

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER Windsor Nursing and Rehabilitation Center of Edinb		STREET ADDRESS, CITY, STATE, ZIP CODE 1505 S Closner Edinburg, TX 78539	
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 observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen sanitation. 1. The facility failed on 08/26/2025 to ensure foods were properly labeled and dated.2. The facility failed on 08/26/2025 to ensure the cook's hands were washed and gloves were worn during food preparation. These failures placed all residents who ate food served by the kitchen at risk of cross contamination and food-borne illness. Findings Include: Observation of the kitchen counter on 08/26/25 at 8:27 AM revealed the following: 2 jars of spices were not labeled or dated 1 jar of spice with the date was smeared off A metal container with individually wrapped rolls was not labeled or dated A tray of covered juice cups was not labeled or dated Observation of the walk-in refrigerator on 08/26/25 at 8:30 AM revealed the following: 1 bag of cabbages was not labeled or dated In an observation and interview on 08/26/25 at 8:34 AM, the cook was observed filling plastic cups with fruit cocktail and covering them with cellophane wrap. The cook was noted not to be wearing gloves while preparing the food. The cook stated he had gone to his vehicle to get his name tag but forgot to wash his hands and put on gloves prior to preparing food. The cook stated it was important to wash his hands and wear gloves while preparing meals because it could have contaminated the food and made residents sick. The cook stated that he simply forgot but that he has always washes his hands or worn gloves before meal preparation. Observation of the walk-in freezer on 08/26/25 at 8:40 AM revealed the following: 2 bags of hotdog buns - not labeled or dated In an interview on 08/26/25 at 8:47 AM, the DM stated that all staff were responsible for ensuring items were stored, labeled and dated. The DM stated every item opened should have an open date in the refrigerator, freezer, and dry storage. The DM stated if food items were not properly labeled and dated, staff may be unaware of when the items were opened, increasing the risk of food spoilage and potential illness for residents. The DM stated dates should have been legible to read to make it easy for staff to discard when needed. The DM stated if food items were not properly labeled or stored, it would have increased the risk of food getting spoiled or it would cause potential illness for the residents. The DM stated the consequences for staff having not washed their hands or wearing gloves would be cross contamination, food borne illnesses and could make residents sick. Record review of the Food Storage Policy dated 06/01/19 revealed the following: 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 state, federal and US Food Codes and HACCP guidelines. Dry storage room d. To ensure freshness, store opened and bulk items in tightly covered containers. All containers must be labeled and dated. Refrigerators d. Date, label and tightly seal all refrigerated foods using clean, nonabsorbent, covered containers that are approved for food storage. Record review of the Employee Sanitation Policy dated 10/01/18 revealed the following: Policy: The Nutrition & Food service employees of the facility will practice good sanitation practices in accordance with the state and US Food Codes in order to maximize the risk of infection and food borne illnesses. Hand Washing Employees must wash their hands and exposed portions of their arms at designated hand washing facilities at the following times: Immediately before engaging in food preparation including working (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	with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles During food preparation, as often as necessary to remove soil and contamination and prevent cross contamination when changing tasks After engaging in other activities that contaminate the hands. Use of Gloves Use single use gloves for one task Change gloves: Between each food preparation task. ii. After touching items, utensils or equipment not related to task. iv. When leaving food preparation area for any reason.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to maintain medical records on each resident that are accurately documented for 3 of 5 residents (Resident #51 and Resident # 34 and Resident # 10) reviewed for medical records. 1. Facility failed on 8/26/2025 to ensure physician orders were written for IV (intravenous) access and maintenance of IV site for Resident # 34. 2. Facility failed on 08/26/2025 to ensure physician orders were written for IV (intravenous) access and maintenance of IV site for Resident #10. On 09/08/25, record review of August's order summary revealed resident obtained an order for IV hydration, thus revealing resident already had an IV lock in place. No orders were found to indicate the date, time and location the IV lock was initially placed. No orders were found to indicate maintenance on IV lock such as flushes or IV lock replacements. On 09/08/25, observation noted that resident #10 still had an IV lock in place with still no orders for IV access and IV maintenance for IV site. 3. Facility failed on 08/26/2025 to ensure physician orders were written for Contact Precautions for Resident #51for scabies. These failures could place residents at risk for incorrect treatment decisions, evaluation, and treatment plans compromising patient safety due to insufficient information records.Findings included: 3) Record review of Resident #51's face sheet dated 08/26/2025 revealed a [AGE] year-old female that was admitted to the facility on [DATE]. Her diagnoses included Prophylactic for Scabies (treating close contacts of an infested person with the same medications used for treatment, such as permethrin cream or oral ivermectin, along with environmental cleaning and sometimes isolation to prevent the spread of the mites), type 2 diabetes (uncontrolled blood sugar), need for assistance with personal care. Record review of Resident #51 quarterly MDS assessment dated [DATE] reflected Resident #51 had a BIMS of 2, indicating resident was severe cognitive impaired. Review of Resident #51 MAR on 08/26/2025 reflected the following order: Permethrin External Cream 5 % (Permethrin) Apply to Entire Body topically one time a day for Prophylactic Scabies for 1 Administrations Apply from neck down to feet, leave for 12 hours then shower. Review of Resident# 51 order summary on 08/26/2025 did not reflect Contact Precautions for Scabies. During an observation on 08/26/2025 at 10:26 AM of room [ROOM NUMBER]A Contact Precaution sign was at door, personal protective equipment was outside the room in a cart. During an interview on 8/26/25 at 12:30 pm, LVN N said that the resident was on contact precautions for prophylactic for scabies. LVN N said that it was important to have the order in the point click center for staff to be aware of the Resident #51's diagnosis. LVN N said that it was important to use personal protective equipment to prevent the spread of infection. During an interview on 08/28/2025 at 03:50 pm, DON stated that she was not able to find the order for the contact precautions. DON said Resident #51 was not harmed because she did not have the order in the point click center. DON said there was not a negative outcome. (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/28/2025 facility was asked for their policy for Physician Orders, no policy was