STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455802	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spanish Meadows	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed develop and implement a comprehensive person-centered care plan for each resident, consistent with resident the resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial need that were identified in the comprehensive assessment for 2 of 3 residents (Resident #1 and Resident #2) reviewed for comprehensive person-centered care plans. The facility failed to develop a comprehensive person-centered care plan for Resident #1 and Resident #2 to address transfers. This deficient practice could place residents at risk of not being provided with the necessary care or services and not having personalized plans developed to address their specific needs. The Findings include: 1. Record review of Resident #1's face sheet, dated 05/28/2026, reflected a [AGE] year-old male who was originally admitted to the facility on [DATE]. Resident #1 had diagnoses which included: Unspecified Dementia (a medical placeholder used when a patient clearly has symptoms of dementia, but the exact underlying cause has not yet been pinpointed or confirmed), Parkinson's disease without dyskinesia (refers to the condition prior to the development of involuntary, wriggling movements), and muscle weakness. Record review of Resident #1's quarterly MDS assessment, dated 03/04/26, reflected a BIMS score of 4, which indicated Resident #1's cognition was severely impaired. Chair/bed-to-chair transfer was marked on the MDS as 03 which indicated partial/moderate assistance - helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. Record review of Resident #1's Care Plan initiated on 11/28/25 reflected focus: he was at risk for falls and required assistance by staff with transfers due to decreased physical mobility, weakness, unsteady gait, cognitive and unsteady gait, interventions: assist with transfers as needed. 2. Record review of Resident #2's face sheet, dated 05/29/2026, reflected a [AGE] year-old male who was originally admitted to the facility on [DATE]. Resident #2 had diagnoses which included: Dementia (a decline in mental abilities such as memory, thinking, and reasoning that is severe enough to interfere with daily life), Parkinson's disease without dyskinesia (refers to the condition prior to the development of involuntary, wriggling movements), and muscle weakness. Record review of Resident #2's quarterly MDS assessment, dated 04/28/26, reflected a BIMS score of 13, which indicated Resident #2's cognition was intact. Chair/bed-to-chair transfer was marked on the MDS as 03 which indicated partial/moderate assistance - helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. Record review of Resident #2's Care Plan initiated on 7/26/25 reflected focus: he was at risk for falls and required assistance by staff with transfers and ADL's interventions: assist with transfers as needed. During an interview on 05/28/26 at 11:30 a.m., CNA A stated that Resident #1 needs assistance with transfers because he was not able to transfer by himself because of the resident had Parkinson's. CNA A stated that she knew how to access the Kardex but confirmed that Resident #1's information was not available on the Kardex regarding transfers. During an interview on 5/28/26 at 12:28 p.m., LVN B stated Resident #1 needed assistance with transfers because the resident had an unsteady gait. LVN B stated that a negative outcome of (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the care plan not being accurate could place Resident#1 and Resident #2 at risk for falls or injury. LVN B stated that the assistance needed for Resident #1 and Resident #2 were not resident centered. During an interview on 05/29/26 at 11:50 p.m., the DON said Resident#1 and Resident#2's care plan had to be accurate and this way all staff could know what the resident needed. The DON said he did not think there was a negative outcome. The DON stated that he knew that the care plans had to be resident specific. Record review of the facility policy titled Care Plans, Comprehensive Person-Centered, revised date December, 2016, reflected A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.