

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

Printed: 10/09/2026
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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week, for 2 (03/01/2026 and 03/15/2026) of 90 days reviewed for RN hours, for the months January 1, 2026 through March 31, 2026. The facility failed to have RN coverage for 2 days on Sunday, 03/01/2026 and 03/15/2026. This failure could place residents at risk of harm by denying residents the advanced critical thinking skills a registered nurse could provide. Findings included: Record review of the facility's March 2026, nursing schedule reflected that on 03/01/2026 and 03/15/2026, there were no RNs scheduled. During an interview on 06/24/2026 at 9:00 a.m., the Administrator said it was the responsibility of the facility's DON to ensure the facility had 8 consecutive hours of RN coverage 7 days a week. The Administrator said the facility had recently changed their software. She said the software company that was responsible for reporting staffing statistics to CMS/PBJ (mandatory quarterly reporting system) up to end of May 2026 was their previous software company. She said she no longer had access to staff's timesheets prior to 05/30/2026. She said she was going to contact the previous software's representative to see if they could provide RN's timesheets for 03/01/2026 and 03/15/2026. During an interview on 06/25/2026 at 1:48 p.m., the DON said it was her responsibility to ensure the facility had 8 consecutive hours of RN coverage. She said the facility had recently undergone a change their software system and was not sure if they still had access to the timesheets in the previous software. She said a negative outcome for not having 8 consecutive hours of RN coverage 7 days a week would be making sure staff had RN support. During an interview on 06/25/2026 at 1:55 p.m., the Administrator said she was not able to provide proof of 8 consecutive RN hours for 03/01/2026 and 03/15/2026. She said, looking back on resident assessments done on those days by an RN it showed on paper an RN worked 2.44 hours on 03/01/2026 and .20 minutes on 03/15/2026. The Administrator said she was not sure why the schedule for 03/01/2026 and 03/15/2026 did not show an RN scheduled. She said, I know I had RN coverage on those days. The Administrator said there were no negative outcomes because it was an oversight and she was certain the facility had 8 consecutive hours of RN coverage on 03/01/2026 and 03/15/2026 but was not able to obtain their timesheets. Record review of the facility's Staffing, Sufficient and Competent Nursing policy, revised in August 2022, reflected: Policy Statement: Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. Sufficient Staff.3. A registered nurse provides services at least eight (8) hours every 24 hours, seven (7) days a week.		

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
--	-------	-----------

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for two of two nourishment rooms. 1. The facility failed to ensure refrigerator temperature logs were filled out correctly for nourishment room [ROOM NUMBER]. 2. The facility failed to ensure food items in nourishment room [ROOM NUMBER] were labeled and dated appropriately. 3. The facility failed to ensure that there were no personal items stored in the refrigerator in nourishment room [ROOM NUMBER]. 4. The facility failed to ensure that leftovers were discarded within 72 hours in nourishment room [ROOM NUMBER] refrigerator. These failures could place residents who consumed food from the kitchen at risk for food borne illness. Record review of temperature log for nourishment room [ROOM NUMBER] indicated two places for documentation of temperatures. The option 1 was indicated for use of storage vaccines with a minimum and maximum temperature range using a digital thermometer. Option 2 was indicated for use when the temperature device does not have a minimum and maximum indicator. The temperature log dated June 1 through June 23, 2026, revealed staff were logging temperatures on the option 1 area which is indicated for vaccine monitoring. Option 2 of the temperature log was blank. Observation on 6/24/26 at 3:20pm revealed an analog (something that represents data, information, or physical quantities as variable and measurable values) thermometer, indicating the temperature log area for use is option 2. Observation on 6/24/26 at 3:25pm of the facility's nourishment 1 refrigerator revealed the following: 2 clear sandwich sized bags of green substance were not labeled or dated. 1 blue bowl with a clear lid was labeled with a name and room number but no date. 2 clear 32 ounce plastic cups containing a light brown substance in the door of the refrigerator were not dated or labeled. 9 small water bottles wrapped in plastic were not labeled or dated. A zippered pouch lunch box was stored in the refrigerator labeled with a staff member name (according to an interview with ADON J). A black bowl wrapped in a clear plastic bag was labeled and dated 6/16/2026 indicating the food had been stored for longer than 72 hours after opening. During an interview with ADON J 6/24/26 at 3:30 pm, she stated the refrigerator in nourishment room [ROOM NUMBER] was for to be used for residents only, all items were to be labeled and dated, staff personal items were to be stored in the staff refrigerator, and open food items should be discarded after 3 days. ADON J stated that if food is not stored properly, it can cause cross contamination. ADON J stated it is expected that all staff will follow the rules for storing resident nutritional items in the refrigerator. ADON J stated the refrigerator is her responsibility to maintain as it has enteral feeding supplies and other items necessary for all residents' nutritional needs. During an interview with ADON K on 6/24/26 at 3:45pm, ADON K stated she was not aware they were using the temperature log inappropriately. ADON K stated she had not been trained on how to use the logs. ADON K stated that monitoring the temperatures and logging the temperatures were her responsibility. ADON K stated the refrigerators should be used for resident food items only, each item should be dated and labeled appropriately, and opened items should be discarded within 3 days. During an interview with the DON on 6/25/2026 at 11:45am, the DON stated the expectations are for staff to follow the proper food storage process including labeling and dating all food, keeping personal items out of the resident refrigerator, and throwing items away within a timely manner. The DON stated it is the responsibility of the ADON(s) or Unit Manager(s) to ensure items are stored and maintained properly in the resident refrigerators. The DON stated ADON's are responsible for cleaning the fridges and storing and (continued on next page)		