provided prior to exit. 1) Record review of Resident # 34 admission record dated 12/06/2024 revealed an [AGE] year-old male that was readmitted to the facility on [DATE]. His diagnosis includes Malignant Neoplasm of Bladder (bladder cancer), Secondary Malignant Neoplasm of Liver and Intrahepatic Duct (liver cancer), Displacement of Nephrostomy Catheter (tube that acts as a temporary detour for urine, allowing urine to drain directly from the kidney into a bag outside the body). Record review of Resident # 34's MDS assessment dated [DATE] revealed a BIMS Score of 12 which is moderate cognitive impairment. Record review of Resident # 34's order summary on 8/20/2025 revealed an order for Aztreonam in Dextrose Solution 1 GM/50 ML Use 1 GM intravenously every 8 hours for bacterial infection. The order summary did not reflect an order for IV access. The order summary did not reflect an order for IV maintenance (IV flush and dressing change). Interview on 8/28/2025 at 9:14 a.m. LVN F that she has been flushing the IV with 10 cc of normal saline before and after medication. She said she had redressed the IV site on 8/24/2025. LVN F said she knows from previous orders to flush with 10 cc of normal saline. LVN F looked at the order summary and did not find an order for an IV access, no order for IV flush, and no order for dressing change. She said that if the IV site was not cleaned and dressing changed that the resident could be at risk for infection to IV site. LVN F said that if the IV access was not flushed it could put the resident at risk for infiltration and patency. She explained the process of receiving physician orders for IV antibiotic and placement. She said she would input the order, check for allergies, inform the resident and family of new orders and clarify IV management with physician such as flush, dressing change and IV catheter size. Interview on 8/28/2025 at 4:48 p.m. RN/ADON B said that standing orders for peripheral IVs and PICC (peripherally inserted central catheter) lines (thin flexible tube inserted in the upper arm that is threaded into a large central vein) populate automatically in the system when an IV antibiotic is ordered. He said the system is finicky at times and the order for the flush and maintenance needs to be manually input. RN/DON B said that training on physician orders and computer systems was done upon hire and as needed. He said new orders and medical records are managed by him and he follows up with the nurses. Interview on 8/28/2025 at 5:13 p.m. DON said physician orders are given for antibiotic regimen and that nurses need an order for IV flush and dressing. She said most physicians order IV site dressing to be changed every 72 hours or as needed but there was no written record (policy) available. Interview on 8/28/2025 at 5:27 p.m. Administrator said that clinical meetings are held every morning, and she takes part in the meeting. She described a start-up which takes place in the AM and there was a review of all changes, then a stand down that takes place in the afternoon. During this time there is a follow-up regarding all pending items from the morning clinical meeting and address clinical issues. Record review of nursing progress notes dated 8/13/2025-8/26/2025. First entry addressing IV site is on 8/21/2025 at 8:33 a.m. Aztreonam in Dextrose Solution 1 GM/50 ML Use 1 GM intravenously every 8 hours for bacterial infection for 9 days Intact, patent, dry. Second entry addressing IV site is a (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Nursing Progress noted dated 8/23/24 at 11:44 p.m. Aztreonam 1 gm/50ml IV every 8 hours for bacterial infection. PIV to left forearm, flushing well, good patency. No redness, or infiltration noted to site. Dressing clean, dry and intact. 2.) Observation on 08/26/25 at 8:53 a.m. revealed Resident #10 was in her room lying in bed. She had a peripheral intravenous lock (a device that is flushed and locked with saline solution when not in use) covered with a transparent dressing on her left hand. There were no signs or symptoms of infection or infiltration (when fluid leaks out of the vein into surrounding soft tissue) noted at the IV site. Record review of Resident #10's admission record dated 06/04/25 revealed an [AGE] year-old female with diagnosis of Colle's' fracture of right radius (type of wrist fracture that occurs when the distal radius ((the lower end of the radius bone in the forearm)) breaks and bends backward), other fractures of lower end of right radius, unspecified protein-calorie malnutrition, major depressive disorder, and dysphagia (difficulty swallowing food or liquids). Record review of Resident #10's quarterly MDS assessment revealed resident #10's BIMS score was a 2 which indicates severe cognitively impaired. Section O - Special Treatments, Procedures, and Programs revealed Resident #10 was receiving IV medications. Record review of Resident #10's Order Summary Report dated August 2025 revealed Resident #10 had an order for Dextrose Intravenous Solution 5 % (Dextrose) Use 80 ml/hr. intravenously every shift for IV hydration for 2 Days with 2 Liters in total, start date 08/20/25 and end date 08/22/25. Record review of Resident #10's Order Summary Report dated August 2025 lacked evidence of orders for IV insertion, IV dressing changes, and IV flushes. In an interview on 08/26/25 at 9:35 a.m. LVN N stated he was the nurse for Resident #10. LVN N stated that when a nurse received doctor's orders for a resident, it was the responsibility of the nurse to also obtain IV site care or maintenance orders. Such orders included how often to replace or flush the IV catheter. LVN N stated that a negative outcome for not receiving and following through with such orders could cause the IV catheter to become clogged and cause infiltration. He also stated if the IV line was to become clogged, it could cause infection to the IV site. LVN N stated he could not recall when the last IV training was. In an interview on 08/27/25 at 9:25 a.m., the DON stated she did not know why there were no orders in place for IV site care. The DON stated that the nurse that had received the order for IV hydration should have also followed through with orders for IV site care and maintenance. The DON searched through orders on the facility's computer system to verify who had received the IV hydration order. Once the DON verified which nurse received the order, she continued to look for the IV site care orders. The DON admitted there were no other orders pertaining to the IV care and stated, I'm not going to lie and say there is an order. If the order is not in the system, then the order is not there. The DON stated that the negative outcome of not having orders for IV flushes or for changing out the IV catheter could have resulted in infection to the IV site or the IV site having had a blockage. She stated that IV administration class was done annually and as needed. Record review of the facility's Physician Visits and Physician Delegation Policy date implemented 10/24/22 revealed: (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Policy: It is the policy of this facility to ensure the physician takes an active role in supervising the care of residents. Policy Explanation and Compliance Guidelines: The Licensed Nurse should: g. When possible, review the medical record for completeness, prior to the physician leaving the facility j. Execute a verbal order with the attending physician for approval of any orders for care The Physician should: g. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs.		

