STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675044	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Manor Advanced Rehab & Healthcare	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)
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 observations, interviews, and record review, the facility failed to ensure drugs and biologicals used in the facility were stored in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys for 1 of 2 medication carts (400 hallway cart) reviewed for medication storage. The facility failed to ensure a medication named Normal Saline flush was not sitting on top the unattended 400 hall medication cart on 3/12/26 at 3:45 p.m. This failure could place all residents at risk of misuse of medication and decreased quality of life. Findings included: During an observation on 05/12/2026 at 3:45 p.m., revealed on top of the unattended 400 hall medication cart, there was a saline flush. During an interview on 05/12/2026 at 3:50 p.m., with LVN A she said normal saline flush should have been inside the medication cart and locked. She said a resident could take the normal saline, other residents or visitors. She said residents could have an allergic reaction or the normal saline flush could get contaminated. During an interview 05/14/2026 at 4:45 pm with DON she said no medication or saline flush should have been left on top of the medication cart. She said another resident could go and take the medication. She said any resident or visitor could get an adverse reaction. Record Review of facility policy titled Medication Storage with an implemented date 1/21/2021, revealed: it is the policy of this facility to ensure all medications housed on our premises will be stored, dated and labeled according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.

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 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, interview, and record review, the facility failed to 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 1 of 3 residents (Resident #1) reviewed for infection control. 1. The facility failed to ensure CNA B and CNA C used the required personal protective equipment for Resident #1, who was on enhanced barrier precautions due to feeding tube during incontinent care on 05/13/26. 2. The facility failed to ensure CNA B performed hand hygiene while providing incontinent care to Resident #1 on 05/13/26 and failed to ensure CNA B and CNA C performed hand hygiene for at least 20 seconds. These failures could place the residents at risk of cross-contamination and development of infection.Findings included: Record review of Resident #1's face sheet dated 05/13/26 reflected a [AGE] year-old female with and admission date 08/16/19. Diagnoses included dysphagia (difficulty swallowing) and cerebral infraction (more commonly known as an ischemic stroke, a brain tissue death caused by a prolonged lack of blood flow). Review of Resident #1's Care Plan dated 08/26/19 revealed: Revised on 04/03/24 Focus: The resident required Enhanced barrier precautions due to g-tube. Goal: The resident will remain free from active infection with MDROs through the review date. Interventions included: Wear gown and gloves during high-contact resident care activities. Review of Resident #1's quarterly MDS Assessment, dated 04/12/26 revealed her BIMS score was 00 meaning she was severely cognitive impaired. Further review revealed she had a feeding tube while a resident. Record review of Resident #1's 05/13/2026 Order summary report reflected, Enteral Feed Order every night shift g-tube site care with mild soap and water. May leave open to air. Apply dressing only if drainage is present and change daily. Observe site for redness, drainage, induration or purulent discharge and notify physician if present An observation on 05/13/26 at 03:30 p.m. of incontinent care revealed CNA B and CNA C performed hand hygiene for 15 seconds and did not have personal protective equipment on. During an interview with CNA B on 05/13/26 at 03:45 p.m. CNA B stated any resident with a tube was required to be on enhanced barrier precautions. She stated she should have worn a gown and just overlooked it when she entered the room. She stated the risk of not following Enhanced Barrier Precautions was the spread of infection. CNA B said she was aware handwashing was for at least 20 seconds for the lathering and she said the negative outcome could be the spread of contamination. During an interview with CNA C on 05/13/26 at 03:50 p.m. CNA C stated any resident with a tube was required to be on enhanced barrier precautions. She stated she should have worn a gown and just forgot it when she entered the room. She stated the risk of not following Enhanced Barrier Precautions was the spread of infection. CNA B said that she was aware handwashing was for at least 20 seconds for the lathering. During an interview on 05/14/25 at 04:45 p.m. the DON stated any resident who had a feeding tube was placed on Enhanced Barrier precautions to help reduce the spread of Multiple Drug-Resistant Organism's. She stated any contact with a resident with a wound required the use of gown and gloves. She stated the staff had received numerous trainings on the use of Enhanced Barrier Precautions. She stated staff were always required to perform hand hygiene before care and after care. She stated they do train on infection control during their skills checks and anytime they had any issues with infections in the building. She stated the risk of not adhering to the protocol was increased risk of infections. Record review of the Facility's policy titled, Infection Prevention and Control Program, with implemented date 10/24/22, reflected, This facility has established and maintains 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 as per accepted national standards guidelines. Record review of the facility's policy titled, Hand Hygiene with implemented date 2/20/2020, reflected, Hand Hygiene technique when using soap and water:a. Wet hands with water. Avoid using hot water to prevent drying of (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	skin.b. Apply to hands the amount of soap recommended by the manufacturer.c. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingersd. Rinse with water.e. Dry thoroughly with a single-use towel.f. Use clean towel to turn off the faucet.