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

Printed: 10/09/2026
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	updating supplies in the nourishment room, and that housekeeping cleans the room. During an interview with the Administrator on 6/25/26 at 12:00pm, he stated it is the responsibility of and expected that the ADON will follow the policy and standards set in labeling and storing food items in resident refrigerator. The Administrator stated both nourishment room refrigerators are to be monitored, cleaned, and to notify maintenance for repairs. The ADON's are to keep a written daily log of temperatures and arrange food in a manner that prevents cross contamination. The Administrator stated that due to the change of ownership, the only policy about cold food storage was for dining services. References: FDA Food Code 2022 Ch. 2-102.20 Food Protection Manager Certification 2-103 Duties 2-103.11 Person in Charge. The PERSON IN CHARGE shall ensure that: (E) EMPLOYEES are visibly observing FOODS as they are received to determine that they are from APPROVED sources, delivered at the required temperatures, protected from contamination, UNADULTERED, and accurately presented, by routinely monitoring the EMPLOYEES' observations and periodically evaluating FOODS upon their receipt 2-4 Hygienic Practices 2-401 Food Contamination Prevention 2-401.11 Eating, Drinking, or Using TOBACCO PRODUCTS		

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, 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 4 Residents (Residents #122, #106, #92 and #12) of 11 residents reviewed for infection control practices during personal care:1. The facility staff were not following Isolation Precautions on wearing Personal Protective Equipment (PPE) when entering Resident #122's room.2. Resident #106 was not on EBP and/or isolation precautions for known contagious diseases. 3. Resident #92 was not on EBP and/or isolation precautions for known contagious diseases. These failures could place residents that require assistance with personal care as well as employees and visitors, at risk of communicable diseases and healthcare-associated cross-contamination and infections. The findings included: he findings included: 1.Record review of Resident #122's admission Record dated 06/23/2026 revealed she was a [AGE] year-old female admitted [DATE] with diagnoses which included dementia (general term for loss of memory, language, problem-solving and other thinking abilities) and unspecified psychosis (when a person has trouble telling the difference between what's real and what's not), ESBL in urine (indicates an urinary tract infection caused by bacteria that produce an enzyme rendering many common antibiotic ineffective). Record review of Resident #122's entry MDS assessment dated [DATE] revealed a BIMS score of 5 indicating severe cognitive impairment. Record review of Resident #122's Baseline Care Plan initiated 06/21/2026 revealed contact precautions were not addressed. Record review of Resident #122's Medication Administration Record for June 2026 revealed an order for Resident requires transmission-based precautions of (contact, droplet, airborne) due to ESBL to urine. During an observation on 06/23/2026 11:20 a.m., Resident #122 was on contact isolation precautions. Outside Resident #122's room was on contact isolation, personal protective equipment on the door that had masks, gloves and gowns available. CNA H entered Resident #122 (contact isolation precautions) room without any personal protective equipment. During an interview on 06/23/2026 at 11:20 a.m., CNA H stated when there was isolation precautions in place, the staff needed to put on gloves, and gown before entering room. CNA H stated she went into the room really quick because she was going to put a yellow bag in the isolation bin. She stated she did not know it was not allowed to enter the room without personal protective precautions just to put the yellow bag. 2. Record review of Resident #106's face sheet indicated an [AGE] year-old female with an admission (continued on next page)		

