

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/23/2026
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to incorporate the recommendations from the Preadmission Screening and Resident Review (PASRR) Level II determination and the PASRR evaluation report into a resident's assessment, care planning, and transitions of care for 1 of 4 residents (Resident #1) reviewed for PASRR. The facility failed to initiate Resident #1's Nursing Facility Specialized Services (NFSS) within 20 business days following the Interdisciplinary Team (IDT) meeting held on 04/21/2026, during which the need for a customized manual wheelchair was identified and agreed upon by the IDT. This failure could cause residents with mental health disorders and psychiatric conditions to have a delay in services or not receive specialized services or equipment that may be needed. Record review of Resident #1's face sheet, dated 07/23/2026, revealed a [AGE] year-old male originally admitted [DATE], and most recent admission date of 05/18/2024. His diagnoses included muscle wasting and atrophy (gradual wasting away or shrinkage of an organ, tissue or muscle), muscle weakness, unsteady on feet, lack of coordination, reduced mobility, and unspecified intellectual disabilities (an impairment with intellectual and adaptive functioning which may affect intelligence, learning, and everyday life skills). Record review of Resident #1's Quarterly MDS assessment, dated 07/02/2026, revealed a BIMS score of 02, indicating severely impaired cognition. The MDS assessment also revealed Resident #1 had impairment to lower extremities on both sides and utilized a wheelchair, as well as Resident #1 required partial/moderate assistance with lower body dressing, putting on/taking off footwear, personal hygiene, toileting hygiene and shower/bathing self. Record review of Resident #1's care plan dated 07/17/2026 revealed resident was identified as having PASRR positive status related to intellectual disabilities with a goal of maintaining highest level of practicable wellbeing. Interventions included provide service coordination with local authorities and RP to the quarterly care plan meetings to discuss resident's function and report any need to evaluate for habilitative services and/or durable medical equipment to maintain the resident's current level of function. Record review of Resident #1's PASRR NFSS form, revealed a request for a customized manual wheelchair. Date of Assessment 06/25/2026. Record review of Resident #1's intake investigation worksheet complaint intake # 1103594 received 07/09/2026 revealed an email an email correspondence in which it was stated, .These NFs were informed that as per 26 TAC Chapter 554, Subchapter BB S554.2704 (i)(7)they have failed to submit a complete and accurate request for nursing facility specialized services (NFSS) in the LTC Online Portal within 20 business days after the date of the Interdisciplinary Team meeting. The resident has not received a Medicaid service because of the following: The NF was notified and instructed to submit a NFSS Request by a specific deadline but failed to do so. The NFSS Request submittal by the NF was denied and there was not a follow up submittal to ensure the request was approved to provide (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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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	specialized services for PASRR for the resident. In an interview on 07/23/2026 at 9:38 a.m. DOR stated that he and the DON were responsible for submitting the NFSS requests through the LTC Online Portal. He stated that he does the therapy portion and the DON would review it to ensure the information was accurate before submission. The DOR stated that the process for initiating an NFSS request began with the facility conducting an IDT meeting. He stated that an order would be filed and therapy would go and evaluate the resident. He stated once the evaluation was completed, then we submit the NFSS and request the physician's signature. The DOR stated that he did not know when Resident #1's IDT meeting had been held and directed the surveyor to ask the DON for that information. He stated that he was aware that the facility had 20 business days to submit the NFSS request through the online portal. He stated that there had been a glitch in the system, which was the reason the request had not gone through. He then stated, actually, it went through just now. The DOR stated that he was initially under the impression that it had been submitted but he rechecked it on Tuesday, 07/21/2026, and realized it did not go through. He stated that he checks on the NFSS requests status every other day. He stated that Resident #1 has not received the customized wheelchair, but he was using a regular wheelchair at this time. The DOR stated that it was important to submit the NFSS on time because the residents do not get the services needed. In an interview on 07/23/2026 at 10:18 a.m. the DON stated that the DOR was responsible for submitting the NFSS if it was customized equipment or habilitative service. Therapy would need to evaluate the resident first then submit the NFSS. He stated the IDT meeting for Resident #1 was conducted on 04/21/2026 and a customized manual wheelchair was recommended. He stated that he opens the NFSS form for the assessments to be done. The DON stated that Resident #1's NFSS form was first opened on 04/21/2026. He stated that he was aware that the facility had 20 business days to submit the NFSS online which was equivalent to 30 calendar days. He stated that he was aware that Resident #1's NFSS timeframe had passed. The DON stated that the DOR was having difficulties submitting. He stated that there was a section on the NFSS form that was incomplete and that was why it was not submitted. Then the DOR told him that there was a glitch in the system