

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 01/07/2026
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)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure residents had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preference for 1 (Resident #42) of 42 residents reviewed for call lights. The facility failed to ensure Resident #42 had the call light within reach while in bed in their room. This failure could place residents at risk of being unable to obtain assistance when needed and in the event of an emergency. The findings were: Record review of Resident #42's admission record dated 1/07/2025 reflected an [AGE] year-old male with diagnoses of Parkinson's Disease (a brain disorder that slowly damages nerve cells, leading to symptoms like tremors (shaking), stiffness, and balance problems), Diabetes Mellitus Type 2 (a chronic condition where the body has high blood sugar levels), Alzheimer's Disease (a progressive brain disorder that slowly destroys memory and thinking skills). Record review of Resident #42's Quarterly MDS dated [DATE] reflected a BIMS score of 3, which indicated severe cognitive impairment. Record review of Resident #42's Quarterly MDS dated [DATE] indicated in Section GG 0130- 01-Dependent for: A-Eating, B-Oral Hygiene, C-Toileting hygiene, E-Shower/bathe self, F-Upper body dressing, G-Lower body dressing, H-Putting on/taking off footwear, I-Personal hygiene. Observation on 1/05/2026 at 10:36 AM revealed Resident #42's call light device was hanging low on the bedside rail and Resident #42 was unable to reach it. In an interview on 1/05/2026 at 10:45 AM, CNA A said Resident #42 cannot reach over to grab his call light and that he does use it when he needs assistance. She said the resident's call light was supposed to be within his reach because he needs total assistance with his care. CNA said that not having the call light within reach could place the resident at risk for a fall or assistance with ADLs not given. She said she had an in-service on call lights in December 2025. In an interview on 1/05/2026 at 10:56 AM, LVN B said if the resident needed something, he would not be able to notify the staff. She said she performs her rounds three to four times during her shift to check that call lights are within reach, the resident's beds were at the lowest position and checked resident to make sure they were okay. LVN B said she provided reminders to the CNAs on keeping the call lights within reach of the residents. In an interview on 1/05/2026 at 5:37 PM Resident #42 said if the call light is not within reach, then he would just have to do without. Resident #42 said they could do a lot better if the call light was clipped to my gown. Resident #24 said they had difficulty pressing the call bell because his hands were too shaky. On 1/07/2026 at 2:51 PM the DON stated there was no policy in place for call lights. Record review of the facility's policy titled Statement of Resident Rights date revised June 2025, indicated Resident/Patient Rights include: 1. To call care necessary for them to have the highest possible level of health; 2. To safe, decent, and clean conditions .</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
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<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 observation, interview, and record review, the facility failed to develop and implement a person-centered care plan for each resident that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 8 residents (Resident #96) reviewed for comprehensive care plans in that: The facility failed to develop and implement a comprehensive person-centered care plan for Resident #96's contact precautions. These failures could place residents at risk of not receiving the appropriate care, services or treatment needed in a timely manner. The findings included:</p> <p>Record review of Resident #96's face sheet dated 01/05/2026 reflected the resident was an 83 -year-old male admitted to the facility on [DATE] with an original admission date of 06/10/2021. Resident #96 had diagnosis of ESBL to arterial ulcer.</p> <p>Record review of Resident #96's Quarterly MDS assessment, dated 10/10/2026, reflected that he scored a 4 on her BIMS which reflected severely cognitively impaired.</p> <p>Record review of Resident #96 most recent Care Plan reflected Resident #96 did not have contact precautions developed on his care plan or interventions.</p> <p>Record review of Resident #96 Physician's Order Summary dated 01/05/2026 reflected Meropenem Intravenous Solution Reconstituted 1 GM for Escherichia coli ESBL to arterial ulcer until 01/06/2026. There was no contact precaution order.