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 to Urine. Resident #106 was in private room by herself because of active infection and all meals, activities, rehab and other services being done in room. Active 06/23/26. 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 was not updated to include contact isolation precautions or EBP (enhanced barrier precautions) for contagious infections and feeding tube until 06/24/26. Record review of Resident #106's progress note dated 05/26/26 revealed Resident #106 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 four times a day for 7 days diagnosis: 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 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. Coli (ESBL) Extended-Spectrum Beta Lactamase-producing this organism is uniformly resistant to all penicillin, 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 (continued on next page)		

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	meant-that she only knew Resident #106 had an infection in her urine. She said Resident #106 did not have a urinary catheter. She said sometimes she helped staff turn the resident and change her brief. 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. She said all therapy was done in the room, but she was not sure why. Signage in the room indicated Contact precautions. 3. 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. The 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 indicated she had ESBL in her urine. Date Initiated: 06/24/2026 The resident's urinary tract infection will resolve without complications by the review date. Date Initiated: 06/24/2026 Target Date: 07/30/2026 Contact Precautions per doctor orders Date Initiated: 06/24/2026 Revision on: 06/24/2026. Interventions included 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: 06/24/2026 Record review of Resident #92 's progress note dated 06/21/26 revealed: Acute Diarrhea. Multiple episodes reported by nursing. 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 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. 4. 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, (continued on next page)		

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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; 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. Observe the site for redness, drainage, swelling, or purulent (full of pus or containing pus) discharge, and notify the physician if present. Verbal 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, 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 a stage 4 pressure ulcer to the sacrum (lower back), a Foley catheter, and a 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 a 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 morning 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. During an interview on 06/23/2026 at 11:20 a.m., CNA H stated when there was isolation precautions in place, the staff needed to put gloves, and gown before entering room. CNA H stated she went into the room really quick because she was going to put a yellow bag in the isolation bin. She stated she did not know it was not allowed to enter the room without personal protective precautions just to put the yellow bag. In an interview with CNA G 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 EBP was that 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. 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 staff only needed to wear PPE when they might get something on them, like peri care, and the nurses did for tube feedings and meds. She said depending on the (continued on next page)		

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	isolation, it required basics such as gowns and gloves. A mask and/or an N95 mask could also be worn. In an interview with the DON on 06/24/26 at 12:19 pm, she said, The caregivers were educated on PPE when any 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 would be needed for staff 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. She said all staff were responsible for knowing which residents needed EBP and/or isolation precautions and she did not know the caregiver for Resident #106 was not wearing PPE. During an interview on 06/24/2026 at 02:26 p.m., LVN F stated the isolation cart should contain gowns, gloves, and masks outside of the room and be available to staff and family who enter the room when a resident was diagnosed with contact isolation precautions for ESBL in the urine. LVN F stated that all staff and visitors should wear personal protective equipment before entering the room to prevent the spread of infection to other residents. During an interview on 06/25/2026 at 11:35 a.m., DON stated that contact Isolation precautions should be followed by all staff because of the potential for spreading infections to other residents. DON stated that in-service training on infection control were the key to preventing this from happening again. Record review of in-services revealed 03/10/26-Isolation precautions. All nurses must monitor and ensure all isolation precautions are being followed. 03/27/26- Staff to maintain infection control per protocol at all times. ADON instructed CNA staff on the importance of ensuring each resident's plan of care is available and accessible at all times. Staff were instructed to check for the plan of care at the start of their shift and to immediately notify the ADON or DON if the POC was missing, incomplete, or unavailable. 05/22/26-All nursing staff to follow all EBP precautions by wearing appropriate PPE for all incontinent care, showers, wound care with attached Isolation Precautions. Review of facility's policy titled Infection Prevention and Control Program with an origination date 09/22/2015 revealed; (Transmission-Based Precautions) It is the policy use precautions to reduce the risk and prevent transmission of infectious agents. Transmission-Based Precautions are for residents known or suspected to be infected with infectious agents, including certain epidemiologically important pathogens, which require additional control measures to effectively prevent and reduce the risk of transmission. These precautions are to be used in adjunct with standard precautions. Under Fundamental Information: In addition to consistent use of Standard Precautions, additional precautions may be warranted in certain situations as described below: 1. Contact Precautions-a. (continued on next page)		

