

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  10/24/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50969</p> <p>Based on interviews and record reviews the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but no later than 2 hours after the allegation is made to the State Survey Agency for 1 of 4 residents reviewed for abuse (Resident #1).</p> <p>The facility did not immediately report an incident involving alleged physical abuse to Resident #1 by an unknown staff member to the state agency.</p> <p>This failure placed resident at increased risk for delayed treatment and investigation for abuse and neglect.</p> <p>Findings Included:</p> <p>Record review of Resident #1's face sheet revealed a [AGE] year-old female, admitted to the facility on [DATE] with diagnoses including, but not limited to, unspecified dementia without behavioral disturbance, depression, hypertension, hypotension, chronic kidney failure and falls.</p> <p>Record review of the MDS assessment for Resident #1, dated 2/28/24 revealed no BIMS score as Resident #1 was cognitively unable to complete the brief interview for mental status. She was not coded for any behaviors. She required substantial/maximal assistance of one person for toilet use. She was frequently incontinent of bladder and occasionally incontinent of bowel.</p> <p>Record review of a progress note for social services dated 4/1/2024 revealed that a grievance was filed on Resident #1's behalf by the social worker, but record review of the grievance log does not show this grievance was documented in the log.</p> <p>Record review of the Provider Investigation Report revealed the allegation of abuse was reported to HHSC on 4/2/24, and the abuse assessment was completed on 3/31/24, and assessment revealed no injuries or bruising to hands, as well as no change in behavior. The Provider Investigation Report also revealed that the incident was reported to the facility on [DATE], but that it occurred on 3/18/24. Resident #1 was unable to recall the staff or CNA's name. Facility investigation report also revealed that Abuse, Neglect, and Exploitation in-service was conducted with all staff on 4/2/24.</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
---	-------	-----------

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  10/24/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with Resident #2 on 10/23/24 at 9:26 AM, she stated Resident #1 got mad easily whenever anyone spoke to her, and she would sometimes try to hit the staff. Resident #2 stated she had never seen her roommate Resident #1 get abused physically or verbally. Resident #2 stated the staff treated her with dignity and respect. They always knock on her door before they come in her room. Resident #2 denied having any complaints about the facility.</p> <p>In an interview with the Social Worker (SW) on 10/22/24 at 11:40 AM, she stated she did not think a grievance was done since a report was filed with the state, but it should have been so that it would be listed on the grievance log. The SW does not remember Resident #1 ever accusing anyone of abuse prior to this event or after, and the SW denied seeing any bruising or other marks to Resident #1's body.</p> <p>In an interview with the ADON on 10/22/24 at 12:15 PM, she stated Resident #1 accused a CNA, who was trying to pull up her brief, of abuse, and either Resident #1 stopped the CNA and pushed her hand away or the CNA pushed Resident #1's hand away. ADON stated she doesn't remember exactly what occurred or how, but incident was reported. The ADON stated Resident #1's roommate was present and denied seeing the incident occur. ADON denied ever having any complaints on either of the CNAs that were working on that shift. The ADON denied seeing any bruising or any redness to Resident #1's hands or arms around that time.</p> <p>In an interview with the DON on 10/22/24 at 12:35 PM, he stated he would have to look into the investigation for Resident #1 and review it again, but obviously the dates are wrong as the provider investigation and assessment should read 3/31/24 and not 4/31/24. Also, he stated that how and when they reported depended on the allegation or situation, but typically with resident abuse it is reported to the state immediately.</p> <p>In an interview with the Administrator on 10/22/24 at 12:40 PM, he stated that the dates on the facility investigation were wrong because the incident did not occur or happen on 4/31/24, and then get reported on 4/2/24, as that would be impossible. He also stated with physical abuse they typically reported immediately, and he was not sure why they didn't in this case.</p> <p>In an interview with CNA - F on 10/23/24 at 3:11 PM, stated if she remembered correctly, the CNA grabbed Resident #1's diaper to fix it, and Resident #1 reached down to help her, and the CNA playfully swatted her hand telling her don't grab that. CNA - F felt that Resident #1 took it the wrong way, and that Resident #1 had never made complaints such as that before that she was aware of. CNA - F stated if she ever witnessed abuse, she would report it to the charge nurse and Administrator.