

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2026
NAME OF PROVIDER OR SUPPLIER Brownsville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 320 Lorenaly Dr Brownsville, TX 78520	
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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, and interview, the facility failed to provide a safe, clean, and sanitary environment for 2 (room [ROOM NUMBER] and room [ROOM NUMBER]) of 10 rooms. The facility failed to maintain a lighting fixture, and AC ducts from dripping water and water damage in rooms [ROOM NUMBERS]. These failures could place residents at risk for exposure to an unclean, unsanitary environment, risk of falls and other injuries due to an unsafe environment. The findings included: During an observation of rooms [ROOM NUMBERS] on 07/10/26 at 3:30 p.m. revealed there was a lighting fixture in the ceiling above between beds that were dripping water. Observation and re-visit to the rooms on 07/10/26 at 7:15 p.m. revealed the lighting fixture in the ceiling above between beds that were dripping water. During an interview and observation 07/10/26 at 7:45 p.m. the Maintenance Director stated the leak, and lighting fixture had been dripping condensation for about 2 weeks. He said he tried to fix it up and was not aware the water continued to drip. He said if he filled in the holes, condensation would continue to collect in the electrical conduit box and have nowhere to drain. He said the condensation could make a staff or resident fall. During an interview on 07/10/26 at 8:00 p.m., the ADM stated one of the AC ducts had a leak. She said the company came to the facility and said they ordered the parts to fix the AC conduct. The ADM said that the AC duct made condensation and that was why water was dripping. The ADM stated that she did not see a negative impact on the residents. The ADM stated the facility did not have a policy on environment.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 676083	If continuation sheet Page 1 of 1