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the resident or the resident's environment. Under Procedure: Contact Precautions c. Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. d. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination (e.g.C. difficile, .) Under Type and Duration of Transmission- Based Precautions Recommended for Selected Infections and Conditions: Multidrug-resistant organisms (MDROs), infection or colonization (i.e. MRSA.ESBLs.) Contact Isolation for the duration of illness or until colonized. Review of CDC (Centers for Disease Control) guidelines revealed: https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html: Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning Personal protective equipment upon room entry and properly discarding it before exiting the patient room is done to contain pathogens.		

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the resident had a right to personal privacy including personal care for 1 staff (LVN A) providing care to 1 of 3 residents (Resident #19) reviewed for personal privacy, in that: LVN A did not closed Resident #19's privacy blinds during medication administration via feeding tube, leaving the resident in plain view of the outside parking lot area. The deficient practice could affect residents in the facility who received medication via mic-key-tube and could result in the resident being unnecessarily exposed and cause embarrassment. The findings were: Record review of Resident #19's face sheet dated 06/25/2026 revealed she was admitted to the facility on [DATE] with diagnoses which included unspecified nontraumatic intracerebral hemorrhage (bleeding in the brain not caused by injury) and spastic quadriplegic cerebral palsy (causing severe muscle stiffness in all four limbs, body, and face). Record review of Resident #19's care plan revealed: Resident #19 was on feeding tube and at nutritional & dehydration risk related to tube feeding due to dysphagia (difficulty swallowing), cerebrovascular accident (when blood flow to an area of the brain is cut off, depriving brain tissue of oxygen and causing brain cells to die), anoxic (without oxygen), brain damage and was NPO. Interventions: administer medications as ordered. Record review of Resident #19's MDS dated [DATE] revealed resident had a feeding tube while a resident. Record review of Resident#19's physicians orders for 6/25/2026 revealed orders for medications to be administered via mic-key-tube (a type of medical feeding tube that sits almost flat against the skin) that included, Aspirin Tablet 81 MG QD, Levetiracetam Solution 100 MG/ML, 15ml q 12 hrs, and Acetaminophen-Codeine Suspension 120-12 MG/5ML, 10ml q 8 hrs. During observation on 06/24/2026 at 10:45am, LVN A was observed performing a medication pass for Resident #19 in her room. During the administration of medications via mic key tube, the window blinds facing the parking lot were completely open. Resident #19 was visible from the outside while receiving medications. During an interview on 6/24/2026 at 2:20p.m., LVN A stated, I forgot to close them and that it was important to close blinds to make sure resident get privacy during personal treatments and if not followed would leave the exposed. During an interview on 6/25/2026 at 11:40a.m., DON confirmed that staff were trained to secure full visual privacy-including closing doors, privacy curtains, and window blinds prior to initiating any medication administration or physical treatment. DON stated this protected their privacy during feeding or medication administration. Record review of the facility's policy titled Activities of Daily Living with a revised date 1/1/2024 revealed Screen and drape resident for maximum privacy		

