

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 07/23/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide pharmaceutical services including procedures that assure the accurate administering of all drugs and biologicals to meet the needs of each resident for 1 of 2 residents observed during incontinent care. (Residents #2) The facility failed to have a physician order in place for the administration of Zinc cream (topical skin protectant containing zinc oxide that is used to soothe, heal, and protect irritated or damaged skin) to Resident #2. This failure could place residents at risk for receiving drugs without an order and put them at risk for an adverse reaction to unprescribed medications and use of unnecessary medications. The findings included: Record review of Resident #2 admission Record dated 07/23/26 revealed a 76 -year -old male admitted on [DATE] with diagnoses Spinal Stenosis, Cervical Region (a narrowing of the spinal canal in the neck that can press on the spinal cord and nerves), and need for assistance with personal care. Record review of Resident #2's comprehensive person-centered care plan, dated on 04/18/2024, reflected Focus [Resident #2] has a potential impairment to skin integrity r/t incontinence, decrease mobility. Goal: The resident will maintain or develop clean and intact skin by the review date Record review of Resident #2's Quarterly MDS dated [DATE] reflected a BIMS score of 14 indicating intact cognition. Record review of Resident #2's physician order on 07/23/26 did not include an order for Zinc cream. An observation of CNA C during incontinent care of Resident #2 on 07/23/2026 at 09:45 a.m., revealed, CNA C entered Resident #2's room and placed supplies on the bedside table. CNA C washed her hands, CNA C put gloves. CNA C removed the soiled brief and placed it in the trash can. CNA C removed the gloves from her hands and put gloves sanitized her hands before donning new gloves. CNA C then cleaned peri area using one wipe for one swipe. CNA C had a hard time for removing a white cream from Resident #2's buttocks. CNA C washed her hands before and after the procedure. During an interview on 07/23/2026 at 10:15 a.m., CNA C stated Resident #2 had zinc cream on his buttocks. CNA C stated that he had redness to his buttocks and Resident #2 wanted zinc cream to be applied to his buttocks. During an interview on 7/23/26 at 10:25 a.m., WCN stated she did a skin assessment to Resident #2 on 7/21/26 and he did not have any skin issues. WNC stated that a zinc order needed to be on Resident #2 electronic chart before applied to Resident #2. WCN stated that she thought Resident #2 had the order for zinc cream because he had redness to his buttocks. WCN stated that the negative outcome could be that if WCN was not in the facility the staff could not continue with the care for Resident #2. During an interview on 07/23/2026 at 4:00 p.m., the DON stated the zinc cream had to have an order in Resident #2's electronic chart before applied. DON stated that he did not think there was a negative outcome. Record review of the facility's Physician Visits and Physician Delegation with an implemented date 10/24/22, reflected: Policy: It is the policy of this facility to ensure the physician takes an active role in supervising the care of residents.		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to establish and 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 2 residents (Resident #1) reviewed for infection control. The facility failed to ensure CNA A and CNA B performed proper hand hygiene and used one wipe per swipe during peri care (incontinent care) for Resident #1 on 07/23/26. These deficient practices could place residents at risk of infections, healthcare associated with cross contamination, and the spread of infection. Findings include: Record review of Resident #1's electronic face sheet, dated 07/23/2026, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included Cerebral infarction (a type of ischemic stroke that occurs when a blocked or narrowed blood vessel cuts off blood flow to a region of the brain), muscle wasting and atrophy (the shrinking and loss of muscle tissue), Hemiplegia (a medical condition that causes total or partial paralysis on one side of the body, affecting the face, arm, and leg). Record review of Resident #1's comprehensive person-centered care plan, dated on 07/16/2026, reflected Focus [Resident #1] has an ADL self-care performance deficit r/t Hemiplegia, Limit Mobility, Stroke. Interventions: Toilet use: The resident requires assistance by 2 staff to move between surfaces. During an observation on 07/23/2026 at 10:50 a.m. revealed CNA A during incontinent care, CNA A entered Resident #1's room and placed supplies on the bedside table. CNA A washed her hands and put on gloves. CNA A removed the soiled brief and placed it in the trash can. CNA A removed the gloves from her hands and donned gloves sanitized her hands before donning new gloves. CNA A then cleaned peri area using one wipe for 2 swipes. CNA A washed her hands before and after the procedure and lathered her hands for 12 seconds, and CNA B lathered her hands for 8 seconds. During an interview on 07/23/2026 at 11:15 a.m., CNA A stated she should have lathered her hands for at least 20 seconds. CNA stated that she was nervous. CNA A stated the potential negative outcome was infection. CNA A stated that the correct way to clean was one wipe per swipe. CNA A stated that she did not notice that she used one wipe for multiple swipes. During an interview on 07/23/2026 at 11:20 a.m., CNA B stated she should have lathered her hands for at least 20 seconds. CNA stated that she was nervous. CNA A stated the potential negative outcome was infection. CNA B stated that she counted and she thought it was 20 seconds. During an interview on 07/23/2026 at 4:00 p.m., the DON stated the proper handwashing was to lather hands for at least 20 seconds. The DON stated if CNA A and CNA B did not lather for at least 20 seconds this would put Resident #1 at risk for infections. The DON stated that the proper way to do incontinent care was to use one wipe per swipe to prevent spread contamination to other areas. The DON stated that this practice could place residents at risk for infection. Record review of the facility's Infection Prevention and Control Program, dated 05/13/23, reflected: Policy: this facility has established and maintains an infection prevention and control program designed to provide a safe, comfortable environment and to help prevent the development and transmission of communicable diseases and infection as per accepted national standards and guidelines. Record review of the facility's policy titled Hand Hygiene with an implemented date 10/24/22 reflected: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.4. Hand hygiene technique when using soap and water.c. rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers.		