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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 that each resident received adequate supervision and assistive devices to prevent accidents for 1 of 3 residents (Resident # 11) reviewed for accidents and supervision. The facility failed to ensure Resident # 11's door handle remained unlocked from the outside when the door was closed. This failure could place residents at risk for accidents and injuries. Findings included: Record review of Resident # 11 face sheet dated 07/24/24 revealed an [AGE] year-old male admitted to the facility on [DATE], with the diagnosis of Dementia (brain disorder that causes a gradual decline in cognitive abilities), Gastro-Esophageal Reflux Disease (Condition where stomach acid flows back into the esophagus, causing symptoms of heartburn), Hypertension (high blood pressure), Muscle Wasting and Atrophy. Review of Resident # 11's MDS assessment dated [DATE] revealed a BIMS score of 06 which means severe cognitive impairment. Review of Resident # 11 Care Plan date revised 6/24/2024 reveals Resident has limited physical mobility r/t physical limitations such as weakness, dementia. Interventions: The Resident was NON-WEIGHT BEARING and requires assistance by one staff for locomotion using wheelchair as needed. Observation on 8/26/2025 at 9:15 a.m. survey attempted to enter Resident # 11's room but was unsuccessful due to the door being locked. The surveyor asked LVN G if there was a Resident in the room and he said yes and attempted to open the door. He then called Maintenance A to unlock the door and within a minute and a half the door was unlocked. LVN G said he did not know the door handle had a lock. The surveyor entered the room and Resident 11 was lying in bed, covered. He said he was fine and there were no concerns. The call light was within reach. Resident 11 demonstrated how to use call light. Observation on 8/26/2025 at 9:17 a.m. Maintenance A was changing the door handle. Interview on 8/26/2025 at 9:20 a.m. Maintenance A said that room A was used as a show room (facility model of resident room) and the door handle differed from the rest of the resident's door handles. The door handle for room A had a lock/key system and the rest of the handles did not. He said he did not notify the staff that the door handle differed from the regular handles. He said the showroom and storage room had locks to prevent residents from having accidents. He said he should have changed it on Monday but forgot. He said Resident 11 was moved Sunday evening to that room due to the outbreak. Interview on 8/26/2025 at 1:35 p.m. CNA D said she had not entered Resident 11's room but noticed his door was always cracked open. She said she had worked the previous day, and his door stayed opened all day. CNA D said she had training on Abuse, Neglect, and Exploitation (ANE) and gave examples of ANE and said she would immediately notify the administrator of ANE concerns. Interview on 8/26/2025 at 1:44 p.m. CNA H said she had seen Resident at 6:20 a.m. during her rounds, at 7 a.m. to drop off breakfast tray, and again sometime after 8 a.m. to pick up his tray. She demonstrated how she closed the door completely after walking out of the room with his tray. Interview on 8/26/2025 at 1:55 p.m. LVN I said he had been in Resident # 11's room around 6:40 a.m., 7 a.m., and 8:47 a.m. for rounds. He said he had always seen the door cracked open and at times fully open. Interview on 8/26/2025 at 3:41 p.m. CMA J said she went into Resident # 11's room to administer meds and his door was halfway open. She said she worked a double shift on 8/25/2026 and never saw his door completely closed. She said she did not know the door handle was different from the rest. CMA J said that the administrator is always talking to the staff about ANE and providing education. She said the last training on ANE was done last week. Interview on 8/27/2025 at 8:30 a.m. Maintenance A said he was notified by LVN F on Sunday (8/24) to unlock and prepare to have room [ROOM NUMBER] ready for a resident because they were in the process of moving some residents due to contact precautions. He said he moved the furniture out and prepared the room. Maintenance A said the door locked from the outside but remained unlocked from the inside. Interview on 8/27/2025 at 11:34 a.m. LVN I said He received report at the beginning of his shift and was (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	informed that Resident # 11 was moved to room [ROOM NUMBER]. He said the door was not completely closed at the beginning of his shift and that he was unaware that the door locked from the outside. He said nothing like this has happened before. Interview on 8/27/2025 at 12:00 p.m. LVN N said he worked on Sunday (8/24) and a couple of residents were going to be moved to the back and one to the front. He said that LVN G had notified him that some residents were going to be moved that day including Resident # 11, but no specific room was assigned. LVN N said he had no knowledge of showroom, or the door handles being different. He said he never had a Resident with a locked door. Interview on 8/27/2025 at 1:02 p.m. via telephone call LVN L said she worked the night shift (10pm-6 am) on Sunday (8/24) and received report that Resident # 11 was moved to room [ROOM NUMBER]. She said she checked up on him during the night and liked to keep the door open to hear the resident. She said Resident # 11 does voice his needs and is able to use the call light but does not get up. LVN L said she did not pay attention to the door handle. Interview on 8/27/2025 at 1:31 p.m. via telephone call LVN F said she worked on Monday (8/25) the day shift (6am-2pm) and had received report at the beginning of her shift regarding Resident # 11 moved to room [ROOM NUMBER] due to contact precautions and that there was no mention about the door handle. She said Resident # 11 was stable and no changes in condition and that his door was always open despite contact precautions. LVN F said