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care for 1 (Resident #122) of 8 residents reviewed for baseline care plans. The facility failed to include Resident #122's use of contact precautions in her baseline care plan. This failure could result in residents not receiving needed care and treatment. Findings Included: Record review of Resident #122's admission Record dated 06/23/2026 revealed she was a [AGE] year-old female admitted [DATE] with diagnoses which included dementia (general term for loss of memory, language, problem-solving and other thinking abilities) and unspecified psychosis (when a person has trouble telling the difference between what's real and what's not), ESBL in urine (indicates an urinary tract infection caused by bacteria that produce an enzyme rendering many common antibiotic ineffective). Record review of Resident #122's entry MDS assessment dated [DATE] revealed a BIMS score of 5 indicating severe cognitive impairment. Record review of Resident #122's Baseline Care Plan initiated 06/21/2026 revealed contact precautions were not addressed. Record review of Resident #122's Order Summary for June 2026 revealed an order for Resident requires transmission-based precautions of (contact, droplet, airborne) due to ESBL to urine. During an observation on 06/23/2026 at 11:20 a.m., Resident #122 was on contact isolation precautions. Outside Resident #122's room was an isolation , personal protective equipment on the door that had masks, gloves and gowns available. CNA H entered Resident #122's (contact isolation precautions) room without any personal protective equipment. During an interview on 06/23/2026 at 11:20 a.m., CNA H stated when there was isolation precautions in place, the staff needed to put on gloves, and gown before entering room. CNA H stated she went into the room really quickly because she was going to put a yellow bag in the isolation bin. She stated she did not know it was not allowed to enter the room without personal protective precautions just to put the yellow bag. During an interview on 06/25/2026 at 10:15 a.m., RN D stated Resident #122 had an order for Contact Precautions due to ESBL to urine. RN D stated that this order was effective since the date of admission on [DATE]. RN D stated it was important to have this information in the Baseline Care Plan to provide staff with all the information needed to meet Resident #122's needs after her admission. RN D stated that the admitting nurse was responsible for completing baseline care plans. During an interview on 06/25/2026 at 11:35 a.m., the DON revealed that the admitting Nurse was responsible for completing Baseline Care Plans, and that Resident #122's Baseline Care Plan should have included her use of contact precautions. The DON stated that the facility was using personal protective equipment and providing good care, but through oversight, it just did not make it onto the Baseline Care Plan within the 48 hours, but had been added later. Record review of the facility policy titled Baseline Care Plans with a revision date 04/02/2024 revealed Resident person-centered baseline care plans are developed and implemented for new admission residents. Baseline care plans are developed and implemented within 48 hours of a resident new admission. The baseline care plans include measurable objectives to address the resident's immediate medical, clinical, functional, mental, and psychosocial person-centered needs.		

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 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 (continued on next page)		

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	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)		

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	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 (continued on next page)		

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

Printed: 10/09/2026
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	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 and quarterly MDS assessment.		

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice for one resident (Resident #8) of 24 residents reviewed for quality of care. The facility failed to follow or revise the physician's orders for Resident #8's soft helmet to be on at all times, may remove for bathing. Resident #8 was not wearing his helmet, and it could not be found anywhere in his room. This deficient practice could affect residents who require care and monitoring, placing them at risk of not receiving the care and services they need. Findings were: Record review of Resident #8's face sheet revealed a [AGE] year-old male with an admission date of 05/14/26 and an original admission date of 01/27/25. Diagnoses included stroke with left non-dominant paralysis, diabetes, mood disorder, major depressive disorder, recurrent/moderate anxiety disorder, cancer, high blood pressure, obstructive uropathy (blockage of the urinary tract usually requiring an in-dwelling catheter), and dementia. Record review of Resident #8's quarterly MDS dated [DATE] revealed a BIMS score of 00, indicating severe cognitive impairment. His active diagnosis was stroke; he developed psychosis, and he was unable to speak. He required a feeding tube for malnutrition and was pleasure feeding on a no-restrictions diet, pureed texture, and thin liquid consistency as of 06/14/26. He was dependent on staff for all ADL's and required mechanical lifting for transfers. Record review of Resident #8's care plan dated 01/27/25 revealed: Focus: behavioral problem as evidenced by attempts to self-transfer, yells while in bed, has hallucinations, hits, punches, and scratches himself while in bed. Date initiated 04/14/26 and revised on 06/03/26. The goal was for his behavior not to interfere with the delivery of care or services or result in harm to self or others through the next review date. Date Initiated: 04/14/25 and revised on 11/26/25. Interventions included: Soft helmet on at all times, may remove for bathing (in all caps). Focus: psychotropic medications. Date Initiated: 04/17/25 and revised on 06/03/26. Interventions included: Target behavior is yelling, screaming, disruptive behaviors, attempting to get out of bed, pulling on feeding tube, hitting and scratching self at times, restlessness. Date Initiated: 04/17/25 and revised on 06/03/26. Record review of Resident #8's physician's orders dated 06/11/26 revealed: Soft helmet on at all times, may remove for bathing (in all caps). Record review of Resident #8's change in condition dated 6/23/26 at 3:34 pm revealed: self-inflicted scratches to his forehead. This condition, symptom, or sign has occurred before. Additional Information: Resident provided with another soft helmet to help prevent self-inflicted scratches to his head/forehead. The physician's assistant was made aware and ordered to monitor him closely and assure soft helmet is on at all times. Observation of Resident #8 and his room, and interview with the PTA on 06/23/26 at 2:52 pm revealed Resident #8 was lying in bed on his back looking around, moving and bending his arms and legs, scratching his head, and intermittently yelling. He did not make eye contact or indicate any understanding of the questions asked by this surveyor. He did not have a soft helmet on, nor was one in sight. The PTA said Resident #8 only had to wear his soft helmet when he was out of bed. She said he was not wearing it at this time, and he was in bed. She said she would look for it. She said she had not actually looked at the order. In an interview with the PTA on 06/23/26 at 2:58 pm, she said she could not locate Resident #8's helmet in his room or in the therapy department. She said she took a new one to him and put it on him. She said she thought maybe his family member had taken it to wash his clothes because she washed all of Resident #8's laundry. She said nursing was responsible for following orders. In a phone interview with Resident #8's family member on 06/25/26 at 9:45 am, she said he did not wear the helmet all the time. She said he had it because he scratched (continued on next page)		

