

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: 675363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER Windsor Nursing and Rehabilitation Center of Wesla		STREET ADDRESS, CITY, STATE, ZIP CODE 721 S Airport Dr Weslaco, TX 78596	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for sanitation.1.The facility failed to ensure that there were no personal items belonging to staff stored in refrigerator #2.2.The facility failed to ensure 15 juice bags were stored without being dated in the dry food storage.3 The facility failed to ensure expired nutritional drinks were stored in the nourishment room. These failures could place residents at risk for food borne illness.Findings included: During an observation on 07/14/26 at 8:37 a.m. revealed: an ice cream sundae belonging to a staff member was stored in refrigerator #2.7 nectar juice bags, 4 water thickener bags, 3 cranberry juice bags, and 1 apple juice bag were not dated in the dry storage room. During an interview and observation on 07/14/26 at 8:45 a.m., the DM said personal food belonging to a staff members were not allowed to be stored in the refrigerators. She said she was not sure who had left the sundae in refrigerator #2 and was observed as she threw it in the trash. The DM said the 15 juice bags stored in the dry storage room were delivered on 07/13/26 and they had not had time to date them. The DM said a negative outcome of having undated food items in the dry storage room would be staff would not know when they arrived at the facility. She said a negative outcome of having personal food in the refrigerators would run the risk of serving them to the residents in error. She said it was her responsibility to ensure all food was labeled and dated and no personal food items were left in the refrigerators. The DM said all kitchen staff shared the responsibility of dating and labeling food items. The DM said she regularly conducted in-services on the topic of labeling and dating all food items to her kitchen staff. During an observation on 07/16/26 at 3:30 p.m., of the facility's nourishment room revealed, six 1-liter bottles of nutritional drinks were expired. All six had a use by date of June 1, 2026. During an interview and observation on 07/16/26 at 3:35 p.m., the DON was observed as she removed all 6 nutritional drinks from the nourishment room. The DON said all staff who entered the nourishment room along with the facility's Central Supply Manager shared the responsibility to ensure there were no expired supplements stored in the nourishment room. The DON said at moment there were no residents who were ordered that particular nutritional drink. She said there were no negative outcomes for having the 6 bottles of nutritional drinks in the nourishment room because no residents were taking it. The DON said the facility did not have a specific in-service on storing supplemental drinks, she said it's a common sense thing to discard expired supplements. The DON said it was the facility's protocol to date and label all food in the kitchen. She said it was the DM's responsibility to ensure all food was labeled and dated. She said a negative outcome of not dating or labeling food would staff would not know when to discard it. During an interview on 07/16/26 at 3:45 p.m., the Central Supply Manager said it was her responsibility to ensure no expired nutritional drinks were stored in the facility's nourishment room. She said she had assigned a hospitality aide to assist her in (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	inspecting the facility's nourishment room for expired supplements, but he had quit on 06/30/26. She said she had not inspected the nourishment room since the hospitality aide had quit. She said there were no negative outcomes of storing expired supplements in the nourishment room because staff would check the expiration date before providing the nutritional drinks. Record review of the Food Storage policy, revised on 06/01/19, provided by their dietitian reflected: Policy: to ensure that all food served by the facility is of good quality and safe for consumption, all food will be stored according to the stated, federal, guidelines: Procedure:1.Dry storage rooms d.All containers must be labeled and dated. Record review of Federal Food Code 2022, reflected: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(A) Except as specified in (B) of this section, an EMPLOYEE shall eat, drink, or use any form of TOBACCO PRODUCTS only in designated areas where the contamination of exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES; or other items needing protection cannot result. (B) A FOOD EMPLOYEE may drink from a closed BEVERAGE container if the container is handled to prevent contamination of: (1) The EMPLOYEE'S hands; (2) The container; and (3) Exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.Ch.3-403 Reheating 3-403.11 Reheating for hot holding. (A) Except as specified under (B) and (C) and in (E) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the FOOD reach a temperature of at least 74 C (165 F) for 15 seconds. Ch. 3-305 Preventing contamination from the premises 3-305.11 Food Storage (A) Except as specified in (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination. (C) Pressurized BEVERAGE containers, cased FOOD in waterproof containers such as bottles or cans, and milk containers in plastic crates may be stored on a floor that is clean and not exposed to floor moisture. Ch. 4-202 Cleanability 4-202.11 Food-Contact Surfaces. (A)Multiuse FOOD-CONTACT SURFACES shall be: (1) Smooth; (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections; (3) Free of sharp internal angles, corners, and crevices; (4) Finished to have smooth welds and joints 4-5 Maintenance and Operation 4-501 Equipment 4-501.11 Good Repair and Proper Adjustment. (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. 4-602 Frequency 4-602.11 Equipment Food-Contact Surfaces and Utensils. (A) Equipment food-contact surfaces and utensils shall be cleaned: (5) At any time during the operation when contamination may have occurred. (C) Except as specified in (D) of this section, if used with TIME/TEMPERATURE CONTROL FOR SAFETY FOOD, EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be cleaned throughout the day at least every 4 hours.		

