

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  12/05/2025
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)
F 0925  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.  (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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interviews, and record reviews, the facility failed to maintain effective pest control for 1 of 1 facility in that: The facility failed to have an effective pest control effectively treat the facility for roaches. This deficient practice could place residents at risk of exposure to pests, diseases, infections, and diminished quality of life. The findings include: During an observation on 10/02/2025 at 8:20 AM, a live roach revealed on the floor behind a freezer in the kitchen. During an interview on 10/02/2025 at 8:24 Am the Dietary Manager stated they used to have a bad infestation about six months ago. She said, It's not that bad now but once in a while we'll see a few, but not that much. The Dietary Manager said they try to get rid of all the boxes when their shipments came in because the boxes attract the roaches. She said during the time of the infestation, the exterminator came in and applied fog and other chemicals in the kitchen area. She said the roaches were seen throughout the facility but mainly in the kitchen. The Dietary Manger said the food trays go through three sets of eyes to make sure there are no insects of pests. Pests can carry diseases and can bring bacteria and cause stomach viruses and are a hazard to residents. During an interview on 10/02/205 at 2:07 PM, [NAME] A said, Every so often a roach may appear, but we try to keep the kitchen clean. She said, One of my responsibilities is to maintain a clean kitchen and if I see a roach I will throw it in the trash can and clean the area with a disinfectant. The cook said roaches carried diseases and could cause bad health. During an interview on 10/02/2025 at 5:10 PM the Maintenance Supervisor said he saw dead roaches and once in a while I'll see a few live ones here and there. He said if pests were seen, the staff notified housekeeping but if they're not available they notified him, and he would call the pest control company. He said the facility had a contract for pest control services provided monthly. The Maintenance Supervisor said he provided some assistance with pest control such as using disinfecting wipes to get rid of sugar ants. He said the pest control company serviced the entire facility. During an interview on 10/02/2025 at 5:17 PM the DON said they had a commercial pest control vendor that provided monthly services and as needed. He said the facility did have a policy on pest control and a designated pest control binder containing monthly invoices of services provided to the facility. Record review of Pest Elimination Services Agreement, dated 8/2003, revealed the following, estat Pest Reporting, Sanitation &amp; Structural Inspection, Service Report. Frequency: Each Service ECO2000 Cockroach Program. Frequency: Monthly Check Point Rodent Program. Frequency: Monthly Stealth Fly Program. Frequency: Monthly Ground Force Ant Program. Frequency: Monthly Record review of Pest Control Invoice Customer Service Report, dated 9/19/2025, revealed the following services, SERVICE: Cockroach/Rodent Program, Large Fly Program, Air Quality Program. TARGET PESTS: Rats, Flies, Cockroaches. CONDITION FOUND / ACTIONS TAKEN Pest activity found during service: (Yes) Exterior Area-Birds noted during service Roof. This area was inspected and serviced. Structural concerns that could cause pest problems: (No) Sanitation issues that could cause pest problems: (No) Record Review of Pest Control Invoice dated 8/23/2025, 7/25/25, 6/27/25, 5/20/25, 4/15/25, 3/21/25, 2/28/25, 1/09/25, 1/10/25 and 1/13/25 revealed the following services, SERVICE: Cockroach/Rodent Program, Large Fly Program, Air Quality Program. Record review of policy dated: May 2008, titled: Pest Control revealed This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. And Maintenance services assist, when appropriate and necessary, in providing pest control services. Record review of policy dated: October 2008, titled: Sanitization revealed All kitchens, kitchen area and dining area shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies, and other insects.</p>		