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	his head a lot and could make it bleed, or when he was anxious, he would hit himself, and that was why the facility got the soft helmet for him. She said he just got it and started using it last week. She said she visited him every evening. She said she washed all of his clothing, but never took the helmet home to wash it. She said she had not seen anything on the in-room camera to give her alarm. In an interview with the DON on 06/25/26 at 12:19 pm, she said all patient care staff were responsible for following orders and clarifying them if need be. She said the process of receiving orders was to make certain they were followed. She said not following orders for the helmet was noncompliance. In an interview with the DOR on 06/25/26 at 12:30 pm, she said the therapy department made the recommendation for Resident #8 to have the soft helmet because he would scratch his head until it bled and hit himself when he became agitated, which was often. She said she was unaware the physician's orders indicated Resident #8 should have been wearing the helmet at all times because she had not looked at them. She said the orders should have been changed if Resident #8 was not going to be wearing the helmet at all times. She said everyone was responsible for patient safety and should have been following the orders or have the order changed. Record review of the facility policy updated 02/2025 titled, Physician Orders under purpose: The purpose of this procedure is to establish uniform guidelines in the receiving and recording of physician orders to ensure the resident receives the necessary care and services.		

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as possible for 1 of 6 residents (Resident #121) reviewed for accidents and hazards: The facility failed to ensure a (diabetic) lancet was not left sitting on top of Resident #121's bedside table unattended. This failure could place residents at risk of access to or injury from a lancet. Findings were: Record review of Resident #121's admission Record dated 06/23/2026 revealed she was a [AGE] year-old female admitted [DATE] with diagnoses which included diabetes mellitus due to underlying condition with hyper glycemia (a chronic metabolic condition where the body either resists the effects of insulin or does not produce enough to maintain normal glucose levels). Record review of Resident #121's entry MDS assessment dated [DATE] revealed a BIMS score of 14 indicating intact cognitive status. Record review of Resident #121's Baseline Care Plan initiated 06/21/2026 revealed: Resident has a diagnosis of diabetes and is at risk for unstable blood sugars and abnormal results. Interventions: monitor blood sugar as ordered by physician. Record review of Resident #121's Medication Administration Record for June 2026 revealed an order for Humulin Regular injection solution. Inject as per sliding scale before meals and at bed time related to diabetes mellitus. During an observation on 06/23/2026, at 11:08 a.m., revealed on top of Resident #121's bedside table, there was a diabetic lancet. During an interview on 06/23/2026 at 11:10 a.m., LVN E stated the (diabetic) lancet was supposed to be secured in the medication cart or thrown away in the disposable sharps container. LVN E stated the negative outcome could be someone could come by and grab it off the bedside table. During an interview on 06/25/2026 at 11:35 a.m., the DON stated the lancet should be kept in the medication cart until use and if used should be thrown away in the sharps container. The DON said it would be a safety issue if it were left unattended and anyone could grab it. Record review of the facility's policy titled Obtaining a fingerstick glucose level with revision date 10/2011, revealed: Procedure:6.discard lancet into the sharp's container.		