</p> <p>During an interview on 01/05/2026 at 5:03 p.m. the MDS nurse stated she was responsible for developing care plan for Resident #96. The MDS stated that contact precautions should have been care planned but does not know why it was not completed. She stated that the orders were checked daily in their morning meetings, except on the weekends. The MDS nurse stated that a negative outcome was the lack of communication between staff/resident and the spread of infection to others.</p> <p>During an interview on 01/07/2026 at 9:53 a.m., ADON H stated that the nurses, herself, and MDS nurses were responsible for developing the care plan. They discuss it together in their morning meetings. ADON H stated that the care plan should be completed as soon as possible. She stated that contact precautions should have been care planned and she did not know how it was missed. ADON H stated that the care plan was important because they have to know what the residents were being treated for and how to treat the residents.</p> <p>During an interview on 01/07/2026 at 11:00 a.m. with the DON, stated the nurse that received the order was the one responsible for completing the care plan for Resident #96. She stated that contact precautions should have been care planned and was to be completed as soon as they got the order. The DON stated that it was important for it to be completed to let staff know about the care that needs to be provided to the residents.</p> <p>Record review of the facility's Care Plan policy, date revised January 2023 revealed:</p> <p>Guidelines: (continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The community develops a comprehensive care plan for each resident that includes measurable objectives to meet a residents' 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 intervention/interventions in relation to the identified problem or risk, outcome objective, and the resident's ability, needs, medical condition, preventative measures. The care plan may also include the expressed preferences. The care plan in conjunction with the plan of care throughout the medical record is developed and or recommended to attain or maintain the residents' highest practicable physical, mental, and psychosocial wellbeing.</p> <p>. The care plan should be updated and reviewed at lease quarterly thereafter, then annually and with significant changes in conditions as defined in the RAI manual.</p> <p>2.Record review of Resident #103's admission sheet dated 01/06/26 reflected a [AGE] year-old male with an admit date of 06/26/25. His relevant diagnoses included cauda equina syndrome (where nerve roots at the bottom of the spine (the cauda equina meaning horse tail get severely compressed, causing intense low back pain, numbness in the saddle area (buttocks, inner thighs, genitals), leg weakness, and problems with bowel/bladder control), paraplegia (paralysis affecting the lower half of the body including the legs, trunk, and pelvic organs), bed confinement status (a patient is medical unable to get out of bed or ambulate), and adult failure to thrive (a syndrome affecting primarily older adults, marked by a decline in physical and cognitive functions).</p> <p>Record review of Resident 103's quarterly MDS assessment dated [DATE] reflected a BIMS score of 13, which indicated his cognition was intact.</p> <p>Record review of Resident #103's quarterly care plan dated 10/01/25 reflected:</p> <p>Focus. [Resident #103] likes reading, watching tv, he's Catholic wants pray/blessing in room, reminiscing with staff, music-[NAME] (Tex-Mex music). Staff will be monitoring for any new activities interested and for any changes. He needs daily in room visits, activity package for mental stimulation. Date initiated/revised 07/01/25.</p> <p>Interventions.included Ask me and assist me with turning on my TV, radio, opening blinds, providing reading material and reaching phone, provide me with an activity calendar, and respect my wishes for not attending activities (date Initiated/revised 07/01/25)</p> <p>Record review of Resident #103's One to One Activity Monthly Sheets for the months of October 2025 to December 2025, reflected he had been visited at least three times a week and the following activities were done: exercise, prayer, sensory music, watching western tv, Christmas carolers, reminiscing, and aroma therapy,</p> <p>An observation on 01/05/26 at 10:30 am, Resident #103 was observed lying in bed watching television. A current activity calendar was taped on the wall within Resident #103's reading distance. Resident #103 did not have a radio or reading materials in his room.