STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675785	A. Building B. Wing	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edinburg Nursing and Rehabilitation Center	5215 S Sugar Rd 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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 observations, interviews and record reviews, the facility failed to maintain clinical records on each resident that were complete and accurately documented in accordance with accepted professional standards and practices for 1 (Resident #1) of 3 residents reviewed for accuracy and completeness of clinical records. The facility failed to ensure Resident #1 had an order for EBP (refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloved use during high contact resident care activities). This failure could place residents at risk of not receiving nursing services by adequately trained nurses and could result in a decline in health.The findings included:Record review of Resident #1's admission record dated 02/04/26 reflected a [AGE] year-old female with an admit date of 01/14/26 an original admission date of 01/14/2021. Her relevant diagnoses included Alzheimer's disease (a progressive neurodegenerative disorder, causing dementia symptoms that worsen over time), chronic kidney disease (a long-term condition characterized by a gradual loss of kidney function over months or years), and heart failure (the heart can't pump enough blood). Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected a BIMS score of 4, which indicated her cognition was severely impaired. MDS did not address any care issues that would require EBP. Record review of Resident #1's quarterly care plan dated 01/18/26 reflected a problem resident has the need for Enhanced Barrier Precautions due to history of ESBL (extended-spectrum beta-lactamase-E. coli (a common bacterium found in the intestines of humans and animals) or Klebsiella (a bacteria found in the human gut and stool that can cause serious infections like pneumonia, urinary tract infections, bloodstream infections, and meningitis), cause serious infections in the bloodstream, urinary tract, or abdomen) to urine, MRSA (methicillin-resistant staphylococcus-a type of staph bacteria resistant to several common antibiotics, making infections harder to treat) to sacral wound. Her interventions in part included place on Enhanced Barrier Precautions, ensure a sign is placed on the door to notify staff and visitors of the precautionary measures: Gown and gloves only for high- contact resident care activities (dressing, bathing/showering, personal hygiene, changing linens, assisting with toileting, perineal/incontinent care, medical device care or use, wound care), no room restriction and may participate in communal activities. Use a mask, goggles/eye shield as indicated, date Initiated 01/23/2025.An interview and observation on 02/04/26 at 11:20 a.m., MDS-RN said Resident #1 was under EBP due to a history of due to history of ESBL to her urine and MRSA to a sacral wound. She said Resident #1 would aways need to be on EBP. MDS-RN was observed as she reviewed Resident #1's electronic medical record and said she did not see an active order for EBP. She said she found an EBP order that was discontinued on 01/23/26. She said a negative outcome for Resident #1 not having an order for EBP was that the CNAs and nursing staff would not know to take precautions.An interview on 02/04/26 at 11:27 a.m., the IP said Resident #1 had a history of ESBL to her urine and MRSA to a sacral (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	wound she had and would need to remain under EBP indefinitely. He was observed as he reviewed Resident #1 medical electronic record and said he could not find an active order for EBP. He said Resident #1 had an EBP order that was discontinued on 01/23/26. The IP said he did not know why Resident #1's ESP order was discontinued, he said it might have been in error. The IP said it was his responsibility to ensure all resident who were under EBP had an order. He said he would conduct weekly reviews, but he must have missed Resident #1 did not have one. The IP as not able to say if there was a negative outcome to Resident #1 not having an order for EBP, he said her room had the required signage, supplied were readily available to CNAs and nursing staff who performed high-contact care. An interview on 02/04/26 at 11:37 a.m., the DON said if a resident had a history of ESBL infection they remained under EBP. She said Resident #1 had an EBP order but had been discontinued on 01/23/26. The DON said Resident #1 had the EBP signage on her door, supplies were readily available to CNAs and nursing staff who performed high-contact care. She said it was the responsibility of the facility's IP to ensure all residents who were on EBP had an order. She was not able to say if there was a negative outcome to Resident #1 for not having an order for EBP because the precautions were being taken. Record review of the facility's Documentation in Medical Record policy dated 10/24/22 reflected:Policy: Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. Policy Explanation and Compliance Guidelines: 1. Licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy.