

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675815	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Kingsville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3130 S Brahma Blvd Kingsville, TX 78363	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the comprehensive care plan was developed and implemented for each resident consistent with resident rights to include measurable objectives and timeframes to meet residents medical, nursing, mental, and psychosocial needs identified in the comprehensive assessment for 1 of 5 residents (Resident #1) reviewed for care plans. The facility failed to develop the diabetic comprehensive care plan for Resident #1. The facility failed to implement fall mats listed in Resident #1's care plan. These failures could place residents at risk of receiving improper or inadequate care and services. The findings included: Record review of Resident #1's face sheet, dated 03/24/2026, revealed a [AGE] year-old female with an original admission date of 12/27/2018, and a current admission date of 05/19/2023. Pertinent diagnoses include Cerebral Infarction (a type of stroke which occurs when a blood clot blocks a brain artery, leading to a loss of blood flow to a specific area of the brain) and Type 2 Diabetes with Hyperglycemia (a chronic disorder characterized by high blood sugar levels due to insufficient insulin [a crucial hormone which regulates blood sugar levels and plays a vital role in energy metabolism] production or ineffective use of insulin by the body). Record review of Resident #1's Quarterly MDS assessment, dated 02/23/2026, revealed a BIMS score of 99 due to Resident #1 was unable to complete the assessment. MDS also indicated Resident #1 had an active diagnosis of Diabetes Mellitus. Record review of Resident #1's care plan revealed there were no care plans which addressed her diagnosis of Diabetes, to include addressing her glucose levels, diet, routine diabetic labs and diagnostic tests. Resident #1 had a care plan for ADL self-care performance deficit initiated 10/06/2022. Interventions included floor mats. MDS did not indicate falls. In an observation on 03/24/2026 at 1:45 PM it was observed there were no floor mats in Resident #1's room while she was in bed. In an interview on 03/24/2025 at 2:50 PM, the MDS nurse stated the fall mats on Resident #1's care plan were supposed to have been removed because she knew they were not being utilized in Resident #1's room. She also stated Resident #1's Diabetes should have been care planned, to include diet, labs and anything else which would apply to the diagnosis. She stated if the care plan was not completed appropriately, residents may not receive appropriate or consistent care. In an interview on 03/25/2026 at 2:40 PM, the ADON stated the MDS nurse typically updated the clinical aspects of the care plan. She stated Resident #1's Diabetes should have been care planned so the resident received the appropriate care. Record review of the facility's Comprehensive Care Plans policy, revised 10/24/2022, revealed Policy Explanation and Compliance Guidelines: 3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. 5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment.</p>

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: 675815	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Kingsville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3130 S Brahma Blvd Kingsville, TX 78363	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, 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 (Resident #1, #2, and #3) of 5 residents reviewed for infection control practices. The facility failed to ensure CNAs were aware of the correct technique and infection control practices when providing incontinent care to Resident #1. The facility failed to ensure Residents #2 and #3 had the appropriate PPE outside the residents' rooms. These failures could place residents at risk for cross-contamination and infection. The findings included: 1. Record review of Resident #1's face sheet, dated 03/24/2026, revealed a [AGE] year-old female with an original admission date of 12/27/2018, and a current admission date of 05/19/2023. Pertinent diagnoses include Cerebral Infarction (a type of stroke which occurs when a blood clot blocks a brain artery, leading to a loss of blood flow to a specific area of the brain) and Type 2 Diabetes with Hyperglycemia (a chronic disorder characterized by high blood sugar levels due to insufficient insulin [a crucial hormone which regulates blood sugar levels and plays a vital role in energy metabolism] production or ineffective use of insulin by the body). Record review of Resident #1's Quarterly MDS assessment, dated 02/23/2026, revealed a BIMS score of 99 due to Resident #1 was unable to complete the assessment. MDS also indicated Resident #1 was dependent in toileting hygiene. Record review of Resident #1's care plan initiated 10/06/2022 revealed Resident #1 was at risk for skin breakdown as evidenced by bladder incontinence. Interventions included check every 2 hours and as needed for incontinence, and clean peri-area with each incontinence episode. Resident #1 also had a care plan for ADL self-care deficit, initiated 10/06/2022, with an intervention which included resident required total assistance by staff for toileting. In an observation on 03/24/2026 at 1:45 PM CNA-A and CNA-B were observed gathering clean supplies and placed supplies into a clean bag, which was utilized as their