</p> <p>In an interview on 01/05/26 at 10:32 am, Resident #103 said he enjoyed watching television, reading, and listening to Tex-Mex music. He said he would often get bored because the only thing he could do is watch television and sleep. He said he was bed bound due to both legs being contracted and it was painful for him to sit in a wheelchair. He said he had never received any reading materials or had a radio. Resident #103 did say an activity lady visited him several times a week. (continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 01/06/25 at 1:59 pm, Activity Director said part of her responsibility as an Activity Director was to ensure all residents participated in activities outlined in their care plan. She said when Resident #103 was first admitted , he was very fragile and did not like to get up that was on 06/26/25. She said that was why he had been placed on a 1 to 1 for activities. She said that meant an activity aide would visit him three times a week and provided activities in his room. She said she was not aware Resident #103 had not been provided with a radio or reading materials. The Activity Director said what her aide does when she would visit Resident #103 was to reminisce and massage his hands. She said reminiscing meant they give the resident time to talk about this past. The Activity Director said a negative outcome for Resident #103 not being mentally stimulated could be boredom and/or depression.</p> <p>In an interview on 01/07/15 at 1:15 pm, Activity Aide it was her responsibilities was to assist the facility's Activity Director with day-to-day activities. She said she had been assigned to Resident #103. She said resident #103 was a 1 on 1 for activities which meant she would visit his room three times a week. She said the only two activities she would do with Resident #103 was allow him to reminisce while she would massage his hands. She said she had not been told Resident #103 liked listening to the radio or reading. She was not able to say what the negative outcome to Resident #103 was for not being provided with reading materials or a radio.</p> <p>In an interview on 01/07/25 at 3:15 pm, the Administrator said the facility's Activity Director was responsible to ensure all residents participated in activities of their choice. She said she was not aware the Activity Director was not following Resident #103's interventions as outlined on his care plan. She said she would have to talk to the Activity Director and was not able to say what the negative outcome was for Resident #103 not having reading materials or a radio.</p> <p>Record review of the facility's Activities Program policy revised on January 2023 reflected:</p> <p>Compliance Guidelines: The community provides an ongoing, organized program of activities designed, in accordance with the comprehensive assessment, to meet the interest and to maintain the physical, mental and psychosocial well-being of each resident. The activities program is an essential component of the community's fulfillment of its obligation to care for its residents in a manner and environment that maintain or enhance each resident's quality of life. The activity program is designed to encourage restoration of self-care and maintenance of normal activity and is geared to meet the individual resident's need.</p> <p>Individualized activities plan. Each resident must have an individualized care plan, and the community is obligated to provide activities that meet each resident's individual needs.</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on 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 1 of 8 residents (Resident #96) reviewed for resident records. The facility failed to ensure a physician order was written for isolation precautions for Resident #96 on 12/23/2025. This failure could place residents at risk for incorrect treatment decisions, evaluation, and treatment plans compromising patient safety due to insufficient information records. Findings Included: Record review of Resident #96's face sheet dated 01/05/2026 reflected the resident was an 83 -year-old male admitted to the facility on [DATE] with an original admission date of 06/10/2021. Resident #96 had diagnosis of ESBL to arterial ulcer. Record review of Resident #96's Quarterly MDS assessment, dated 10/10/2026, reflected that he scored a 4 on her BIMS which reflected severely cognitively impaired. Record review of the most recent Care Plan for Resident #96, reflected the resident had ESBL to wound date 12/18/2026, antibiotics for 14 days. Interventions reflected: Report changes in condition to MD as clinically indicated, administer medication and/or antibiotic as per MD orders, and monitor vital signs as indicated. There was no care plan implemented to place resident on isolation precautions. Record review of Resident #96 Physician's Order Summary dated 01/05/2026 reflected Meropenem Intravenous Solution Reconstituted 1 GM for Escherichia coli ESBL to arterial ulcer until 01/06/2026. There was no isolation precaution order. During an interview on 01/07/2026 at 9:05 a.m. with LVN D, stated that the person who was responsible for entering the isolation precaution order was the ADON H but that she and the wound care nurse can enter the order if it has not been done. She did not know that there was no isolation precaution for Resident #96. LVN D stated it was important to have a physician order in place to make sure that the order was followed through for safety and to understand why he was placed on isolation precautions. During an interview on 01/07/2026 at 9:37 a.m. LVN G, stated the nurses were responsible for entering the physician orders for isolation precaution. They enter them as soon as they get the order from the doctor. LVN G stated it was important for them to have a physician order for isolation precautions for safety to the residents and staff. During an interview on 01/07/2026 at 10:30 a.m. with WCN, stated that he was responsible for entering wound care physician orders. He stated that the nurses enter the other orders to include isolation precaution orders. WCN stated that he was available that afternoon in that area on Monday, 01/05/2026, reached out to the doctor and entered the order that afternoon. During an interview on 01/07/2026 at 9:53 a.m., ADON H, stated that he and the nurse were responsible for entering physician orders. He stated the nursing staff who receive the order should be the ones who enter it. ADON H stated the physician order needs to be placed in the record as soon as the nurse gets the order. He stated that he was not aware that Resident #96 did not have a physician order for isolation precautions. ADON H stated that a physician order needs to be in place to implement necessary precautions for staff and residents. During an interview on 01/07/2026 at 11:00 a.m. with the DON, stated the person responsible for entering the physician order was the nurse who gets the order. She stated the order should be entered as soon as they get the orders. The DON stated it was important for the order to be in place so they can know how to care for the residents in isolation for the proper PPE that was required. Record review of policy titled, Professional Standard of Care revised January 2024, reflected Compliance Guidelines: The community provides services that meet professional standards of quality and are provided by appropriate qualified persons. Compliance with Professional Standard of Care Nursing (d) When a licensed nurse takes a verbal or telephone order from a medical provider (MD/NP/PA), podiatrist, or dentist, the nurse should sign the order. The community should obtain the medical provider (MD/NP/PA), podiatrists, or dentist's signature on the order and return it to the clinical record in a timely manner.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure all drugs and biologicals were stored in accordance with currently accepted professional principles for 1 of 5 medication carts (400 Hall medication cart) reviewed for storage of drugs. The facility failed to ensure that there were no expired medications inside the 400-hall medication nurse cart for Resident #152 on 01/06/2026. This failure could place the residents at risk of not receiving the medication's full therapeutic benefits and possible side effects. Findings included: Record review of Resident #152's face sheet, dated 01/06/2026, reflected a [AGE] year-old male admitted to the facility on [DATE]. Resident #152's was diagnosed with Essential Hypertension (high blood pressure), Cerebral Infraction (stroke), Chronic Kidney Disease, Parkinson's Disease, Unspecified Dementia (a condition characterized by loss of memory and ability to reason), and Anxiety. Record review of Resident #152's Quarterly MDS assessment, dated 10/21/2025, reflected that he scored a 12 on her BIMS which reflected moderately cognitively impaired. Record review of Resident #152's Comprehensive Care Plan, dated 11/24/2025, reflected the resident had Essential Hypertension. Goals: Resident #152 will not experience chest pain and/or acute cardiac complications through the next review date. Interventions: Administer my medications as ordered by my physician. Record review of Resident #152's Physician's Order Summary dated 01/06/2026 reflected Metoprolol Tartrate 100mg give 2 tablets by mouth three times a day related to essential hypertension start date 02/07/2025 and Amlodipine Besylate 10mg give 1 tablet by mouth every 12 hours as needed for SBP over 130 start date 08/11/2025. Observation on 01/06/2026 at 3:56 p.m. revealed during inspection of the medication nurse cart in the 400 hall, 2 medication blister packs that were expired for Resident #152. Metoprolol Tartrate 100mg expiration date 12/31/2025 and Amlodipine Besylate 10mg expiration date 12/31/2025. During an interview on 01/06/2026 at 3:56 a.m. LVN E confirmed Metoprolol Tartrate and Amlodipine Besylate were expired and should not be inside the medication nurse cart. She stated that the Metoprolol Tartrate was administered by the nurse at night from this medication nurse cart. She stated the medication aide has a separate medication cart, and she administers the other 2 doses of Metoprolol Tartrate, in the morning and the afternoon. The Amlodipine