she had spoken to Maintenance A on Sunday to get the rooms ready and generalized all rooms not specifically room [ROOM NUMBER]. She said she did not know about the lock on the handle in room [ROOM NUMBER]. Interview on 8/27/2025 at 2:25 p.m. LVN E said he worked the afternoon shift (2pm-10pm) on Monday (8/25) and received report at the beginning of his shift regarding residents being moved. He said he knew Resident # 11 was in room [ROOM NUMBER] and he made sure his door was open because he is one of the few residents that has difficulty verbalizing need. LVN E said he made rounds every hour to make sure everyone was okay. He said that at the end of his shift he reported no concerns throughout the day and that the door handle to room [ROOM NUMBER] was movable inside and out and kept the door open all day. He said it was never completely closed. Interview on 8/27/2025 at 2:34 p.m. via telephone call, Registered Nurse (RN) M said he worked the afternoon shift on Sunday (8/24) and that Resident # 11 was moved from room [ROOM NUMBER] to 211. He said resident would be in the room alone due to the contact precaution and that room [ROOM NUMBER] was the only room available. RN M said that room [ROOM NUMBER] was a showroom and that keys were available with nurses at both sides of the facility. He said he did not know that the door handle had a lock and that he gave report to the incoming shift to leave the door open. Interview on 8/28/2025 at 4:48 p.m. RN/ADON B said he knew the door handle to room [ROOM NUMBER] had a lock and knew where the key was, which was at the front lobby. He said he did not recall if the door was fully closed and that an in-service was done by Maintenance A regarding locks. Interview on 8/28/2025 at 5:13 p.m. DON said she had forgotten that the door handle to room A was different and that the door was always kept open. She said that if staff were providing care, the door was able to open from the inside and that rounds are done throughout the day to check in on the residents. Interview on 8/28/2025 at 5:27 p.m. Administrator said she was made aware of Resident #11 moving into room A on Monday (8/25). She said that she was his ambassador and did rounds and his door was opened throughout the day. She said his door was open or cracked open but not fully closed. Administrator said that the manager on duty and all staff know where to access key to the showroom. She said the facility did not have any policies for locks. Review of facility's Proof of Education dated 8/26/25: All Resident's Door Must Remained Unlock. Topic: Resident Doors. Summary of Training: Resident Door, All Resident doors to remain unlocked, Refer all issues to maintenance supervisor. Conducted by RN/ADON B. Forty-one employee signatures on In-service sign-in sheet. Review of facility's census sheet dated 8/26/25 at 2:32 p.m. Maintenance A checked all doors and identified room [ROOM NUMBER], 214, and 218 as storage locked. A notation on checklist made of All doors checked 100%, Visual examination and inspection of resident's doors, and, all doors checked for resident's room, No door handles with locks or locked doors.		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections for 1 of 5 residents (Resident # 15) reviewed for quality of care. The facility failed on 08/27/2025 to ensure Residents # 15's indwelling catheters (drains urine from your bladder into a bag outside your body) had a securement device to anchor their catheters. This failure could place residents at risk for urinary tract infections and catheter related injuries. Findings included: Record review of a facility face sheet dated 8/28/25 for Resident # 15 indicated that she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: type 2 diabetes (uncontrolled blood sugar), hypertension (high blood pressure), and malfunction, dislodgement, and/or obstruction (distinct issues that can block the flow of urine, potentially causing severe pain, infection, and kidney damage). Record review of a comprehensive care plan dated 8/28/25 for Resident # 15 indicated that she had an indwelling catheter and had an intervention that read: . monitor that collection bag is off the floor and hung below bladder level . Record review of a physician's order summary report dated 8/28/25 for Resident # 15 indicated that she had the following order dated 8/18/25: . May change with Foley Catheter 16F with 10mL bulb as needed. every 24 hours as needed for Malfunction, Dislodgement, and/ or Obstruction **Document reason for re-insertion, size of Foley, and if tolerated well. Document in PCC as indicated During an observation on 8/27/25 at 10:14 am Resident # 15 received catheter care by CNA H. Resident #15 had an indwelling catheter present in a privacy bag and the tubing was not secured with a securement device. During an interview on 8/27/25 at 10:14 am, CNA H said that Resident #15 had a strap applied to secure his foley catheter earlier this morning by the nurse. CNA H said that not having a securement strap could cause harm or pain to the resident from the pulling or weight of the drainage bag pulling on the urethra. During an interview on 8/27/25 at 11:00 am, LVN K said that the nurses were responsible for the securement devices on residents that had indwelling catheters. LVN K said that residents that had an indwelling catheter should have a securement device to prevent dislodgement or trauma to the resident. During an interview on 8/28/25 at 09:05 am, the DON said the nurses were responsible for assessing residents with indwelling catheters to ensure there was a securement device in place. She stated the charge nurse should also assess the securement device on each shift to ensure the resident was not having any discomfort from tension or pulling of the tubing. The DON stated she expected every resident with an indwelling catheter to have a securement device. The DON said she would be in servicing the staff. During an interview on 8/28/25 at 11:00 am, the administrator said that there was no policy on foley catheters.		

