

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER Windsor Atrium		STREET ADDRESS, CITY, STATE, ZIP CODE 1814 Atrium Place Harlingen, TX 78550	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan for 1 of 3 residents (Resident #1) reviewed for wound care.</p> <p>LVN A failed to communicate and provide treatment for the Resident #1's skin tear.</p> <p>This failure could place residents at risk for not receiving the appropriate care and services to maintain their health and safety.</p> <p>Finding included:</p> <p>Record review of Resident #1's face sheet dated 07/3/25 indicated Resident #1 was a [AGE] year-old female and admitted on [DATE] with diagnoses including diabetes mellitus type 2 (a chronic metabolic disorder where the body either doesn't produce enough insulin or can't effectively use the insulin it produces, leading to high blood sugar levels), essential hypertension (a condition where blood pressure is consistently elevated without a known underlying medical cause).</p> <p>Record review of Resident #1's MDS assessment dated [DATE] revealed a BIMS score of 5 (indicates a severe cognitive impairment).</p> <p>Record review of Resident #1's care plan initiated dated 05/21/24 indicated Resident #1 had limited mobility related to weakness, interventions revealed Monitor/Document/Report as needed any signs and symptoms of immobility: contractures forming or worsening, thrombus formation, skin-breakdown, fall related injury.</p> <p>During an interview and observation on 06/19/25 at 10:42 a.m., Resident #1 was lying in her bed with the call light in her hand. Resident #1 was not able to recall this incident.</p> <p>During an interview on 6/29/25 at 2:50 p.m. CNA B stated that she showered Resident #1 and resident didn't have a skin tear during the shower. CNA B said that the Resident's family member was putting lotion and told her that Resident #1 had a skin tear. CNA B stated that she told LVN A that Resident #1 had a skin tear.</p> <p>(continued on next page)</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 6/19/25 at 3:20 p.m. LVN A stated that CNA B told him that Resident #1 had a skin tear. LVN A stated that she went to Resident's #1 room and cleansed the skin tear and he forgot to call the doctor because he got busy with another resident. LVN A said that a negative outcome could be the skin tear could get infected.</p> <p>During an interview on 6/19/25 at 3:30 p.m. the ADON stated that nurse was supposed to assess Resident #1 and report the skin tear to the doctor, and carried out the doctor's orders. The ADON stated that LVN A had to fill out a form of the change of condition and notify the responsible party.</p> <p>During an interview on 6/19/25 at 4:15 p.m. the DON stated that what she knew about this incident was that LVN A went and saw Resident #1 and cleansed the skin tear. The DON said that LVN A had an emergency with another resident and forgot to contact the doctor to informed about the skin tear. The DON stated that Resident #1 was at risk for infection due to the skin tear was not treated for 2 days. DON said there was no negative outcome with Resident #1. DON said that she monitors during the morning meetings to prevent this from happening again and inservices staff on how to respond when a skin tear happens.</p> <p>Record Review of a facility's Notification of Changes Policy with a implemented date 10/24/22 revealed the purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification</p>		