

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

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2026
NAME OF PROVIDER OR SUPPLIER Alfredo Gonzalez Texas State Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 301 E Yuma Ave McAllen, 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident needs, that included measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs, for 1 of 4 residents (Resident #1) reviewed for care plans. The facility failed to ensure Resident #1's care plan reflected oral care issues. This failure could place the residents at risk of not receiving appropriate interventions and care to meet their needs. Findings included: Record review of Resident #1's face sheet, dated 05/20/26, reflected an [AGE] year-old male, admitted on [DATE], diagnoses included: Alzheimer's disease (progressive neurodegenerative disorder that primarily affects memory, thinking, and behavior, and is the most common cause of dementia), acute embolism and thrombosis of deep veins (formation of a blood clot in blood vessels), chronic kidney disease (condition that affects the kidneys' ability to filter waste from the blood), and dysphagia (trouble swallowing). Record review of Resident #1's MDS assessment, dated 02/11/26, reflected a BIMS score of 00, indicating severe cognitive impairment. The MDS reflected Resident #1 required substantial/maximal assistance for oral hygiene (ability to use suitable items to clean teeth) and for personal hygiene (ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands, excludes baths, showers, and oral hygiene). The MDS assessment reflected Resident #1's oral/dental status as: obvious or likely cavity or broken natural teeth. Record review of Resident #1's care plan, dated 05/20/26, reflected [Resident #1] had a self-care deficit related to Alzheimer's disease. Date initiated: 09/19/25. Care plan did not reflect oral care issues. During an interview and observation, on 05/19/26 at 3:15 PM, Resident #1 was asked basic questions and he did not respond coherently. Resident #1 was not interviewable. Resident #1 had no visible bruising, skin tears or open wounds noted to his skin. Resident #1 was observed to have some natural teeth that appeared stained/discolored. During an interview, on 05/20/26 at 1:00 PM, the MDS Nurse stated residents had oral care issues care planned to address diagnoses that may cause oral issues. The MDS Nurse stated she was responsible for updating care plans, but it was also an interdisciplinary team effort. The MDS Nurse stated Resident #1's oral care issues were care planned back in 2023 as he had some of his own teeth and cavities. The MDS Nurse stated Resident #1 had Alzheimer's which could have caused Resident #1 to forget to brush his teeth or not allow staff to provide the care. The MDS Nurse stated she was unsure of when or who resolved the oral care issues, but when it was resolved, it caused it to be removed off the care plan. The MDS Nurse stated the oral care issues should have been reflected on the care plan and it would be added back on his care plan. The MDS Nurse stated Resident #1 had no negative outcome from his oral care issues not being on his care plan as the staff provided oral care and took care of his oral needs by following the Kardex and tasks. The MDS Nurse stated it was important for the care plan to reflect accurately to ensure the interventions were being done. During an interview, on 05/20/26 at 1:50 PM, the DON stated Resident #1 had the problem area for oral care as he had some loss of teeth and the diagnosis of Alzheimer's, so interventions should have been implemented to try to prevent oral issues from (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

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

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2026
NAME OF PROVIDER OR SUPPLIER Alfredo Gonzalez Texas State Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 301 E Yuma Ave McAllen, 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	getting worse. The DON stated Resident #1's oral care issues should have been in the care plan. The DON stated she reviewed Resident #1's care plan and verified the oral care issues were added today, 05/20/26, by the MDS Nurse. The DON stated there was no negative outcome or change for Resident #1's oral issues and no risk of harm because staff were aware of providing oral care as it was part of their Kardex and tasks. The DON stated it was important to develop care plans accurately, so everyone knew how to care for the residents and meet their needs. Record review of the facility's Care Plans policy, dated January 2023, reflected - Guidelines: The community develops a comprehensive care plan for each resident that includes measurable objectives to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. The care plan should be reflective of the identified problem or risk, a measurable outcome objective and appropriate interventions in relation to the identified problem or risk.		