

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: 676206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2026
NAME OF PROVIDER OR SUPPLIER Windsor Arbor View		STREET ADDRESS, CITY, STATE, ZIP CODE 218 Baltic Ave Edinburg, TX 78539	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident needs, that included measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs, for 1 of 5 residents (Resident #2) reviewed for care plans. The facility failed to ensure Resident #2's comprehensive care plan reflected his weight bearing status since admission on [DATE] and it was not initiated on his care plan until 07/09/26 (discharge date).This failure could place the residents at risk of not receiving appropriate interventions and care to meet their needs.Findings included:Record review of Resident #2's face sheet, dated 07/30/26, reflected a [AGE] year-old male, admitted on [DATE], diagnoses included: encounter for orthopedic (bones or muscles) aftercare following surgical amputation, acquired absence of right toe, lack of coordination, type 2 diabetes mellitus (insulin resistance and high blood sugar levels), unspecified Escherichia coli (bacteria), peripheral vascular disease (narrowed arteries that reduce blood flow to the limbs, primarily the legs, leading to symptoms like leg pain and cramping), and atherosclerotic heart disease (hardening of arteries from plaque limiting blood flow to the heart muscle). Resident #2 was discharged home on 7/09/26. Record review of Resident #2's MDS assessment, dated 06/29/26, reflected a BIMS score of 14, which indicated intact cognition. The MDS reflected Resident #2 had impairment to both lower extremities and was dependent (helper does all of the effort) for toileting hygiene. Record review of Resident #2's care plan, dated 07/30/26, reflected [Resident #2] had an ADL self-care performance deficit related to surgical procedure for right 3rd toe amputation. Date initiated: 06/25/26. Interventions included: [Resident #2] was dependent for toileting hygiene. Date initiated: 06/29/26. WB as per MD orders. Date initiated: 07/09/26. Record review of Resident #2's order summary, dated 07/30/26, reflected physician's orders of non weight bearing to right lower extremity for right 3rd toe amputation with start date: 06/24/26, may bear weight on left foot with toe wedge shoe and ok for weight bearing to right foot with toe wedge shoe with start date: 07/06/26.During an interview, on 07/31/26 at 10:05 AM, LVN A stated Resident #2 was non weight bearing since admission due to the toe amputation. LVN A stated days before Resident #2 discharged , he had different weightbearing orders, but that was closer to discharge and she did not recall the dates. An interview was attempted, on 07/31/26 at 11:05 AM. The DON was unavailable as she was out of the country. A call was attempted but was unsuccessful. During an interview, on 07/31/26 at 2:00 PM, the MDS Nurse stated she developed and updated care plans as needed. The MDS Nurse stated care plans were also updated by the ADON and the team. The MDS Nurse stated Resident #2 was non weight bearing when he was admitted because he had the right 3rd toe amputation. The MDS Nurse stated Resident #2 had the intervention under ADLs to follow MD orders for weight bearing status. The MDS Nurse stated the weight bearing status (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676206

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on the care plan was not specific, but it indicated to follow the MD orders so if the orders changed, staff followed the order. The MDS Nurse stated the intervention for weight bearing status was initiated on the care plan on 07/09/26 which was the date Resident #2 was discharged . The MDS Nurse stated the intervention of WB as per MD orders should have been added on the care plan since admission or when the MDS assessment was completed on 06/29/26. The MDS Nurse stated she was unsure if she initiated the intervention and since the care plan was closed, she was unable to check who edited the care plan. The MDS Nurse stated there was no negative outcome or risk of injury for Resident #2 as staff followed the orders for his weight bearing status. The MDS Nurse stated it was important for the care plan to be developed accurately to ensure all staff were aware of how to care for Resident #2 and for Resident #2 to not bear any weight on his extremities as ordered. During an interview, on 07/31/26 at 2:20 PM, the ADON stated she was not familiar with Resident #2. The ADON stated if a resident was admitted with non weight bearing status, that should have been in the resident's care plan since admission. The ADON stated the MDS Nurse developed and updated the care plans, but it was a team effort to ensure the care plan was accurate. The ADON stated if Resident #2 was admitted on [DATE] and discharged on 07/09/26, care plan of WB as per MD orders should have been care planned since 06/24/26, not on 07/09/26. The ADON stated there was no negative outcome or risk of injury for Resident #2 because staff followed the orders, as far as she was aware. The ADON stated it was important to include the weight bearing status in the care plan for staff to implement the intervention during Resident #2's admission to avoid injuries and help him recover. Record review of the facility's Comprehensive Care Plans policy, dated 10/24/22, reflected - Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychological needs that are identified in the resident's comprehensive assessment.6. Alternative interventions will be documented, as needed.		