STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676042	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McAllen Transitional Care Center	2109 South K St MC Allen, TX 78503

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promoted maintenance or enhancement of his or her quality of life for 1 (Resident #1) of 5 residents reviewed for dignity.The facility failed to ensure CNA A did not stand while assisting Resident #1 with lunch on 01/27/26.This failure could place the residents at risk of not having the right to a dignified existence maintained.The findings included:Record review of Resident #1's face sheet dated 01/27/26 reflected the resident was a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses that included: Alzheimer's disease (progressive mental deterioration), chronic kidney disease (kidney failure), generalized muscle weakness, dysphagia (difficulty swallowing), cognitive communication deficit, and need for assistance with personal care. Record review of Resident #1's care plan dated 01/27/26 reflected [Resident #1] had an ADL self-care performance deficit related to diagnosis. Interventions: for eating - required total assistance by 1 staff to eat. Date initiated: 10/07/25.Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected a BIMS score of 2, which indicated her cognition was severely impaired. Resident #1's functional ability for eating (the ability to use utensils to bring food and/or liquid to mouth and swallow food and/or liquid once the meal is placed before the resident) was partial/moderate assistance (helper does less than half the effort, helper lifts, holds, or supports trunk or limbs, but provides less than half the effort).During an observation on 01/27/26 at 12:30 PM, CNA A was observed feeding Resident #1 while CNA A stood to the left of Resident #1. CNA A stood on Resident #1's left side until ADON C moved a chair behind CNA A, then CNA A sat down next to Resident #1 at about 12:34 PM.In an interview and observation on 01/27/26 at 1:00 PM with Resident #1, she was not interviewable. Resident #1 was not injured or in distress. In an interview on 01/27/26 at 1:30 PM, CNA A said the facility's protocol when assisting a resident with their meals was for the CNA to be sitting at the resident's level while feeding them. CNA A said she fed Resident #1 lunch today, 01/27/26, and had a chair behind her but did not have a chance to sit down before she started feeding Resident #1. CNA A said she was trained in feeding the residents and that it was important for them to sit down when feeding them, not stand. In an interview on 01/27/26 at 4:00 PM, ADON C said Resident #1 required assistance with all her meals. ADON C said staff were required to sit at the resident's level when feeding them. ADON C said staff should not be standing next to the resident while feeding them to prevent aspiration and to maintain their dignity. ADON C said she saw CNA A standing next to Resident #1 while feeding her lunch today, 01/27/26. ADON C said the chair was behind CNA A, so she reminded her to sit down. ADON C said there was no incident or negative outcome for Resident #1. ADON C said Resident #1 required assistance for eating, but not because she was at risk of aspiration, rather so that staff could cue her and to promote protein intake. ADON C said staff should have been sitting at Resident #1's level while (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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assisting with feeding to promote and maintain her dignity. ADON C said staff were in-serviced on resident rights and to sit while feeding residents. In an interview on 01/29/26 at 10:55 AM, the DON said residents that required assistance with their meals were fed by CNAs/nursing staff. The DON said there was no negative outcome or incident with Resident #1 on 01/27/26 as a result of CNA A feeding Resident #1 while standing during lunch. The DON said if a CNA fed a resident while standing next to them, it was a dignity issue as part of their resident rights. The DON said Resident #1 was not at risk of injury, but she might have felt uncomfortable or rushed. The DON said the staff were in-serviced on resident rights and how to feed the residents sitting down. Record review of the facility's Resident Rights, Dignity and Respect policy, dated 10/2015 reflected:Policy: It is the policy of this facility that all residents be treated with kindness, dignity and respect. Procedures: 1. The staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings.