

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Hidalgo Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4503 S Sugar Rd 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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure residents had the right to be free from abuse, neglect, misappropriation of property for 1 of 2 residents (Resident #1) reviewed for misappropriation and exploitation, in that: The facility failed to ensure Resident #1's debit card was secured resulting in 26 unauthorized transactions totaling \$1,340.60. This failure could affect residents and their responsible party by preventing them from having access to their funds. The findings included: Record review of Resident #1's admission sheet dated 01/28/25, reflected a 58-year-old male with an admission date of 11/30/25, an initial admission date of 09/05/25, and an original admission date of 01/28/25. His relevant diagnoses included absence of right and left leg below knee, morbid (severe) obesity, need for assistance with personal care, and diabetes (a chronic condition characterized by high blood sugar resulting from the body's inability to produce or effectively use insulin). Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected a BIMS score of 13, which indicated his cognition was intact. Record review of Resident #1's quarterly care plan dated 12/18/25 reflected [Resident #1] has diabetes date initiated 09/04/25 and revised 09/25/25. His interventions in part included. snacks allowed in daily nutritional plan. In an interview on 01/29/26 at 10:23 a.m., Resident #1 said he kept his wallet which included his driver's license, insurance cards, social security card, and debit card in a safe in the BOM's office. He said whenever he needed to purchase something, he would request his wallet from the BOM. He said he had never allowed anyone to use his debit card. No facility staff had ever requested any money or loans from him. Resident #1 said the last time he had requested his debit card from the BOM was sometime in November 2025. He said he remembered requesting his debit card because he wanted a cinnamon roll from the vending machine that was in the employee's lounge. He said when the BOM gave him his debit card, he handed it over to the ABOM, so she could go to the employee's lounge and buy his snack. Resident #1 said as soon as he got the cinnamon roll, he went back to his room and the ABOM stayed with his debit card. He said the ABOM told him she was going to return his debit card to the BOM. Resident #1 said early January 2026, the BOM approached him and told him that someone had drained his account. Resident #1 said the BOM told him he had a negative balance and did not have the funds to pay his applied income (the amount of Medicaid-eligible nursing home resident's monthly income that they must contribute toward their cost of care) for the month of January 2026. Resident #1 said his immediate response was who in the \$\$\$\$ could have done that, if only you and your assistant had access to my debit card. Resident #1 said he suspected the ABOM had used his debit card without his permission since she was the last person who had possession of it. Resident #1 said he and the BOM had called his bank that same day to find out what was going on with his bank account. He said when he called, he asked for the latest transactions and that's when he found out someone had used his card without his permission. Resident #1 said his main concern was how he was going to pay his applied income for the month of January 2026. Resident #1 said he</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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