

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

Printed: 10/09/2026
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 07/17/2026
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain medical records on each resident, in accordance with accepted professional standards and practices that were complete and accurately documented for 1 of 4 Residents (Resident #1) reviewed for medical records. 1. The facility failed to ensure Resident #1's medical records were complete. 2. The facility failed to ensure staff documented the complete assessment, treatment, and outcome of a possible skin injury to Residents 1's right foot on 6/9/26. These deficient practices could place residents at risk for errors in care and treatment. The findings include: Record review of Resident #1's face sheet, dated 7/16/26, reflected an [AGE] year-old male who was admitted to the facility on [DATE] with an original admission date of 9/21/24. Resident #1's diagnoses included: atherosclerotic heart disease of native coronary artery without angina pectoris (occurs when plaque [buildup of fats, cholesterol, calcium, and other substances in artery walls] narrows the heart's original arteries without causing chest pain, peripheral vascular disease (slow progressive circulation disorder characterized by narrowing, blockage, or spasms in blood vessels outside the heart and brain), chronic kidney disease, stage 4 (severe - kidneys were severely damaged and operating at 15-29% capacity), and type 2 diabetes mellitus (chronic condition where the body could not effectively use insulin or produce enough of it, leading to persistently high blood sugar). Record review of Resident #1's comprehensive Minimum Data Set assessment, dated 6/17/26, reflected Resident #1 had a BIMS score of 8 which indicated a moderate impaired cognition. Resident #1 rejected care and behavior occurred 1 to 3 days. Resident #1 required supervision or touching assistance with eating and was dependent on assistance for all other self-care. Record review of Resident #1's care plan, with a closed date of 7/9/26, reflected Resident #1 had a problem of Peripheral Vascular Disease (PVD) r/t Diabetes Date Initiated: 11/05/2024 Revision on: 07/09/2026. Interventions included: Monitor the extremities for s/sx of injury, infection, or ulcers. Date Initiated: 11/05/2024 Revision on: 07/09/2026. Monitor/document/report PRN any s/sx of skin problems related to PVD: Redness, Edema, Blistering, Itching, Burning, Bruises, Cuts, other skin lesions. Date Initiated: 11/05/2024 Revision on: 07/09/2026. Record review of Resident #1's progress notes from 6/4/26 - 6/15/26 revealed no documentation related to the skin assessment on 6/9/26. Record review of Resident #1's skin assessment, dated 6/9/26, reflected a skin assessment with a foot evaluation was completed, but it did not reflect the reason for the assessment, the location of the foot that was assessed, the type of treatment if any provided, the outcome of the assessment, such as if the NP was notified of the assessment and if any new orders were provided or not. During an interview on 7/16/26 at 2:30 pm, the RN / Treatment Nurse verbalized there was a day when Resident #1 left the facility to a doctor's appointment and returned with dried blood on the right outer side of the ankle, closer towards the back of the ankle. The RN said the family thought Resident #1 (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

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