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that a resident who needs respiratory care, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals, and preferences for 1 of 4 residents (Resident #40) reviewed for respiratory care. The facility failed to ensure proper storage of Resident #40's nebulizer mask tubing when it was not kept in a plastic bag when not in use. This failure could place residents requiring oxygen at risk for respiratory infections due to the potential for microorganisms infiltrating their oxygen, nebulizer equipment and supplies causing a decline in physical health. The findings included: Record review of Resident #40's face sheet, dated 06/23/2026, revealed resident was a [AGE] year-old male, admitted to the facility on [DATE]. Diagnosis included acute respiratory failure with hypoxia (lungs cannot provide enough oxygen to the blood and the organs). Record review of Resident #40's admission MDS, dated [DATE] revealed was still in progress. Record review of Resident #40's Care Plan, dated 06/16/2026 revealed the following: Problem - The resident has impaired respiratory status and is at risk for shortness of breath, respiratory distress, increased anxiety, and hypoxia. Intervention - provide nebulizer therapy as ordered. During an observation on 06/23/2026 at 10:55 a.m., during initial rounds, revealed Resident #40 was in his bed. His nebulizer mask tubing was lying out on his nightstand and the tubing was touching the floor. During an interview on 06/23/2026 at 10:55 a.m., CNA G stated that the nurse was responsible to put the nebulizer mask with tubing away in a zip top bag. CNA G stated that the tubing was not supposed to be touching the floor because it could cause contamination and infection. During an interview on 06/24/2026 at 02:20 p.m., LVN A stated that she was the nurse for Resident #40. LVN A stated that when nebulizer mask and tubing were not in use they should be inside the zip top bag. LVN A stated that the negative outcome would be the mask and tubing could get contaminated and possible infection concerns. During an interview on 06/25/2026 at 11:35 a.m., the DON said nebulizer masks and oxygen tubing should be stored in a zip top bag at bedside when not in use. The DON stated the potential negative outcomes would be the mask and tubing could get dirty and possible infection control concerns. Record Review of the facility's policy Respiratory: Nebulizer Mist Therapy, with a revision date 11/04/2025, revealed the following [in part]:To deliver prescribed pulmonary medications in a fine mist of suspended particles directly in peripheral areas of the lung. Plastic bag for nebulizer and mouthpiece or mask storage. Store nebulizer, mouthpiece in separate, labeled plastic bag (change all disposable parts once a week and label with date and initials.		

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish a system of records of disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation, for four Resident (Resident #25) of 14 residents reviewed for controlled medication use, in that: Resident #25's Individual Resident's Controlled Substance Record did not accurately reflect Resident#25's Tramadol medication amount on hand. This failure could place all residents on the 500 hall at risk for medication overdose, medication under-dose, and ineffective therapeutic outcomes. The findings included: Record review of Resident #25's admission Record dated 06/23/2026 reflected she was an [AGE] year old female admitted on [DATE] with diagnoses Type 2 Diabetes Mellitus without complications (a chronic metabolic condition where the body wither resists the effects of insulin or does not produce enough to maintain normal glucose levels), contracture to right hand (the permanent tightening or shortening of muscles, tendons, skin, or soft tissues that causes joints to become stiff). Record review of Resident#25's Quarterly MDS (Minimum Data Set) assessment, dated 04/24/2026, revealed Resident #25 had a BIMS score of 00 which meant severe cognitive impairment. Record review of Resident#25's June/2026 Physician's Orders revealed: Order date: 06/26/2025 Orders: Tramadol [Schedule V controlled pain medication] 50 mg [milligram] give 1 tablet by mouth every 6 hours as needed DX pain. During an observation on 06/23/2026 at 2:30 p.m. of Resident#25's Tramadol 50 mg medication blister pack revealed 13 tablets remaining. Record review of Resident#25's Individual Resident's Controlled Substance Record for Tramadol revealed 14 tablets on hand. During an interview on 06/24/2026 at 02:30 p.m., LVN E said when she gave Tramadol 50 milligrams 1 tab for pain she forgot to sign Resident #25's Controlled Substance Record for Tramadol. LVN E said that she was pulled away and forgot to sign. LVN E said that the controlled substance record was a secondary chart to make sure the medication count was correct and that they had to be matching. LVN E said that the Control Substance Record had to be signed right after the resident took the medication. During an interview on 06/25/26 at 11:35 a.m., the DON said the nurses should sign the controlled substance sheet when they popped the medication out from the blister pack. The DON said the nurses should sign off on the MAR after administering the medication to the resident. Record review of facility's policy titled Controlled Substances with a revision date 11/2022 reflected: The facility complies with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications. Controlled substances are counted upon delivery.		