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NAME OF PROVIDER OR SUPPLIER Windsor Nursing and Rehabilitation Center of Edinb		STREET ADDRESS, CITY, STATE, ZIP CODE 1505 S Closner Edinburg, TX 78539	
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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids 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 parenteral care and services were administered consistent with professional standards of practice for 2 of 2 residents reviewed for intravenous fluids. (Resident #10 and #34) 1) The facility failed on 8/26/2025 to ensure the dressing on Resident # 34's peripheral intravenous line (a short flexible tube inserted into the vein to administer fluids and medications) was dated and initialed. 2) The facility failed on 08/26/2025 to ensure the dressing on Resident #10's peripheral intravenous line (a short flexible tube inserted into a vein to administer fluids and medications [IV]) was dated and initialed. Dressing on Resident's hand revealed a clear dressing over IV line site with no date of insertion and no initials indicating which nurse had inserted IV line. This failure could place residents at risk of not receiving the appropriate IV care and services. 1) Record review of Resident # 34's face sheet dated 12/06/2024 revealed an [AGE] year-old male with a diagnosis of Malignant Neoplasm of Bladder (bladder cancer), Secondary Malignant Neoplasm of Liver and Intrahepatic Duct (liver cancer), Displacement of Nephrostomy Catheter (tube that acts as a temporary detour for urine, allowing urine to drain directly from the kidney into a bag outside the body) Record review of Resident # 34's person-centered care plan, initiated date on 8/20/2025 revealed he was on IV (intravenous) antibiotic therapy related to Sepsis (condition in which the body responds improperly to an infection). Record review of Resident # 34's MDS assessment dated [DATE] revealed a BIMS score of 12 which is moderate cognitive impairment. Observation on 8/26/2025 at 2:09 p.m. Resident # 34's IV access to left forearm covered with a clear dressing was not labeled and tape coming off the sides. Dried blood noted under the clear dressing. Observation on 8/27/2025 at 5:45 p.m. Resident # 34's IV site unlabeled, tape adhesive coming off and dried blood seen under clear dressing. Interview on 8/27/2025 at 5:50 p.m. Licensed Vocation Nurse (LVN) E said Resident # 34 returned from the hospital two to three days ago with the IV access and that the dressing will be changed tonight. Interview on 8/28/2025 at 9:14 a.m. LVN F said that a physician's order was received on 8/20/25 for IV antibiotic to be administered every eight hours for nine days and that she redressed the dressing on 8/24/25. She said that if IV site is not cleaned there can be a risk of infection to the area. LVN F said she had a training on PPE and infection control this past week. Review of facility's policy titled Infection Prevention and Control Program dated 5/13/2023 revealed; Isolation Protocol (Transmission-Based Precautions): A resident with an infection or communicable disease shall be placed on transmission-based precautions as recommended by current CDC guidelines. Review of CDC 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 before exiting the patient room is done to contain pathogens. Review of facility's policy titled Infection Prevention and Control Program dated 5/13/2023 revealed; Policy Explanation and Compliance Guidelines: 2. All staff are responsible for following all policies and procedures related to the program. 4. Standard Precautions: d. Licensed staff shall adhere to safe injection and medication administration practices, as described in relevant facility policies. 2) Record review of Resident #10's admission record dated 06/04/25 revealed an [AGE] year-old female with diagnosis of Colle's' fracture of right radius (type of wrist fracture that occurs when the distal radius ((the lower end of the radius bone in the forearm)) breaks and bends backward), other fractures of lower end of right radius, unspecified protein-calorie malnutrition, major depressive disorder, and dysphagia (difficulty swallowing food or liquids). Record review of Resident #10's quarterly MDS assessment revealed resident #10's BIMS score was a 2 which indicates severe cognitively impaired. Section O - Special Treatments, Procedures, and Programs revealed Resident #10 was receiving IV medications. Record review of Resident #10's Order (continued on next page)		

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Summary Report dated August 2025 revealed Resident #10 had an order for Dextrose Intravenous Solution 5 % (Dextrose) Use 80 ml/hr intravenously every shift for IV hydration for 2 Days with 2 Liters in total, start date 08/20/25. Observation on 08/26/25 at 8:53 a.m. revealed Resident #10 was in her room lying in bed. She had a peripheral intravenous lock covered with a transparent dressing with no date and no initials on her left hand. There were no signs or symptoms of infection or infiltration noted at the IV site. In an interview on 08/26/25 at 9:35 a.m. LVN N stated he was the nurse for Resident #10. He stated that the nurse who initiated the IV was responsible for labeling the dressing with the date of placement and initials. LVN N stated that it was important to label the IV site to know when the IV was placed or the last time it was changed. He stated that if the IV was not changed within the ordered time, then it could cause an infection. He stated that the last time he had checked the resident's IV site was this morning, at the beginning of his shift. LVN N stated that the IV site should be checked at every shift. The site was to be checked for any signs of infection, the date and signature on the dressing, and check that the saline lock cap was in place. He stated he could not recall when the last training was he had received on IV administration. LVN N confirmed the resident had a peripheral IV lock on her left hand covered with a transparent dressing that was not labeled or dated. In an interview on 08/27/25 at 9:25 a.m., the DON stated she did not know why the dressing label had not been dated and initialed. The DON stated that the nurse that had inserted the IV should have dated and initialed the dressing that was over the IV site. The DON searched through orders on their computer system to verify who had placed the IV, however, she was not able to find the progress note indicating placement. The DON stated that labeling the insertion site dressing was taught in nursing school and every nurse should have known to label it. She stated that the negative outcome of not labeling the dressing was that it could go over the recommended standard time of every 72 hours and could cause infection. She stated that IV administration class was done annually and as needed. Record review of the facility's Infection Prevention and Control Program Policy date implemented 05/13/23 revealed: Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. Policy Explanation and Compliance Guidelines: 2. All staff are responsible for following all policies and procedures related to the program. Transmission-Based PrecautionsTransmission-based precautions are used when patients already have confirmed or suspected infections		