clean barrier. Another trash bag was set open on Resident #1's bed to discard their dirty and soiled supplies into. Both CNA's performed hand hygiene, then donned clean gloves. They assisted Resident #1 with getting her clothing off and removing the top portion of the brief by pushing it between Resident #1's legs, which smeared feces down Resident #1's leg. CNA-A proceeded to remove clean wipes from clean bag to wipe and clean the front of Resident #1. Without performing hand hygiene, CNA-A rolled resident toward her, she then proceeded to pull clean supplies from the clean bag to hand to CNA-B who removed the brief and continued to clean feces from the backside of resident and between resident's legs. CNA-B was noted to manipulate the trash bag on Resident #1's bed after dirty gloves fell out of bag onto the resident's bed. CNA-B put the dirty, soiled gloves back into the trash bag and pulled the sides of the trash bag up higher to keep soiled, dirty items from falling out. CNA-B then returned to performing incontinent care. After incontinent care, CNA-B went into the bathroom to perform hand hygiene while CNA-A continued to fasten clean brief and pull resident's clothing up without performing hand hygiene. After CNA-A performed hand hygiene, she grabbed trash bag containing dirty, soiled trash with both clean hands, tied it into a knot, and carried it out of the room. In an interview on 03/24/2026 at 2:09 PM, CNA-A stated she was asked to assist with incontinent care for Resident #1, but she did not typically provide care for this resident. CNA-A stated she should have performed hand hygiene and applied new gloves after pulling down Resident #1's brief and cleaning her front, and prior to opening the bag with the clean supplies and grabbing clean supplies to pass to CNA-B. She also stated CNA-B should not grab clean wipes from CNA-A's clean hands/gloves after wiping feces off of the resident. CNA-A also stated she should have performed hand hygiene and applied new/clean gloves anytime she went from a dirty area to a clean area on the resident, to include grabbing clean supplies, applying and fastening a clean brief, and putting resident's clean clothes back on. CNA-A stated they should not have grabbed the dirty trash bag, which had been touched and manipulated (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675815	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Kingsville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3130 S Brahma Blvd Kingsville, TX 78363	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>with dirty gloves during incontinent care, with bare, clean hands, but they should have utilized one gloved hand to carry out the trash while using the clean, ungloved hand to touch clean surfaces. In an interview on 03/24/2026 at 2:24 PM CNA-B stated anytime she went from a dirty area to a clean area she should have performed hand, and if she was the person cleaning the bowel movement, she should not have grabbed clean supplies with her soiled gloves from the other CNA with clean gloves and hands. CNA-B also stated she should not have manipulated the outside of the trash bag with her dirty gloves, but she had to readjust it because soiled gloves had fallen out of it onto the resident's bed. She also stated she should not have grabbed the trash bag with all the soiled and dirty items in it with both clean hands and no gloves on, but she should have utilized a gloved hand to carry out the trash while using the other clean hand to touch clean surfaces. Record review of the facility's Hand Hygiene policy, dated 10/24/2022, revealed Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. 5. Additional considerations: a. The use of gloves does not replace hand hygiene. Record review of the facility's Perineal Care policy, dated 10/24/2022, revealed 2. Gather supplies needed. 7. Set up supplies. 9. If perineum is grossly soiled, turn resident on side, remove any fecal material. then discard. A. cleanse vagina to anus in females. 10. Re-position resident in supine position. Change gloves if soiled and continue with perineal care. 2. Record review of Resident #2's face sheet, dated 03/25/2026, revealed a [AGE] year-old male with a current admission date of 03/21/2026. Pertinent diagnoses include Osteomyelitis (a serious bone infection), Local Infection of the Skin and Subcutaneous (the layer beneath the skin) Tissue, and Type 2 Diabetes (a chronic disorder characterized by high blood sugar levels due to insufficient insulin [a crucial hormone which regulates blood sugar levels and plays a vital role in energy metabolism] production or ineffective use of insulin by the body). Record review of Resident #2's active physician orders, started 03/23/2026, revealed an order for Enhanced Barrier Precautions: use gown and gloves for high contact resident care activities for those known to be colonized or infected with a CDC targeted MDRO, as well as those with increased risk (residents with wounds or indwelling medical devices) every shift. Record review of Resident #2's Quarterly MDS assessment, dated 03/25/2026, revealed a BIMS score of 15, intact cognition. MDS also indicated Resident #2 had an active diagnosis of a wound infection. Record review of Resident #2's care plan initiated 03/23/2026 revealed the need for EBP due to diabetic ulcers. Interventions included provide resident and family members with education on and the reason for EBP. 3. Record review of Resident #3's face sheet, dated 03/25/2026, revealed a [AGE] year-old female with an original admission date of 07/15/2021 and a current admission date of 03/23/2026. Pertinent diagnoses included Displaced Trimalleolar Fracture of Right Lower Leg with Subsequent Encounter for Closed Fracture with Routine Healing (involved breaking three bony sections of the ankle, typically requiring surgery and extensive rehabilitation for recovery). Record review of Resident #3's active physician orders, started 03/24/2026, revealed an order for Enhanced Barrier Precautions: use gown and gloves for high contact resident care activities for those known to be colonized or infected with a CDC targeted MDRO, as well as those with increased risk (residents with wounds or indwelling medical devices) every shift. Record review of Resident #3's Annual MDS assessment, dated 01/22/2026, revealed a BIMS score of 99 due to Resident #1 was unable to complete the assessment. MDS also indicated Resident #1 was dependent in toileting hygiene. Record review of Resident #3's care plan initiated 03/24/2026 revealed the need for EBP due to surgical incision. Interventions included place EBP sign on the door to notify staff and visitors of the precautionary measures: gown and gloves only for high-contact activities (dressing, bathing/showering, personal hygiene, changing linens, assisting with toileting, perineal or incontinent care, medical device care, wound care). Use a mask or eye shield as indicated. In an observation on 03/24/2026 at 9:21 AM, Resident #2 and Resident #3's rooms did not have PPE immediately outside or near the residents' rooms. One PPE cart was noted to be toward the ends of each hall. In an interview on 03/25/2026 at 10:05 AM, CNA-C stated EBP signs were used to let the staff know when a resident was on precautions and PPE should be worn with (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675815	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Kingsville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3130 S Brahma Blvd Kingsville, TX 78363	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>certain activities such as showering, bathing, or changing a resident. She stated the PPE was usually located in a bin outside of the residents' rooms so it could be put on prior to going in to perform a high contact activity. She stated she was not sure where the PPE for Resident #3 was located, but it should have been there. She stated there was PPE located in the shower room in the residents' hall if she needed it for Resident #3. In an interview on 03/25/2025 at 10:15 AM, the DON stated she was also the infection control nurse for the facility, and hand hygiene should be performed when going from any dirty area to any clean area, but CNAs were able to grab the outside of the trash bag with their clean, ungloved hands because the outside of the bag was considered clean. She stated EBP was for residents with things like wounds, feeding tubes, and Foley catheters, and EBP rooms did not need PPE outside of the residents' rooms as long as it was available on the hall or close by. The DON stated this was also what the CDC and all her training recommended. She stated the PPE required for EBP was only a gown and gloves for high contact activities. She stated face shields and goggles were not utilized for EBP, even for splash back, because if goggles or face shields were needed, she would have placed the resident on droplet precautions. She also stated if a resident had a known or colonized (when a germ or microbe was found on or in the body but did not cause symptoms or disease) MDRO which was targeted by the CDC, they would be placed on contact precautions, not EBP. Record review of the CMS Memorandum: Enhanced Barrier Precautions in Nursing Homes, dated 03/20/2024, revealed Facilities should ensure PPE and alcohol-based hand rub are readily accessible to staff. Discretion may be used in the placement of supplies which may include placement near or outside the resident's room. Information regarding CDC-targeted MDROs and current recommendations on EBP are available on the CDC's webpage, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), at https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html. Record review of the CDC: Long-term Care Facilities, dated 04/02/2024, revealed Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs): When implementing Contact Precautions or Enhanced Barrier Precautions, it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies. To accomplish this: *Post clear signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g., gown and gloves) *Make PPE, including gowns and gloves, available immediately outside of the resident room. Record review of the facility's Enhanced Barrier Precautions policy, dated 11/24/2025, revealed Policy Statement: Enhanced Barrier Precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. Policy Explanation and Compliance Guidelines: 2. Initiation of Enhanced Barrier Precautions: b. i. An order for enhanced barrier precautions will be obtained for residents with any of the following: wounds (chronic such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, central lines, midline catheters) even if the resident is not known to be infected or colonized with an MDRO. ii. Infection or colonization with a CDC targeted MDRO when contact precautions do not otherwise apply. 3. Implementation of Enhanced Barrier Precautions: a. Make gowns and gloves available near or outside of the resident's room.</p>		