</p> <p>In an interview with CNA - J on 10/22/24 at 3:21 PM, stated she did not remember Resident #1 ever making any claims of abuse, and never noticed bruising or redness to her hands or arms. CNA - J stated that she checked Resident #1's blood pressure daily, so she always saw her arms and hands. CNA - J denied ever hearing about staff slapping or swatting any residents' hands, but if she ever witnessed abuse, she would report to charge nurse and administrator.</p> <p>Record review of facility's Abuse and Neglect Policy, revised April 2021, revealed the facility would identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property, and investigate and report any allegations within timeframes required by federal requirements.</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  10/24/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50969</p> <p>Based on interviews and record reviews, the facility failed to send a copy of the notice of transfer or discharge, and the reasons for the transfer or discharge, in writing to the resident, resident representative, or the Office of the State Long-Term Care Ombudsman at least 30 days before transfer or discharge (or as soon as practicable before transfer or discharge when the safety of the individual is endangered, the health of the individual would be endangered, the resident's health improves sufficiently to allow a more immediate transfer or discharge, an immediate transfer or discharge is required for urgent medical needs, or a resident has not resided in the facility for 30 days) for one of four residents (Resident #3) reviewed for transfer and discharge.</p> <p>The facility failed to send the notice of transfer or discharge within 30 days, or as soon as practicable, in writing to Resident #3s RP or the Ombudsman when Resident #3 was discharged home on 5/9/23 and 3/5/24.</p> <p>This failure could affect residents by placing them at risk of being discharged and not having access to available advocacy services, discharge/transfer options, and the appeal processes.</p> <p>Findings included:</p> <p>Record review of Resident #3's face sheet revealed she is an [AGE] year-old female who was originally admitted to the facility on [DATE] and readmitted on [DATE]. Diagnoses including, but were not limited to, Hyperkalemia, Hypertension, Heart Failure, Acute Kidney Failure, Diabetes Mellitus, Falls, and Dehydration.</p> <p>Record review of discharge summary for Resident #3 dated 5/9/23 revealed resident was discharged home on this date.</p> <p>Record review Resident #3's discharge notes and summaries revealed no discharge notices for discharges on 5/9/23 or for discharge noted on 3/5/24. Only discharge notice found in Resident #3's chart was a verbal discharge notification via telephone noted on the Notice of Medicare Non-Coverage (NOMNC) form dated for 5/5/23.</p> <p>Interview with the ADON 10/22/24 at 2:20 PM she stated she could not find the written discharge notice for the most recent discharge of 3/5/24, and she was going to get with medical records to see if they could print it for her.</p> <p>Interview with DON 10/22/24 at 2:30 PM he stated he had a discharge summary, but he would get with medical records to try and find the written discharge notification.</p> <p>Interview with the Admissions Coordinator 10/23/24 at 4:00 PM, she denied having anything to do with written discharge or transfer notices to residents. She stated she tried to see residents and talk to them during business hours and asks for their insurance information.</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  10/24/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Assistant Business Office Manager, 10/22/24 at 4:05 PM, he denied having or getting written discharge or transfer notices, and he thought nurses take care of that; he stated he only asks for information needed for business office such as bank information or bank statements when they are applying for Medicaid.</p> <p>Interview with the Administrator, 10/22/24 at 12:40 PM, he stated that he did not handle the written discharge or transfer notifications; he stated that would be the nursing department that would have copies of them or know how to find them.</p> <p>Interview with the Social Worker, 10/22/24 at 11:37 AM, she stated the nursing department handled discharge and transfer education and notifications, so they would be able to get a copy of a written discharge notification or know where to find it.</p> <p>Interview with DON, 10/23/24 at 4:00 PM, he stated he had spoken with medical records about looking for this specific discharge notification, but he was just going to admit he already knew they will not find it because he was sure there wasn't one.</p>		