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review the facility failed to ensure, in accordance with accepted professional standards and practices, medical records were maintained on each resident that were complete, accurately documented, readily accessible, and systematically organized for 3 of 5 residents (Resident #51 and Resident # 34 and Resident # 10) reviewed for resident record 1. Facility failed on 8/26/2025 to ensure physician orders were written for IV (intravenous) access and maintenance of IV site for Resident # 34.2. Facility failed on 08/26/2025 to ensure physician orders were written for IV (intravenous) access and maintenance of IV site for Resident #10. On 09/08/25, record review of August's order summary revealed resident obtained an order for IV hydration, thus revealing resident already had an IV lock in place. No orders were found to indicate the date, time and location the IV lock was initially placed. No orders were found to indicate maintenance on IV lock such as flushes or IV lock replacements. On 09/08/25, observation noted that resident #10 still had an IV lock in place with still no orders for IV access and IV maintenance for IV site. 3. Facility failed on 08/26/2025 to ensure physician orders were written for Contact Precautions for Resident #51for scabies. These failures could place residents at risk for incorrect treatment decisions, evaluation, and treatment plans compromising patient safety due to insufficient information records. Findings included: 3) Record review of Resident #51's face sheet dated 08/26/2025 revealed a [AGE] year-old female that was admitted to the facility on [DATE]. Her diagnoses included Prophylactic for Scabies (treating close contacts of an infested person with the same medications used for treatment, such as permethrin cream or oral ivermectin, along with environmental cleaning and sometimes isolation to prevent the spread of the mites), type 2 diabetes (uncontrolled blood sugar), need for assistance with personal care. Record review of Resident #51 quarterly MDS assessment dated [DATE] reflected Resident #51 had a BIMS of 2, indicating resident was severe cognitive impaired. Review of Resident #51 MAR on 08/26/2025 reflected the following order: Permethrin External Cream 5 % (Permethrin) Apply to Entire Body topically one time a day for Prophylactic Scabies for 1 Administrations Apply from neck down to feet, leave for 12 hours then shower. Review of Resident# 51 order summary on 08/26/2025 did not reflect Contact Precautions for Scabies. During an observation on 08/26/2025 at 10:26 AM of room [ROOM NUMBER]A Contact Precaution sign was at door, personal protective equipment was outside the room in a cart. During an interview on 8/26/25 at 12:30 pm, LVN N said that the resident was on contact precautions for prophylactic for scabies. LVN N said that it was important to have the order in the point click center for staff to be aware of the Resident #51's diagnosis. LVN N said that it was important to use personal protective equipment to prevent the spread of infection. During an interview on 08/28/2025 at 03:50 pm, DON stated that she was not able to find the order for (continued on next page)		

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the contact precautions. DON said Resident #51 was not harmed because she did not have the order in the point click center. DON said there was not a negative outcome. On 08/28/2025 facility was asked for their policy for Physician Orders, no policy was provided prior to exit. Findings included: 1) Record review of Resident # 34 admission record dated 12/06/2024 revealed an [AGE] year-old male that was readmitted to the facility on [DATE]. His diagnosis includes Malignant Neoplasm of Bladder (bladder cancer), Secondary Malignant Neoplasm of Liver and Intrahepatic Duct (liver cancer), Displacement of Nephrostomy Catheter (tube that acts as a temporary detour for urine, allowing urine to drain directly from the kidney into a bag outside the body). Record review of Resident # 34's MDS assessment dated [DATE] revealed a BIMS Score of 12 which is moderate cognitive impairment. Record review of Resident # 34's order summary on 8/20/2025 revealed an order for Aztreonam in Dextrose Solution 1 GM/50 ML Use 1 GM intravenously every 8 hours for bacterial infection. The order summary did not reflect an order for IV access. The order summary did not reflect an order for IV maintenance (IV flush and dressing change). Interview on 8/28/2025 at 9:14 a.m. LVN F that she has been flushing the IV with 10 cc of normal saline before and after medication. She said she had redressed the IV site on 8/24/2025. LVN F said she knows from previous orders to flush with 10 cc of normal saline. LVN F looked at the order summary and did not find an order for an IV access, no order for IV flush, and no order for dressing change. She said that if the IV site was not cleaned and dressing changed that the resident could be at risk for infection to IV site. LVN F said that if the IV access was not flushed it could put the resident at risk for infiltration and patency. She explained the process of receiving physician orders for IV antibiotic and placement. She said she would input the order, check for allergies, inform the resident and family of new orders and clarify IV management with physician such as flush, dressing change and IV catheter size. Interview on 8/28/2025 at 4:48 p.m. RN/ADON B said that standing orders for peripheral IVs and PICC (peripherally inserted central catheter) lines (thin flexible tube inserted in the upper arm that is threaded into a large central vein) populate automatically in the system when an IV antibiotic is ordered. He said the system is finicky at times and the order for the flush and maintenance needs to be manually input. RN/DON B said that training on physician orders and computer systems was done upon hire and as needed. He said new orders and medical records are managed by him and he follows up with the nurses. Interview on 8/28/2025 at 5:13 p.m. DON said physician orders are given for antibiotic regimen and that nurses need an order for IV flush and dressing. She said most physicians order IV site dressing to be changed every 72 hours or as needed but there was no written record (policy) available. Interview on 8/28/2025 at 5:27 p.m. Administrator said that clinical meetings are held every morning, and she takes part in the meeting. She described a start-up which takes place in the AM and there was [BH1] a review of all changes, then a stand down that takes place in the afternoon. During this time there is a follow-up regarding all pending items from the morning clinical meeting and address (continued on next page)		

