

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/25/2026
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)		
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 observations, interviews, and record reviews, the facility failed to ensure that the comprehensive care plans were reviewed and revised by the interdisciplinary team after each assessment, for 3 residents (Resident #106, #92, and #12) of 8 residents whose care plans were reviewed for timing and revision. 1. Resident #106's care plan did not indicate isolation precautions for known contagious diseases. 2. Resident #92's care plan did not indicate isolation precautions for known contagious diseases until 06/24/26. 3. Resident #12's care plan did not indicate isolation precautions for known contagious diseases. These failures could affect residents in the facility by placing them at risk of not being provided with necessary care or services and not having personalized plans developed to address their specific needs. The findings were: 1. Record review of Resident #106's face sheet indicated an [AGE] year-old female with an admission date on 03/11/26 and an original admission date on 10/28/19. Diagnoses included malnutrition, Diabetes, dementia, depression, lung disease, Parkinson's, Alzheimer's, MRSA (Methicillin Resistant Staphylococcus Aureus, a contagious super bug bacteria resistant to most common antibiotics and much harder to treat), ESBL (Extended Spectrum Beta Lactamase resistance, certain types of bacteria that have become highly resistant to many common antibiotics. They spread through direct contact with unwashed hands or by touching contaminated surfaces), and feeding tube placement dated 03/11/26. Record review of Resident #106's MDS assessment dated [DATE] revealed a BIMS score of 00, indicating severe cognitive impairment. She was dependent on staff for all ADL's. She was incontinent of bladder and bowel. She did not have a urinary catheter. She required a feeding tube. Record review of Resident #106's physician orders dated 06/16/26 and 06/23/26 revealed the same order: Resident #106 required transmission-based precautions of contact isolation due to ESBL in the urine. Resident #106 was in a private room by herself because of an active infection, and all meals, activities, rehab, and other services were being done in the room. Verbal Active 06/23/26. Verbal Active 06/16/2026. Nitrofurantoin Macro crystal Capsule 100 MG Give 1 capsule by mouth every 12 hours for UTI (ESBL) for 10 Days. Active 6/17/2026. Erythromycin Ophthalmic Ointment 5 MG/GM Instill 1 application in both eyes four times a day for conjunctivitis (a very contagious eye infection spread through direct or indirect contact) for 7 Days. Clean eyes with warm water prior to each ointment application 06/05/26. Record review of Resident #106's care plan dated 04/20/26 reflected it was not updated to include contact isolation precautions or EBP for contagious infections and a feeding tube until 06/24/26. Record review of Resident #106's progress note dated 05/26/26 reflected .is incontinent of bladder. Pads/briefs are used. Acute E. coli UTI (05/15/2026). Progress note dated 05/26/26 .is incontinent of bladder. Pads/briefs are used. Progress note change of condition dated 6/3/26 at 6:25 am revealed Resident #106 had the following change in condition: redness to both eyes 6/7/26 at 2:58 pm: Resident #106 continues with erythromycin ophthalmic ointment 5 mg/gm QID x 7 days dx: conjunctivitis. No notes indicated Resident #106 was on isolation precautions until 6/17/26 at 2:32 pm: The resident has an active infection. The resident has a UTI infection. The resident has other symptoms as follows: The resident is receiving medication for the infection. No side effects were (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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	noted. Isolation precautions are in place. The resident is on contact precautions. The resident resides in a private room. Record review of Resident #106's reported lab results dated 06/15/26 at 11:36 am revealed E. SCHERICHIA COLI (ESBL) EXTENDED-SPECTRUM BETA-LACTAMASE-PRODUCING THIS ORGANISM IS UNIFORMLY RESISTANT TO ALL PENICILLINS, CEPHALOSPORINS, AND AZTREONAM. Observation and interview with Resident #106's Care Giver on 06/23/26 at 9:51 am revealed she was observed to have no PPE on while touching Resident #106 and standing so close to her bed that her clothing was rubbing against the side rails and bed covers. She said the resident did not go out of her room because of the isolation. She said the therapy people came to the room for Resident #106's exercises. She said they put gowns and gloves on. She said no one told her what the infection meant, and she only knew Resident #106 had an infection in her urine. She said Resident #106 did not have a urinary catheter. She said no one trained her on PPE. She said she did not know how to put it on or if there was a sequence to take it off. She said she did not think about why the therapy people put on gloves and a gown, but maybe she should, too. 2. Record review of Resident #92's face sheet indicated a [AGE] year-old female with an admission and original admission date on 04/07/26. Diagnoses included Alzheimer's, malnutrition, anxiety, dementia, high blood pressure, abdominal distention, and depression. Record review of Resident #92's quarterly MDS assessment dated [DATE] revealed a BIMS score of 14, indicating no cognitive impairment. She was dependent on staff for toileting, bathing, lower-body dressing, and footwear. She required maximal assistance with oral hygiene, upper body dressing, personal hygiene, positioning in bed, and transfers. She was always incontinent of bladder and bowel. Record review of Resident #92's physician orders dated 06/20/26; reflected C. Diff precautions (Clostridium Difficile is a severe bacterial infection of the intestine that causes extreme watery diarrhea, stomach pain, and inflammation). Active 06/20/26. Resident requires transmission-based precautions of contact isolation due to ESBL in the urine. Resident is in a private room by himself/herself because of active infection, and all meals, activities, rehab, and other services being done in the room every shift for UTI ESBL for 10 Days Active 06/24/26. Record review of Resident #92's care plan dated 04/07/26 revealed a focus of Resident #92 has ESBL in the urine. Date Initiated: 06/24/26. Interventions included: Contact Precautions per MD orders. Date Initiated: 06/24/26. Resident/family/caregiver teaching should include good hygiene practices: Females to wipe and cleanse from front to back, clean peri area well after bowel movement in order to help prevent bacteria in urinary tract, cranberry juice or prune juice to help keep urine acidic, Void at first urge. Do not hold urine for an extended period of time. Wear clean underwear daily. Take the full course of antibiotic therapy even if much improved after a few days of therapy. Date Initiated: 06/24/26. Record review of Resident #92's progress note dated 06/21/26 revealed: Acute Diarrhea. Multiple episodes reported by nursing. Blood work, C. difficile testing, and stool culture ordered. Initiate contact precautions pending diagnostic results. Monitor stool frequency, consistency, and signs of infection. 06/20/26: change in condition: Resident #92 was having multiple episodes of diarrhea, new order for blood work, C. Diff stool culture, and contact precautions. Observation of Resident #92's room on 06/23/26 at 10:54 am revealed no signage for C-Diff isolation precautions. There was no signage for contact precautions on Resident #92's door nor in the room. She had a feeding tube. 3. Record review of Resident #12's face sheet indicated an [AGE] year-old female with an admission date on 11/29/25 and an original admission date on 07/02/21. Diagnoses included dementia, depression, (ESBL) resistance 03/23/26, malnutrition, and kidney disease. Record review of Resident #12's quarterly MDS assessment dated [DATE] revealed a BIMS score of 03, indicating severe cognitive impairment. She was dependent on staff for ADL's. She required moderate assistance with oral hygiene and eating. She required maximal assistance with upper-body dressing. She was always incontinent of bladder and bowel. Her active diagnoses included MDRO. Record review of Resident #12's physician orders dated 02/16/26; reflected Enteral Feed (use of the digestive tract to take in food or medicine) Order every night shift Enteral Tube site care with mild soap and water. May leave open to air. Apply dressing only if drainage is present and change daily. (continued on next page)		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe site for redness, drainage, swelling, or purulent (full of pus or containing pus) discharge, and notify physician if present. Active 02/16/26. Provide catheter care every shift for Urinary catheter use. Active 12/02/25. Record review of Resident #12's care plan dated 03/21/26 revealed a Focus of Feeding Tube: requires the use of a feeding tube and is at risk . Date Initiated: 02/16/26. Interventions did not include EBP at this time. Focus: Resident #12 requires Enhanced Barrier Precautions due to stage 4 to sacrum (lower back), a Foley catheter, Feeding Tube. Date Initiated: 01/23/25 and revised on 06/04/26. Interventions included: Educate the resident and family on the reason and procedure for enhanced barrier precautions. Wear gown and gloves during high-contact resident care activities. Date Initiated: 09/17/25. Ensure EBP signage is posted outside the resident's room and above the head of the resident's bed. Date Initiated: 09/17/2025. Record review of Resident #12 ?s progress note dated 06/24/26 revealed: the resident is not exhibiting diarrhea at this time, the resident did have a stool collected this AM with results pending. Resident on contact isolation for precaution until results are back. Resident is noted with a Foley leaking .06/15/26: Recurrent wound infection secondary to ESBL. 06/20/26: Resident was having multiple episodes of diarrhea, NP was notified, new order for blood work, C. diff/stool culture, and contact precautions. In an interview with CNA A on 06/24/26 at 12:10 pm, she said staff were trained frequently on infection control and PPE. She said she was last trained 2 weeks ago. She said the difference between isolation precautions and extra barrier precautions (EBP) was EBP was only for tubes (feeding tubes, catheters, IV lines, and some dressings). She said isolation was the whole room every time-gowns, gloves for sure, and masks if there was a chance of getting splashed. She said all residents should have a sign indicating EBP and/or Isolation and what kind of isolation, for example, Contact Isolation. In an interview with CNA B on 06/24/26 at 12:13 pm, she said she had training on PPE 2 weeks ago. She said EBP was lighter and just when you might get something on you, like peri care, and the nurses did for tube feedings and meds. She said that depending on the isolation, it required basics such as gowns and gloves. A mask and/or an N95 mask could also be worn. She said all residents should have a sign indicating EBP and/or Isolation and what kind of isolation, for example, Contact Isolation. In an interview with the DON on 06/24/26 at 12:19 pm, she said the caregivers were educated on PPE when the resident was diagnosed with a condition requiring PPE. She said she and the ADON's monitored and did surveillance on infection control and PPE. She said the ADON or charge nurses educated the caregivers. She said the charge nurses were supposed to redirect private caregivers about PPE in isolation rooms. She said PPE and infection control were important to protect the residents and prevent the spread of infection. She said Residents' #12 and #92 did not have c-diff but should have been placed on isolation contact precautions immediately, until testing was done, which came back negative for both. She said isolation precautions should be in care plans. She said if the new cultures came back positive, it would be cross-contamination and more education because the two residents were in the same hallway. She said the process of receiving orders was to make certain they were followed. She said care plans and orders went hand in hand, meaning if there was an order written that would impact all staff, it would need to be in the care plan. Record review of the facility policy dated 02/10/21, titled Comprehensive Care Plans, Policy: reflected It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. Policy Explanation and Compliance Guidelines: 1. The care planning process will include an assessment of the resident's strengths and needs, and will incorporate the resident's personal and cultural preferences in developing goals of care. Services provided or arranged by the facility, as outlined by the comprehensive care plan, shall be culturally competent and trauma-informed. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive on and quarterly MDS assessment.		