and that was why it was not going through. He stated that it was important for the NFSS to be submitted within time, so the recommended device or service was received as soon as possible. The DON stated that the negative outcome would be that Resident #1 would not get the customized manual wheelchair on time but that he does have a functional wheelchair to move around at this time. Record review of the facility's admission Criteria policy dated March 2019 reflected: Policy Statement: Our facility admits only residents whose medical and nursing care needs can be met. Policy Interpretation and Implementation: .9. All new admission and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per Medicaid Pre-admission Screening and Resident Review program (PASARR) process.c. Upon completion of the Level II evaluation, the state PASARR representative determines if the individual has a physical or mental condition, what specialized or rehabilitative services he or she needs, and whether placement in the facility is appropriate. e. The interdisciplinary team determines whether the facility is capable of meeting the needs and services of the potential resident that are outlined in the evaluation.		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to review and revise a comprehensive care plan after each assessment, including both the comprehensive and quarterly review assessments for 1 of 3 (Resident #2) residents reviewed for care plan revisions. The facility failed to revise Resident #2's care plan to discontinue the use of floor mats to the bilateral side of the bed. This deficient practice could affect Resident #2, by placing him at risk of not receiving appropriate interventions to meet his specific needs. Record review of Resident #2's face sheet dated 7/23/2026, indicated an [AGE] year-old male who was admitted to the facility on [DATE]. His relevant diagnoses included Unspecified Dementia (decline in memory and thinking skills), Muscle Weakness (generalized), other abnormalities of gait and mobility, and other lack of coordination. Record review of Resident #2's quarterly MDS assessment dated [DATE] indicated Resident #2 usually understood and was usually understood by others. The MDS assessment indicated Resident #2 had a BIMS score of 9, indicating he was moderately cognitively impaired. The MDS indicated that he required assistance with ADLs. Record review of Resident #2's Care Plan dated 7/23/2026 reflected focus: I had a fall on 7/6/2026 with open area to left temporal area related to poor balance. While laying in bed I attempted to roll onto my side when I rolled off the edge of the bed onto floor hitting myself with unknown object. Resident #2's Care Plan Intervention stated floor mats to bilateral side of the bed. Record review of Resident #2's Order Summary report dated 7/23/2026, stated: Floor mats to sides of bed at all times due to poor safety awareness was discontinued on 7/7/2026. Record review of Resident #2's Progress Notes dated 7/23/2026 stated: 7/8/2026 Patient Voicing that he dislikes floor mats, that is harder to get out of bed, this nurse educated patient regarding the need of floor mats and the need to use of call light whenever he needs assistant, patient states understanding. During an observation on 7/23/26 at 7:42 a.m., no floor mats were observed on either side of Resident #2's bed. During interview on 7/23/26 at 7:43 a.m., Resident #2 stated that he had fallen from his bed in the past. He stated that he does not remember if he ever had floor mats. During interview with CNA A on 7/23/26 at 11:19 a.m., CNA A stated she would check Resident #2's care plan on the computer. CNA A stated that some residents use mats that were placed next to their beds. CNA A stated that the mats were used to prevent major injury if a resident were to fall. CNA A stated that if Resident #2's care plan was not updated, he will not receive the proper individualized care he needs. During interview with LVN A on 7/23/2026 at 11:38 a.m., she stated Resident #2 previously had a mat, but it was removed because the order for the mat was discontinued. LVN A stated that the order to remove the mat was given on 7/7/26 because Resident #2 wanted the mats removed. LVN A stated that resident Care Plans were updated by MDS staff. LVN A stated that a negative consequence of not having updated Resident #2's individualized care plan would be that the staff may not be informed on how to properly care for him. During an interview with CPC A on 7/23/2026 at 1:25p.m., CPC A stated she updates resident care plans when new physician orders were provided. Care Plan Coordinator A stated she was not aware she had to update Resident #2's Care Plan immediately. CPC A stated she does her updates when she does her quarterly reviews. CPC A stated it was important that the care plan be revised whenever orders change so that the staff know the status of the residents' daily needs. CPC A stated a negative consequence of not updating the care plan when an order was changed was that Resident #2 would not receive the individualized care he needs. During an interview on 7/23/2026 at 2:30 p.m., the DON said Resident #2's care plan had to be accurate and this way all staff could know (continued on next page)		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	what the resident needed. The DON stated it was important to have an up-to-date care plan to ensure they provide the individualized care each resident requires. The DON stated that he knew that the care plans had to be resident specific. DON stated a negative consequence of not updating a care plan promptly was the physician's order and care plan would differ; this could result in a Resident #2 not receiving proper care. Record review of the facility policy titled Care Plans, Comprehensive Person-Centered, revised date December 2016, reflected Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change.		