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	clinical issues. Record review of nursing progress notes dated 8/13/2025-8/26/205. First entry addressing IV site is on 8/21/2025 at 8:33 a.m. Aztreonam in Dextrose Solution 1 GM/50 ML Use 1 GM intravenously every 8 hours for bacterial infection for 9 days Intact, patent, dry. Second entry addressing IV site is a Nursing Progress noted dated 8/23/24 at 11:44 p.m. Aztreonam 1 gm/50ml IV every 8 hours for bacterial infection. PIV[BH2] to left forearm, flushing well, good patency. No redness, or infiltration noted to site. Dressing clean, dry and intact. [BH1]Tags should be written in past tense, Please correct throughout the document. [BH2]Define all abbreviations throughout the document.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an infection 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 (Resident #3, Resident #11, Resident #12) of 5 residents reviewed for infection control practices, in that: 1) The facility failed on 8/26/2025 to ensure maintenance A, ADON/RN B, Houskeeper C did not don (put on) PPE before entering Resident #11, Resident #3, Resident #12 room. Residents were under contact precautions as per physician orders. This failure could place residents who resided in the facility, as well as employees and visitors, at risk of communicable diseases. The findings included: 1) Record review of Resident #11's face sheet dated 07/24/24 revealed an [AGE] year-old male admitted to the facility on [DATE], with the diagnosis of Dementia (brain disorder that causes a gradual decline in cognitive abilities), Gastro-Esophageal Reflux Disease (Condition where stomach acid flows back into the esophagus, causing symptoms of heartburn), Hypertension (high blood pressure), Muscle Wasting and Atrophy. Review of Resident #11 Physician Orders dated 8/24/2025 revealed Contact Precautions due to Scabies (microscopic mites that burrow into the top layer of skin causing a rash and itchiness. It is highly contagious and spreads through direct skin-to-skin contact or contaminated surfaces) Prophylaxis. All staff/visitors to follow Contact Precautions with PPE including gloves, and disposable gowns, all supplies available on entry Review of Resident #11's MDS dated [DATE] revealed BIMS (Brief Interview for Mental Status) score of 06 which means severe cognitive impairment. Observation on 08/26/25 9:17 a.m. revealed Resident #11 was on contact isolation precautions. Outside Resident #11's room was a signage indicating contact precautions, personal protective equipment (PPE) outside the door that had masks, gloves, and gowns available. Maintenance A entered Resident #11 (contact precautions) room, got on one knee and started working on changing the door handle. After walking out of the room, he sanitized his hands. Interview on 08/26/2025 at 9:22 a.m., Maintenance A said that because he didn't get near the resident, and it was his understanding that he did not need to put on PPE. He said that if precautions were not followed, infections could be spread room to room and to staff as well. His last training on EBP (enhanced barrier precautions) and isolations precautions was two weeks ago. He described the difference between Airborne and Droplet Precautions. Interview on 08/26/2025 at 1:35 p.m., Certified Nurse Aide D (CNA) has been employed at the facility for fifteen years. She said staff meetings are held every one to two weeks which include in-services and training. The last infection control in-service was held about three weeks ago. Topics reviewed were hand washing and sanitizing, transferring of linens, and trash. Record Review of Resident # 3's face sheet dated 12/05/2023 revealed an [AGE] year-old female with a diagnosis of Alzheimer's Disease, Hypertension, and Atrial Fibrillation (heart rhythm disorder where the upper chambers of the heartbeat irregularly and rapidly). Record Review of Resident # 3's Physician Order dated Effective 8/21/2025 Contact Precautions due to Scabies with PPE including gloves, and disposable gowns, all supplies available on entry. Record Review of Resident # 3's Quarterly MDS Assessment, dated 6/25/2025 revealed she had a BIMS Score of 01 which means severe cognitive impairment. Observation on 8/26/2025 at 12:04 p.m. Resident # 3 was on contact isolation precautions. Outside Resident #3's room was a sign indicating contact precautions, personal protective equipment outside the door that had masks, gloves, and gowns available. RN/ADON B walked into Resident 3's room (Contact Precautions) without donning PPE and delivered her meal tray. Interview on 8/25/2025 at 12:31 p.m. RN/ADON B said he did not need to don PPE because he was not touching the resident and did not render care. Record Review of Resident # 12's face sheet dated 1/07/2025 revealed a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis of Cerebral Infarction (stroke), Hemiplegia Left Side (left side paralysis), and Chronic Obstructive Pulmonary Disease (a group of lung diseases that cause ongoing breathing problems). (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident # 12's physician order dated 8/26/2025 revealed Contact Precautions due to Suspected Scabies. All staff/visitors to follow Contact Precautions with PPE including gloves, and disposable gowns, all supplies available on entry. Review of Resident # 12's MDS assessment dated [DATE] revealed a BIMS score of 09 which means moderate cognitive impairment. Observation on 8/26/2025 at 1:50 p.m. housekeeper B was inside Resident # 12's room mopping wearing gloves and no gown. Contact precaution signage on the resident's door. Gowns, gloves, and face mask were outside of the resident's room. Interview on 8/26/2025 at 1:55 p.m. Housekeeper B said she has been employed at the facility for three days and had training on housekeeping and laundry topics. She said her co-workers told her there was only one room where she had to wear a gown. She said she was not sure why she had to wear a gown. Housekeeper B said that she had watched education videos on basic topics such as falls and when and to whom she should report incidents. Interview on 8/28/25 at 4:48 p.m., RN/ADON B stated all staff and visitors should wear personal protective equipment before entering the isolation rooms because this prevents the spread of infection to other residents. He is the Infection Preventionist and that staff trainings on infection control are done as needed, during orientation for newly hired employees, and quarterly. Interview on 08/28/25 at 5:13 PM, DON stated contact Isolation precautions should be followed by all staff because of the potential for spreading infections to other residents. DON stated that in-services (training) on infection control were done on an annual basis and as needed. She said all staff gets trained on Transmission Based Precautions (TBP) and Infection Control is addressed monthly during their QAPI (Quality Assurance and Performance Improvement) committee review. 2) Record review of Resident # 34's face sheet dated 12/06/2024 revealed an [AGE] year-old male with a diagnosis of Malignant Neoplasm of Bladder (bladder cancer), Secondary Malignant Neoplasm of Liver and Intrahepatic Duct (liver cancer), Displacement of Nephrostomy Catheter (tube that acts as a temporary detour for urine, allowing urine to drain directly from the kidney into a bag outside the body) Record review of Resident # 34's person-centered care plan, initiated date on 8/20/2025 revealed he was on IV (intravenous) antibiotic therapy related to Sepsis (condition in which the body responds improperly to an infection). Record review of Resident # 34's MDS assessment dated [DATE] revealed a BIMS score of 12 which is moderate cognitive impairment. Observation on 8/26/2025 at 2:09 p.m. Resident # 34's IV access to left forearm covered with a clear dressing was not labeled and tape coming off the sides. Dried blood noted under the clear dressing. Observation on 8/27/2025 at 5:45 p.m. Resident # 34's IV site unlabeled, tape adhesive coming off and dried blood seen under clear dressing. Interview on 8/27/2025 at 5:50 p.m. Licensed Vocation Nurse (LVN) E said Resident # 34 returned from the hospital two to three days ago with the IV access and that the dressing will be changed tonight. Interview on 8/28/2025 at 9:14 a.m. LVN F said that a physician's order was received on 8/20/25 for IV antibiotic to be administered every eight hours for nine days and that she redressed the dressing on 8/24/25. She said that if IV site is not cleaned there can be a risk of infection to the area. LVN F said she had a training on PPE and infection control this past week. Review of facility's policy titled Infection Prevention and Control Program dated 5/13/2023 revealed; Isolation Protocol (Transmission-Based Precautions): A resident with an infection or communicable disease shall be placed on transmission-based precautions as recommended by current CDC guidelines. Review of CDC 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 before exiting the patient room is done to contain pathogens. Review of facility's policy titled Infection Prevention and Control Program dated 5/13/2023 revealed; Policy Explanation and Compliance Guidelines: 2. All staff are responsible for following all policies and procedures related to the program. 4. Standard Precautions: d. Licensed staff shall adhere to safe injection and medication administration practices, (continued on next page)		

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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 - Few	as described in relevant facility policies. 3) Record review of Resident #10's admission record dated 06/04/25 revealed an [AGE] year-old female with diagnosis of Colle's fracture of right radius (type of wrist fracture that occurs when the distal radius ((the lower end of the radius bone in the forearm)) breaks and bends backward), other fractures of lower end of right radius, unspecified protein-calorie malnutrition, major depressive disorder, and dysphagia (difficulty swallowing food or liquids). Record review of Resident #10's quarterly MDS assessment revealed resident #10's BIMS score was a 2 which indicates severe cognitively impaired. Section O - Special Treatments, Procedures, and Programs revealed Resident #10 was receiving IV medications. Record review of Resident #10's Order Summary Report dated August 2025 revealed Resident #10 had an order for Dextrose Intravenous Solution 5 % (Dextrose) Use 80 ml/hr intravenously every shift for IV hydration for 2 Days with 2 Liters in total, start date 08/20/25. Observation on 08/26/25 at 8:53 a.m. revealed Resident #10 was in her room lying in bed. She had a peripheral intravenous lock covered with a transparent dressing with no date and no initials on her left hand. There were no signs or symptoms of infection or infiltration noted at the IV site. In an interview on 08/26/25 at 9:35 a.m. LVN N stated he was the nurse for Resident #10. He stated that the nurse who initiated the IV was responsible for labeling the dressing with the date of placement and initials. LVN N stated that it was important to label the IV site to know when the IV was placed or the last time it was changed. He stated that if the IV was not changed within the ordered time, then it could cause an infection. He stated that the last time he had checked the resident's IV site was this morning, at the beginning of his shift. LVN N stated that the IV site should be checked at every shift. The site was to be checked for any signs of infection, the date and signature on the dressing, and check that the saline lock cap was in place. He stated he could not recall when the last training was he had received on IV administration. LVN N confirmed the resident had a peripheral IV lock on her left hand covered with a transparent dressing that was not labeled or dated. In an interview on 08/27/25 at 9:25 a.m., the DON stated she did not know why the dressing label had not been dated and initialed. The DON stated that the nurse that had inserted the IV should have dated and initialed the dressing that was over the IV site. The DON searched through orders on their computer system to verify who had placed the IV, however, she was not able to find the progress note indicating placement. The DON stated that labeling the insertion site dressing was taught in nursing school and every nurse should have known to label it. She stated that the negative outcome of not labeling the dressing was that it could go over the recommended standard time of every 72 hours and could cause infection. She stated that IV administration class was done annually and as needed. Record review of the facility's Infection Prevention and Control Program Policy date implemented 05/13/23 revealed: Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. Policy Explanation and Compliance Guidelines: 2. All staff are responsible for following all policies and procedures related to the program.		