Besylate was administered as needed when Resident #152's SBP was above 130. LVN E stated that all the nurses were responsible for checking the medication nurse cart. She stated she has not checked because she has not administered the medications. She stated that they have a pharmacy nurse who audits the medication carts monthly. LVN E stated that the negative outcome of administering expired medications would not be effective and could cause an adverse reaction. During an interview on 01/06/2025 at 4:25 p.m., RN F stated that he was the pharmacy nurse and was responsible for checking all the medication carts and the medication storage rooms once a month. He stated that the nurses should check the medication carts as well. RN F stated that he has not checked the medication carts this month because it was early in the month. RN F stated that the negative outcome would be the efficacy of the medication would not be as potent. Resident #152's blood pressure could be not as controlled. He stated during in-services they discussed that the nurses and med aides were to check expiration dates at every medication pass/administration. RN F stated that this was also part of the onboarding medication administration training. During an interview on 01/07/2026 at 10:14 a.m., ADON J stated that the nurses were responsible for checking the expiration date on the medications. She stated that the pharmacy nurse checks the medication carts, not sure when, maybe once every month. ADON J stated that the negative outcome of having an expired medication would be that the efficacy of the medication would not meet its strength. During an interview on 01/07/2026 at 11:00 a.m., the DON stated that the pharmacy nurse, nurses, and medication aids were responsible for checking the expired dates on the medications. She stated that they were to check the expired dates every time they pull out that (continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>medication to be administered. She stated there should be no expired medications in the medication carts. The DON stated negative outcome of expired medications could be that the resident does not get their full dose due to the medication strength not as strong. She stated that in service training for medication administration was done upon hire, annually, and as needed. Record review of the facility policy, Pharmacy Services: Provision of Medications and Biologicals revised November 2024, revealed Compliance Guidelines: Labeling of medications and biologicals Medications and biologicals are labeled in accordance with currently accepted professional standards and with local and state drug labeling regulations. Even though the pharmacy is responsible for labeling medication and biologicals, the community is responsible for ensuring that the labeling requirements are being met. The critical elements of the drug label include: expiration dates,.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 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 1 of 8 (Resident #96) residents reviewed for infection control, in that: The facility failed to ensure that Resident #96 had a Contact precaution sign on the door or PPE. This failure could place residents at risk for healthcare associated cross-contamination and the spread of infection. Findings include: Record review of Resident #96's face sheet dated 01/05/2026 reflected the resident was an 83-year-old male admitted to the facility on [DATE] with an original admission date of 06/10/2021. Resident #96 had diagnoses which included the following: ESBL to arterial ulcer, Dementia (a condition characterized by loss of memory and ability to reason), Muscle Weakness, Type 2 Diabetes Mellitus (high blood sugar levels), Acute Kidney Failure (rapid loss of the kidneys ability to remove waste and help balance fluids and electrolytes in the body). Record review of Resident #96's Quarterly MDS assessment, dated 10/10/2025, reflected that he scored a 4 on her BIMS which reflected severely cognitively impaired. Record review of Resident #96 Physician's Order Summary dated 01/05/2026 reflected Meropenem Intravenous Solution Reconstituted 1 GM for Escherichia coli ESBL to arterial ulcer until 01/06/2026. There was no isolation precaution order. Record review of the most recent Care Plan for Resident #96, reflected the resident had ESBL to wound date 12/18/2026, antibiotics for 14 days. Interventions reflected: Report changes in condition to MD as clinically indicated, administer medication and/or antibiotic as per MD orders, and monitor vital signs as indicated. There was no care plan implemented to place resident on isolation precautions. Observation on 01/05/2026 at 11:10 a.m. revealed there was no sign posted on Resident #96's door and no PPE near the door. During an interview on 01/05/2025 at 11:58 a.m. LVN D stated she was Resident #96's nurse. LVN D stated that Resident#96 