window frame. - Black discoloration to ceiling. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage patched to ceiling. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Patched painted water damage to ceiling. <p>room [ROOM NUMBER]:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Spanish Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 440 E Ruben Torres Blvd Brownsville, TX 78520	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Water damage to ceiling. Some areas patched and painted, some not patched. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Black discoloration on vent and around vent in room. <ul style="list-style-type: none"> - Water damage to windowsill. <ul style="list-style-type: none"> - Black discoloration to portable air conditioning vent to outside at window. <ul style="list-style-type: none"> - Water damage painted to wall in room by window. <ul style="list-style-type: none"> - Water damage painted to ceiling above window. <ul style="list-style-type: none"> - Vent with black discoloration in restroom. <ul style="list-style-type: none"> - Black discoloration on wall behind peeling floorboard in restroom. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - No one in room. Used as storage. Water damage to ceiling. Patched. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - No one in room. Room being painted. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - No one in room. Storage. Room being painted. Discoloration bleeding through paint under window. <p>Hallway outside room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Black discoloration on vent. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - No one in room. Room being painted. <ul style="list-style-type: none"> - Black discoloration on and around vent. <ul style="list-style-type: none"> - Black discoloration on walls. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - No one in room. Room being painted. Used as storage. <p>room [ROOM NUMBER]:</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - No one in room. Room being painted. - Black discoloration on and around vent. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - No one in room. Room being painted. - Black discoloration behind removed floorboards. - Water damage under window being painted. <p>Assisted Dining Room:</p> <ul style="list-style-type: none"> - Just painted. - Water damage to ceiling. Painted. - Discoloration to wall at ceiling. - Damaged area to doorsill. <p>Hallway from dining room to south side:</p> <ul style="list-style-type: none"> - Black discoloration on vent and around vent. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage painted on ceiling of room. - Black discoloration to ceiling/wall. - Vent with black discoloration and around vent. - Black discoloration around PVC venting in ceiling. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage to ceiling in room. - Black discoloration to vent and around vent in room. - Water damage to wall with black discoloration. - Black discoloration to restroom vent and ceiling. <p>room [ROOM NUMBER] (Resident in room):</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Spanish Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 440 E Ruben Torres Blvd Brownsville, TX 78520	

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Water damage to wall under window. - Black discoloration to wall behind/beside bed. - Black discoloration along wall 12 - 15 deep below ceiling. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage painted on walls by window. - Black discoloration on floorboard on window side. - Under restroom sink with black discoloration. <p>room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - Water damage to ceiling. Painted over. - Water damage to wall under window. - Black discoloration along floorboard under window. - Black discoloration on windowsill and window frame. - Vent with black discoloration. <p>Dining room:</p> <ul style="list-style-type: none"> - Tape peeling at peak. - Black discoloration beside 2 new vents in ceiling. - Water damage to ceiling in the side dining room (white ceiling). - Black discoloration to ceiling in the side dining room (white ceiling). - Water damage to window area between main dining room and assisted dining room. - Vents with black discoloration in white dining room. <p>In an observation on 10/16/24 at 02:14 p.m., men were painting the ceilings of the dining room.</p> <p>In an interview on 10/16/24 at 02:40 p.m., the administrator stated the gentleman who was doing the testing (mold) was walking around with his maintenance man right now and had not been given the report yet.</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 10/16/24 at 03:25 p.m., the DON stated they were putting orders in every resident's chart for respiratory signs and symptoms. The DON notified of Resident #2's dripping nose. The DON went to assess Resident #2 and said that was what they were looking for when they put the orders in to check for respiratory signs and symptoms.</p> <p>Observation on 10/17/24 at 10:25 a.m., room [ROOM NUMBER] no leakage noted from ceiling vent and wall on window side after it had rained overnight.</p> <p>In an observation on 10/17/24 at 10:27 a.m., room [ROOM NUMBER] had men working in room. The wall was torn down on window side. Men were reinsulating pipes. Plastic barrier was up at the door.</p> <p>Record review of Visual Indoor Mold Inspection Report dated 10/16/24, revealed No visible suspected Fungal Growth was identified on the Door Frames and Air Vents during the inspection. The maintenance crew had been wet wiping the ceilings and door frames using a mold and mildew disinfectant and had changed all air vents with new vents. All intake and return air vents showed no signs of any suspected fungal growth and looked clean.</p> <p>Record review of facility's Resident Rights Policy, Nursing Services Policy and Procedure Manual for Long-Term Care 2001 MED-PASS, Inc. (Revised February 2021), revealed,</p> <p>Policy Statement</p> <p>Employees shall treat all residents with kindness, respect, and dignity.</p> <p>Policy Interpretation and Implementation</p> <p>2. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:</p> <p>a. a dignified existence;</p> <p>b. be treated with respect, kindness, and dignity;</p>		