

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: 455838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2026
NAME OF PROVIDER OR SUPPLIER Robstown Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 603 E Ave J Robstown, TX 78380	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure that all alleged violations involving the reasonable suspicion of a crime were reported immediately to a law enforcement entity for its political subdivision, within two hours if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures for 1 (Resident #1) of 5 residents reviewed for abuse/neglect. The facility failed to report to the local law enforcement within the allotted time frame of 24 hours on 07/03/2026 around 11:30AM, when a family member of Resident #1 reported an allegation of neglect of care. This failure could place all residents at increased risk for potential neglect due to unreported allegations of neglect. The findings included: Record review of Resident #1's admission record dated 07/11/2026 revealed Resident #1 was a [AGE] year-old female who was admitted on [DATE]. Resident #1 was admitted to the facility with multiple diagnoses including Alzheimer's disease, need for assistance with personal care, and unspecified dementia. Record review of Resident #1's Quarterly MDS dated [DATE] revealed Resident #1 had a BIMS score of 1-indicating severe cognitive impairment and was dependent on staff for ADLs. Record review of Resident #1's care plan date initiated 08/10/2021 and target date: 09/18/2026 revealed [Resident #1] is dependent on staff for meeting emotional, intellectual, physical, and social needs r/t Cognitive deficits [Resident #1] will attend/participate in activities of choice 1-3 times weekly by next review date. Invite [Resident #1] to scheduled activities. [Resident #1] needs assistance/escort to activity functions. Provide with activities calendar. Notify resident of any changes to the calendar of activities. Record review of the facility's grievance report date received 07/03/2026 revealed [family member] filled out a complaint grievance which reflected nature of complaint neglect of residence care that was found to include lack of incontinent care and dietary set up tray assistance for Resident #1. Record review of the facility's provider investigation report date of notified incident 07/03/2026 revealed, the grievance regarding Resident #1's neglect of resident care was determined to be unconfirmed. During an interview on 07/11/2026 at 1:32pm the [family member] stated her grievance complaint was that the facility did not provide Resident #1 with adequate incontinent care, was left in urine-soaked briefs, as well as had a concern with a lack of dietary tray set up assistance for Resident #1. The [family member] stated to their recollection the grievance form was filled out at home, date unknown, but was returned to the facility on [DATE]. The [family member] stated she handed the completed grievance form to a clinical staff member, name unknown, and left the facility without speaking to any managerial clinical (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	staff. The [family member] stated she would visit Resident #1 at the facility daily, roughly between breakfast/lunch time, which she did observe dietary trays opened, and situated in front of Resident #1. The [family member] stated she did not stay at the facility all day and could speak to the actions of the clinical staff members when she was not present. The [family member] stated the isolated concern was when she visited Resident #1 on 07/01/2026, during the evening dinner which was roughly 5:30pm, and when she entered Resident #1's room she found Resident #1's dinner tray in front of Resident #1, but the tray had not been opened for Resident #1, to which she exited Resident #1's room, spoke to a clinical staff member about her isolated concern, then returned to Resident #1's room to assist Resident #1 open her food tray to eat. The [family member] had no further verbalized concerns. The [family member] stated during the incident on 07/01/2026 while she voiced the concerns to the charge nurse, she refused to hear the clinical staff explanations and refused the clinical staff entry into Resident #1's room while she was visiting Resident #1. During an interview on 07/11/2026 at 3:22pm the Administrator stated when she was notified of an allegation of neglect on 07/03/2026, she followed the facility's policy and procedure regarding neglect. The Administrator stated she was notified of the allegation of neglect via grievance form, and while she reviewed the grievance form date received 07/03/2026, the details of the complaint/allegation of neglect, was that Resident #1 was left in urine-soaked briefs and was not provided adequate dietary tray set up assistance. The Administrator stated she attempted to speak to the [family member] on 07/03/2026 at least three times via phone calls but was unsuccessful. The Administrator stated she notified the state agency and the MD of the allegation of neglect, however forgot to notify the local law enforcement. The Administrator stated on 07/03/2026 she followed her own mental checklist but reiterated she did not notify the local law enforcement as it slipped her mind. The Administrator stated there was never any evidence that substantiated the allegation of neglect. The Administrator stated through her investigation, the clinical staff members provided adequate incontinent care, and dietary tray set up assistance. The Administrator stated Resident #1 had a head-to-toe assessment completed on 07/03/2026 which revealed no evidence of any skin irregularities or discoloration, nor did Resident #1 verbalize any fearfulness of living at the facility. The Administrator stated the well-being of Resident # 1 was never compromised nor were there any negative effects due to the administrator not notifying the local law enforcement. The Administrator stated that going forward, she will be more diligent to ensure she notifies the local law enforcement and state survey agency of all allegations of abuse and neglect not only as mandated by the facility's policy and procedure but also state regulations. Record review of the facility's Abuse, Neglect and Exploitation policy date implemented 07/11/2025 revealed VII. Reporting/ResponseA. The facility will have written procedures that include:1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes:a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, orb. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.		