STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455838	A. Building B. Wing	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Robstown Nursing and Rehabilitation Center	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews and record review, the facility failed to store food in accordance with professional standards for food service safety for 1 of 3-unit refrigerators (1 of 3 resident refrigerator) reviewed for storage, preparation and sanitation. -The facility failed to ensure food items in the resident's refrigerator were sealed properly. -The facility failed to ensure food items in the resident's refrigerator were not expired. -These failures could place residents at risk of complications from food contamination Findings included: Observations during the initial tour of the kitchen on 01/07/26 at 9:30 am revealed one bag with a half a head of cabbage spoiled and had black mold and did not have use by date. In an interview with DA B on 01/07/26 at 9:47 a.m. said all kitchen staff were responsible for cleaning the refrigerator and made sure that all food was labeled, had not expired, and had a use by date. DA #B stated the fridge was cleaned and all expired food was thrown out daily. DA B could not explain why the cabbage did not have a date of when the cabbage was placed in the refrigerator. DA B stated she did not know the cheese container was not sealed properly, or she would have sealed it immediately. In an interview with [NAME] C at 10:01 a.m. he stated he could not recall when the cabbage was placed in the refrigerator but knew that all items put in the refrigerator were to have a use by date. [NAME] C stated the staff throw away all expired food daily and clean the refrigerator weekly. [NAME] C stated in the last week he did not have a need for the cabbage for cooking, so he had not seen the bag with the cabbage as it pushed to the back of the refrigerator where it was stored. [NAME] C said he was not aware of the cheese container not being sealed completely but knows that all food in a container must be sealed completely so the food not exposed to the air which can contaminate the food in the container. In an interview with the DM on 01/07/26 at 9:43 a.m. stated she and the staff clean out the refrigerator daily and the cabbage in the bag was not stored correctly if should have been placed in a container with a date in which it was put in the refrigerator. The DM said the cabbage had not been used for cooking recently, and that could be why the cabbage was not noticed with no use by date and had spoiled. The DM stated she did not know why they did not have a date on the bag with the cabbage or when the cabbage was put in the refrigerator as all other items had a date. The DM stated the cheese gets used quite often so could not say who did not seal the container correctly. The DM stated she will do a retraining on dating items and making sure they are all covered with containers sealed correctly and throwing out all expired foods for all forms of storage. Record review of the facility's policy dated 07/2014, titled, Food Receiving and Storing revealed Food Services, or other designated staff, will maintain clean food storage areas at all times. All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date). FDA Food Code 2022 Ch. 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. to (E) and (F) of this section, refrigerated, Ready-to eat, Time/Temperature Control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review the facility failed to store all drugs and biologicals in locked compartments on 1 of 3 medication carts reviewed for storage of drugs. The facility failed to ensure LVN D's medication cart located by the nurse station was locked when not in use. This failure could affect residents who have medications on the nurse's medication cart and could result in lost medications, drug diversion, or harm due to accidental ingestion of unprescribed medications. Findings included: During an observation on 01/05/26 at 6:06 PM, a medication cart by the nurse station appeared to be unlocked. This surveyor opened the top drawer, recognizing the medication cart being unlocked while not in use. Multiple medications in bulk bottles and blister packs were easily assessable for removal. LVN D was sitting behind the nurse's station and identified herself as being responsible for the unlocked medication cart.In an interview on 01/05/26 at 6:08 PM, LVN D stated that she went to the computer at the nurse's station and just forgot to lock the medication cart. LVN D stated the medication cart should be locked at all times to prevent residents, or any other people from gaining access to the medications inside the cart. LVN D stated if an unauthorized person got a hold of medications, that person could possibly ingest a medication they should not have and could become ill. In an interview on 01/06/26 at 9:33 AM, the ADON stated the medication cart should have been locked to prevent anyone from getting into the cart. The ADON stated by the medication cart being unlocked, medications could go missing. The ADON stated the medication carts, and all carts should be locked when not in use to prevent unauthorized people from having access to the medications inside. In an interview on 01/06/2026 at 9:38 AM, the DON stated all carts should be locked when not in use. The DON stated anybody could get into the cart and steal medications, giving them access to medications they should not have. The DON stated an in-service was conducted on 01/05/25 with staff on medication storage and ensuring medication carts are locked. Record review of the facility's Medication Administration policy dated 10/01/19 reflected: Policy Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the medication management system in the facility. The facility has sufficient staff and medication distribution system to ensure safe administration of medications without unnecessary interruptions. P. During administration of medication cart is kept closed and locked when out of sight of the medication nurse aide

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to establish and maintain an infection prevention and control program, designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, for one of five Residents (Resident #6) that were reviewed for infection control and transmission-based precautions policies and practices.The facility failed to ensure LVN A performed hand hygiene after removing gloves after pat drying Resident #6's wound. This failure could place residents at risk of infection through cross contamination of pathogens and infectious diseases. Findings include: Record review of Resident #6's face sheet dated 01/05/25 reflected a [AGE] year-old male with an original admission date of 11/21/25. Diagnoses included urinary tract infection and unstageable (full-thickness skin and muscle loss, with slough or eschar obstructing the wound bed) pressure ulcer (localized damage to the skin and underlying soft tissue, usually occurs over a bony prominence caused by prolong pressure) to the sacrum (a triangular bone in the lower back formed from fused vertebrae and situated between the two hip bones of the pelvis). Record review of Resident #6's physician orders dated 01/05/26 reflected: Cleanse stage 3 pressure ulcer to sacrum with NS, pat dry, apply sure prep to peri (around) wound, apply hydrogel (soft water based dressing that helps wounds heal) to wound bed, cover with dry gauze, secure with foam dressing every day and prn until resolved, one time a day for stage 3 pressure ulcer and as needed for soiled or dislodged dressing. Record review of Resident #6's admission MDS dated [DATE] reflected a BIMS of 13 (cognition intact) and had an unstageable deep tissue skin injury. During an observation on 01/05/2026 at 9:15 AM, LVN A was performing wound care on Resident #6. After LVN A pat dried the wound, she removed her gloves and put on new gloves without performing hand hygiene. In an interview on 01/05/2026 at `10:24 AM, LVN A stated it was important to perform hand hygiene after glove removal to prevent cross-contamination and help stop the spread of infection. LVN A stated if Resident #6's wound came in contact with bacteria, the wound could get infected, and Resident #6 could possibly decline. In an interview on 01/06/26 at 9:31am the ADON stated, staff should wash hands between glove changes to prevent cross-contamination. The ADON stated Resident #6's wound could become infected if it came in contact with any bacteria. In an interview on 01/06/26 at 9:37 AM, the DON stated it was important to wash hands between glove changes to prevent any spread of infection. The DON stated Resident #6's wound could potentially come in contact with bacteria and become infected. Record review of the facilities Hand Hygiene policy dated 10/24/22 reflected: Policy: All staff will perform hand hygiene procedures to prevent the spread of infections to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on observations, interview, and record reviews the facility failed to provide the required 80 square feet per resident in 48 of 48 resident rooms (101, 102, 103, 104, 105, 106, 107, 108, 109, 202, 203, 204, 205, 206, 207, 208, 209, 210, 301, 302, 304, 305, 306, 307, 401, 402, 403, 404, 405, 406, 407, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 600, 601, 602, 604, 606, 608, and 609.) All 48 rooms did not account for 80 square feet per resident.This failure could restrict the amount of resident care equipment and resident's personal effects that could be accommodated in these resident rooms and limit the residents' ability to move about the room. On 01/06/26 at 10:00 am, this surveyor utilized an agency laser measuring device and obtained measurements of a sample of 6 resident rooms (101, 206, 302, 406, 506, and 609). The rooms ranged in size from approximately 152 square feet to approximately 155 square feet.In an interview on 01/06/26 at 10:30 am, the administrator stated there had been no changes to any of the resident rooms and there was an existing room size waiver from a prior survey.On 01/06/26 at 10:30 am, the administrator provided a letter on 01/06/26 requesting a room size waiver for rooms 101, 102, 103, 104, 105, 106, 107, 108, 109, 202, 203, 204, 205, 206, 207, 208, 209, 210, 301, 302, 304, 305, 306, 307, 401, 402, 403, 404, 405, 406, 407, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 600, 601, 602, 604, 606, 608, and 609.Record review of Health and Human Services Form 3740 Bed Classifications, dated 01/06/26, reflected 48 rooms that accommodated 2 residents per room.Record review of the resident roster on 01/06/26 reflected a census of 56 residents with 33 of 48 resident rooms in use.