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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 observation, interviews, and record review, the facility failed to establish and maintain an infection prevention and control program, designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, for 3 of 4 residents (Resident #61, Resident #37 and Resident #57) reviewed for infection control. 1.The facility failed to ensure CNA A performed proper hand hygiene and indwelling catheter care during peri care (incontinent care) for Resident #61. 2.The facility failed to ensure Resident #37's white pillowcases were clean. 3.The facility failed to ensure Resident #57's portable urinal was hanging from his wheelchair's backrest. These deficient practices could place residents at risk of infections, healthcare associated with cross contamination, and the spread of infection. Findings include: 1.Record review of Resident #61's electronic face sheet, dated 07/16/2026, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnoses included Obstructive and Reflux Uropathy (a condition in which the flow of urine was blocked) and Type 2 Diabetes Mellitus (a chronic condition where your body either resists the effects of insulin or does not produce enough of it to regulate blood sugar properly). Record review of Resident #61's comprehensive person-centered care plan, dated on 01/10/2025, reflected Focus [Resident #61] has a suprapubic catheter due to obstructive uropathy. Interventions: Monitor/record/report to MD for s/sx UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. Enhanced Barrier Precautions practices as clinically indicated. Record review of Resident #61's quarterly MDS assessment, dated 05/26/2026, reflected a BIMS score of 08, which indicated Resident #61 was moderately cognitively impaired. Resident #61 had an indwelling catheter. During an observation on 07/14/2026 at 3:30 p.m. revealed CNA A during catheter care, CNA A entered Resident #61's room and placed supplies on the bedside table. CNA A washed her hands, donned gown, and gloves. CNA A removed the soiled brief and placed it in the trash can. CNA A removed the gloves from her hands and donned gloves sanitized her hands before donning new gloves. CNA A then cleaned Resident #61's peri-area, removed gloves, CNA A cleansed the catheter tubing line going upwards towards the suprapubic opening instead of downwards. CNA A washed her hands before and after the procedure and lathered her hands for 12 seconds. During an interview on 07/14/2026 at 3:45 p.m., CNA A stated she should have lathered her hands for at least 20 seconds. CNA stated that she was nervous. CNA A stated the potential negative outcome was infection. She stated they were to clean the indwelling catheter tube downward, away from the (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	suprapubic opening to prevent infection. CNA A stated that she did not notice that CNA B cleaned the indwelling catheter upward. During an interview on 07/14/2026 at 3:50 p.m., CNA B stated she cleansed the indwelling catheter tubing upward towards the suprapubic opening instead of downward. CNA B stated proper cleansing of the indwelling catheter tubing was to prevent infection. CNA B stated that she did not notice that she cleaned the indwelling catheter upward. During an interview on 07/6/2025 at 11:05 a.m., the DON stated the proper way to cleanse indwelling catheter tubing was to start from the suprapubic opening and go downwards. This was important to keep infections away from the site. The DON stated the proper handwashing was to lather hands for at least 20 seconds. The DON stated if CNA A did not lather for at least 20 seconds this would put Resident #61 at risk for infections. The DON stated they had monthly infection control in-services. She stated they conducted sporadic skill check offs. Record review of the facility's policy titled Hand Hygiene with an implemented date 10/24/22 reflected: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.4. Hand hygiene technique when using soap and water .c. rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Findings included: 2.Record review of Resident #37's admission record, dated 07/14/26, reflected a [AGE] year-old male with a readmission date of 08/08/25 and an initial admission date of 05/21/22. His relevant diagnoses included follicular disorder (conditions affecting hair follicles), colostomy status (living with a functional, surgically created opening in their colon), and unspecified sequelae of