

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2026
NAME OF PROVIDER OR SUPPLIER  Colonial Manor Advanced Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 W Minnesota Rd Pharr, TX 78577	

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)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure that residents who needed respiratory care were provided such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences for 1 (Resident #1) of 3 residents reviewed for respiratory care. The facility failed to ensure Resident #1's oxygen was administered at the prescribed setting of 3 liters per minute on 3/19/2026 as ordered by the physician. This deficient practice could place residents at risk of developing respiratory complications and a decreased quality of care. Findings included: Record review of Resident #1's admission record, dated 3/19/26, indicated a [AGE] year-old female with an admission date of 3/12/2026. Resident #1's diagnoses included chronic pulmonary edema (a long-term condition where fluid slowly builds up in the lung's air sacs, making it hard to breathe), acute respiratory failure with hypoxia (a condition defined by the respiratory system's failure to maintain adequate blood oxygen levels), and pleural effusion (an abnormal buildup of excess fluid between the thin membranes [pleura] that surround the lungs and line the chest cavity). Record review of Resident #1's Quarterly MDS assessment, dated 3/16/2026, indicated Resident #1's BIMS score was 11, indicating moderate cognitive impairment. Further review indicated Section O, -Special Treatments, Procedures, and Programs, respiratory treatments indicated oxygen therapy was marked as a treatment performed on admission and while a resident. Record review of Resident #1's active physician orders, as of 3/17/2026, indicated continuous oxygen three liters per N/C every shift. Order Date: 3/17/2026. Record review of Resident #1's care plan, dated 02/23/2026, indicated Focus: Behavioral Problem: Resident #1 has a behavior problem as evidenced by: . removes O2 nasal cannula, chewing on O2 tubing. Interventions: Administer medications as ordered. During an observation of Resident #1 on 3/19/2026 at 10:56 a.m., the setting on the oxygen concentrator was at 2.5 liters per minute via nasal cannula. The oxygen setting was checked by LVN A who was observed adjusting the setting to three Liters as physician ordered. During this observation, Resident #1 was lying in her bed with no signs of respiratory distress noted. Resident #1 was confused and unable to answer questions about the oxygen setting. During an interview on 3/19/2026 at 10:45 a.m., LVN A, said she checked Resident #1's oxygen setting during morning rounds and it was at three liters. She said oxygen saturation level was 98% at 9:30 a.m. LVN A said the order was for three liters. She said a negative outcome was SOB and respiratory distress. She said the last training on oxygen therapy was received this month (March). During an interview on 3/19/2026 at 11: 37 a.m., ADON B, she said she made rounds every morning to check oxygen settings for the residents. ADON B said managers made Quality of Life rounds every morning, to address problems, such as oxygen settings. She said a negative outcome to not administering the oxygen as prescribed setting was a lowered oxygen saturation (blood is not carrying enough oxygen to the tissues) for a resident. ADON B said oxygen therapy in-service was done last month (February). During an interview on 3/19/2026 at 12:15 p.m., ADON C, said she rounded every morning which included checking oxygen settings. She said Resident #1's oxygen setting earlier in the morning was set at three liters. ADON C said she performed rounds three times a day. She said the negative outcomes of not having the oxygen setting as prescribed were respiratory distress and SOB. She said the last (continued on next page)</p>

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>in-service on oxygen therapy was two weeks ago. Record review of the facility's policy titled, Medication-Treatment Administration and Documentation Guidelines, dated 4/6/2023, indicated .4. Administer the medication according to the physician order.</p>		