was on antibiotics for ESBL to the wound and should be on contact precautions. She stated the resident's privacy curtains had been changed this morning and the sign probably fell off. LVN D stated she did not notice the sign was not there. She stated that she was using the PPE that was across the hall. She stated that she or ADON H were responsible for putting up the sign. She stated that PPE for contact precautions were gloves, gowns, and goggles if wound were to be irrigated. She stated PPE was to be donned prior to going into Resident #96's room. LVN D stated that the negative outcome of not wearing proper PPE would be further contamination to someone else. Infection control in-services were done three times a month. During an interview on 01/06/2025 at 4:25 p.m. RN F stated that he was the pharmacy nurse and the Infection Preventionist (IP). He stated the nurses were responsible for placing the isolation precaution signage and PPE. He stated that the required PPE for contact precautions was gloves, gown, and shield was optional before going into the room. RN F stated that the negative outcome for not having the sign posted would be transmission of organism to staff and residents. He stated infection control in-services were ongoing throughout the year. During an interview on 01/07/2026 at 9:37 a.m. LVN G stated that she was made aware of a resident who was on contact precautions by communication from report and the signage on the resident's door. She stated that the nurses were responsible for placing the sign on the door and PPE. We will do this as soon as we get the order. She stated the PPE required for contact precautions were gloves, gown, and mask. LVN G stated that the negative outcome of not having sign on the door would be the spread of infection to staff, residents, and visitors. During an interview on 01/07/2026 at 9:53 a.m., ADON H, stated Resident #96 should have had a sign on door. She stated that the sign at the door was a reminder to visitors and staff about the infection. ADON H stated that the nursing staff who received the order should enter it as soon as possible. She stated that the proper PPE for contact precautions was gloves and a gown anytime they go in the room. ADON H stated the negative outcome of not having the signage would be that the (continued on next page)</p>		

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 01/07/2026
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.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>infection would be transported to another resident. During an interview on 01/07/2025 at 11:00 a.m. with the DON stated the person responsible for placing the contact precaution sign on the door would be the nurse who gets the order or ADON H. She stated that the sign at the door and the PPE bin alerts visitors and staff of infection. The DON stated that the negative outcome of not having sign on door was that the bacteria can get on the staff uniform and pass it to other residents. Record review of the facility policy, titled Infection Prevention and Control, revised April 2024, revealed The infection prevention and control program are a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. Contact Precautions may be implemented for a resident known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or patient-care items in the resident's environment.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record reviews, the facility failed to ensure residents could call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from each resident's bedside for 1 (Resident # 105) of 6 residents reviewed for resident call system. The facility failed to ensure Resident #105 had a call light that was functional. Resident #105's call light did not turn on when the button was pressed. This failure could place residents at risk for a delay in assistance and decreased quality of life. The findings included: Record review of Resident #105's face sheet dated 1/07/2025 indicated Resident #105 was a 77-years-old male admitted to the facility on [DATE]. Resident #105 had diagnoses including Cerebral Infarction (a type of stroke, meaning part of the brain is starved of oxygen and nutrients because a blood vessel is blocked), Hemiplegia and Hemiparesis (paralysis or weakness to one side of the body), Speech and Language Deficits (having trouble with speech, affecting communication), Hypertension (high blood pressure). Record review of Resident #105's Quarterly MDS assessment dated [DATE] indicated Resident #105 had a BIMS score of 5 which indicated severe cognitive impairment. Resident #105 was dependent for personal hygiene, upper and lower body dressing, shower, and toileting. Resident #105 was frequently incontinent of urine and always incontinent of bowel. Record review of Resident #105's Care Plan dated 12/01/2025 indicated a FOCUS: Risk for Seizure Activity, FOCUS: I