cerebral infarction (having long term effects from an ischemic stroke (cerebral infarction)). Record review of Resident #37's quarterly MDS assessment, dated 06/13/26, reflected a BIMS score of 13, which indicated his cognition as intact. Record review of Resident #37's quarterly care plan assessment, dated 06/17/26, reflected: Problem: [Resident #37] has scabbed areas to the back of my neck and scalp. Resident #37 with dx of follicular disorder. Intervention included to monitor skin for increased spread or signs of infection and treatment as ordered. Date initiated 12/23/25. During an observation and interview on 07/14/26 at 10:15 a.m., Resident #37 was observed lying in (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	bed watching television. He was observed resting his head on two pillows with white pillow cases. Both pillow cases had light and dark brownish/reddish stains. Resident #37 said those stains were dry blood. He said he had scabs on his head and when he scratched they bled. Resident #37 said he was being treated with medication. Resident #37 said the facility's CNAs would change his pillow cases at least twice a day but the last time they had changed them was yesterday (07/13/26 in the afternoon). During an interview on 07/14/26 at 10:20 p.m., CNA C said she was assigned to Resident #37 and she worked the 6 a.m. to 2 p.m. shift. CNA C said she was aware Resident #37 had scabs on his head that would bleed when he scratched them. She said whenever she would round and noticed his pillowcases stained, she would change them. She said today (07/14/26), she had not had time to make her rounds because she was busy showering other residents. CNA C said a negative outcome for Resident #57 lying in blood stained pillows would be an infection control issue. She said she was regularly in-serviced on infection control. During an interview on 07/14/26 at 10:26 p.m., RN D said he was Resident #37's charge nurse. He said he worked the 6:00 a.m. to 2:00 p.m. shift. RN D said he would round residents every two hours. He said Resident #37 had scabs on his head that were being treated with medication but bled when he scratched them. He said he had already checked on Resident #37 but had not noticed his pillowcases were stained. RN D said Resident #37 required his pillowcases to be changed at least twice a shift. RN D said it was the responsibility of everyone who entered his room to change his pillowcases if they were stained. RN D said a negative outcome for Resident #37 lying on blood stained pillowcases would be considered an infection control issue and bacteria. During an interview on 07/15/26 at 2:42 p.m., the DON said Resident #37 had scabs on his head that bled when he scratched that were being treated with medication but bled when he scratched them. She said any staff member who entered Resident #37's room and noticed his pillowcases stained had the responsibility to change them. The DON said all staff were regularly in-serviced on the topic of infection control. The DON said a negative outcome for Resident #37 lying in blood stained pillowcases would be unappealing and infection control. 3.Record review of Resident #57's admission record, dated 07/14/26, reflected an [AGE] year-old male with and admission date of 12/16/24. His relevant diagnoses included unspecified sequelae of cerebral infarction (long term, lingering effects from an ischemic stroke (cerebral infarction) and benign prostatic hyperplasia without lower urinary tract symptoms (the prostate is physically enlarged but not compressing the urethra or irritating the bladder). Record review of the Resident #57's quarterly MDS assessment, dated 07/14/26, reflected a BMS score of 10, which indicated his cognition was moderately impaired. During an observation on 07/14/26 at 10:35 a.m., Resident #57 was observed sitting on the side of his bed. His wheelchair was positioned next to the bed, and his portable urinal was hanging from the backrest of the wheelchair. The portable urinal had light yellow urine and was missing the cap. Resident #57 refused to answer any questions. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 07/14/26 at 10:40 a.m., CNA C said Resident #57 was ambulatory and was known to move his urinal around to ensure it was close to him. She said she had last seen Resident #57 earlier this morning (07/14/26) when she took him via his wheelchair to the shower room. She said Resident #57's urinal was not hanging from the backrest of his wheelchair when she took him to the shower room. CNA C said when she would make her rounds she would ensure all portable urinals were hanging from the side of the resident's bed. CNA C said a negative outcome to Resident #57 having his portable urinal with urine and uncovered hanging from his wheelchair's backrest would be an infection control issue. She said had been in-serviced on the topic of infection control frequently. During an interview and observation on 07/14/26 at 10:25 a.m., RN D said Resident #57's portable urinal was not supposed to be handing from his wheelchair's backrest. He was observed as he removed Resident #57's portable urinal from his wheelchair and flushed the urine and hung it on the side of his bed. RN D said a negative outcome for Resident #57 having his portable urinal hanging from his wheelchair's backrest would a fall risk since the portable urinal did not have a cap and possible contamination. RN D said it was the responsibility of all staff who entered Resident #57's room to check for any infection control issues. RN D said all staff were frequently in-serviced on the topic of infection control. During an interview on 07/15/26 at 2:42 p.m., the DON said Resident #57 was able to ambulate on his own and use a portable urinal. She said, it was inappropriate to have a portable urinal hanging from the backrest of a wheelchair. The DON said it was the responsibility of all staff who entered a resident's room to check for infection control issues. She said all staff were frequently in-serviced on the topic of infection control. The DON said a negative outcome to Resident #57 having his portable urinal, with urine, and uncovered would be a fall risk and an infection control issue. Record review of the facility's Infection Prevention and Control Program, dated 05/13/23, reflected: Policy: this facility has established and maintains an infection prevention and control program designed to provide a safe, comfortable environment and to help prevent the development and transmission of communicable diseases and infection as per accepted national stands and guidelines.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interviews, and record review, the facility failed to ensure, in accordance with State and Federal laws, all drugs and biologicals were stored in locked compartments and permitted only authorized personnel to have access to the keys for 1 of 1 medication storage room reviewed for medication storage. The facility failed to ensure the Discontinued Medication cabinet was locked and secured. This failure could place the residents at risk of gaining access to unlocked medications that were not prescribed to them and place the facility at risk of drug diversion. Findings include: During an observation on 06/15/2026 1:56 p.m., in the medication storage room, a cabinet that had discontinued medications was not locked and secured. In an interview on 06/15/2026 at 2:05 p.m., the ADON stated she knew the cabinet that stored the discontinued medications was supposed to be locked. She stated the nurses and medication aides pulled the discontinued medications and put them in the discontinued cabinet. She stated she went in on Mondays to prepare them for destruction. The ADON stated if the discontinued medication cabinet was kept unlocked, anyone who went in would have access to the medications and they could fall into the wrong hands. In an interview on 06/15/2026 at 2:10 p.m., the DON stated she thought only the discontinued narcotic medications were required to be kept locked but not the discontinued medication cabinet. The DON stated the ADON was in charge of the discontinued medication destruction. The DON stated if the discontinued medication cabinet was to be kept unlocked, anyone could remove a medication from the cabinet or get the wrong medication. Record review of the facility's Medication Storage and Disposal: Discontinued Medication policy, dated revised 10/01/19, revealed Policy When medications are discontinued by physician order, a resident is transferred or discharged and does not take medication with him/her, or in the event of resident's death, the medications are marked appropriated and destroyed, unless unopened and/or are returnable to the pharmacy. Procedure 2 Medications awaiting disposal or return are stored in a locked secure area designated for that purpose until disposed of, or returned to the pharmacy if credit is allowed. Medications are removed from the medication cart immediately upon receipt of an order to discontinue to avoid inadvertent administration.		