have chronic health conditions and co-morbid conditions that have affected my physical function and may further affect my quality of life. FOCUS: I have Bowel and Bladder incontinence r/t Dx. Cerebral Infarction, Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right dominant side. During an observation on 1/05/2026 at 4:34 PM Resident #105 was sitting in his wheelchair in the hallway. He called this surveyor into his room and demonstrated that his call light was not working. He pushed the button but the light in the room did not turn on nor did the outside light turn on. Resident #105 said his call light was working earlier in the day but did not know why it wasn't working now. During an observation and interview on 1/05/2026 at 4:38 PM with CNA C arrived in Resident # 105's room and pressed the call light but the light did not turn on inside the room nor did the light turn outside the room. CNA C turned on Resident #105's roommate and both the inside and outside lights turned on. The CNA checked the call lights in two other rooms in the same hallway, and they were functioning. She said various situations can occur by not having a functional call light such as falls or a delay in changing his brief. She said the resident may think his call light is on and will be waiting and waiting for someone to come into his room. She said she performs rounds every two hours and checks call light placement, assists with ADLs, or any other thing the resident may need. She said frequent reminders are given to her regarding call lights. During an interview on 1/05/2026 at 5:02 PM LVN E said she performs two to three rounds during her 2pm-10pm shift and checks the call lights. She said random checks and rounds are also done by administration and supervisors throughout the 2pm-10pm shift to make sure the residents are okay. LVN E said that Resident #105 does use his call light and by not having a function call light, the risk of fall can increase as he may try and get up on his own. She said she provides reminders on call lights to the CNAs daily. During an interview on 1/07/2026 at 8:10 AM the Maintenance Supervisor said he was notified on 1/05/26 by the DON that the call light was not working in Resident #105's room. He said he immediately checked it and replaced the cord. The Maintenance Supervisor said he checked the Nurse Call Lights throughout the facility on 1/06/2026. He said call light audits were performed weekly and random checks were performed monthly. The Maintenance Supervisor said he had spare call lights available for the staff if they were needed during the night. He said call lights were frequently repaired or replaced due to wear and tear. The Maintenance Supervisor said the staff were good at notifying him whenever there was a problem with the call lights and he was quick to address it. In an interview on 1/07/2026 at 5:30 PM with the Administrator, she said the facility has a (continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>sophisticated call light system which was installed by a regional vendor. She said screens were located at each nurse's station and were designed to notify staff of any problems with the call light system. The Administrator said she was going to notify the regional vendor to check the system. Record review of Logbook Documentation dated 12/08/2025 provided by the Maintenance Supervisor indicated Nurse Call Checks Results for Rooms: 203, 207, 301-302, 313-314, 315-316, 401-402, 413-314, 415-416, 501-502, 513-514, 515-516, 613-614, 614-616, 707-708, 709-710, 711-712, 802-803a, 803b-804. 806-807, and Lobby Rest Rooms-PASS. Comments: Check Nurse Call System, masters, monitors, main server, and modules, replace 3 cords at room [ROOM NUMBER]A, 607 B, 718 A, NO other issues found done on 11/26/2025. Resident #105's room was tested on [DATE] as indicated in Logbook Documentation. Record review of Logbook Documentation dated 12/24/2025 provided by the Maintenance Supervisor indicated Nurse Call Checks for 303-304, 305-306, 307-308, 403-404, 405-406, 407-408, 503-504, 505-506, 507-508, 601-602, 603-604, 605-606, 713-714, 715-716, 717-718, 808-809-, 810-811, 812-813, 814-815, and Rehab 128-PASS. Comments: Check Nurse Call System, masters, monitors, main servers, and modules, replace 3 cords at room [ROOM NUMBER]A, 408 B, 715 A, NO other issues found. Record review of Completed Work Oder #6607 dated 1/06/2026 provided by the Maintenance Supervisor indicated Nurse Call Lights Notes: All Nurse Call Lights cords must be checked through the facility, Due Date: 1/6/2026, Priority: High. Comments: Check Nurse Call Lights through the facility, check cords, dome lights and monitors, replace cord in room [ROOM NUMBER] b, also replace some missing clips, also check main master computer, modules, no issues were found. On 1/07/2026 at 2:51 PM the DON stated there was no policy in place for call lights.</p>		