

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 04/29/2026
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews the facility failed to ensure the residents right to be informed of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers, for 1 resident (Resident #1) of 5 residents reviewed for consent for antipsychotic medications in that: Resident #1 was prescribed and administered olanzapine (Zyprexa)(an antipsychotic) without prior consent based on information of the benefits, risks, and options available. This failure could affect the right to self-determination of all facility residents who receive medication by allowing them to receive medication without their prior knowledge or consent, or that of their responsible party or emergency contacts. The findings included: Record review of Resident #1's admission record dated 04/29/2026, revealed an [AGE] year-old female with an admission date of 09/13/2025. Resident #1's diagnoses included moderate dementia (a decline in mental ability - such as memory, thinking, and reasoning - severe enough to interfere with daily life) with anxiety and depression. Record review of Resident #1's Quarterly MDS, dated [DATE], revealed a BIMS score of 02, indicating severe cognitive impairment. There were no psychiatric or mood disorders noted. There were no indicators of psychosis (hallucinations or delusions) noted. There were no behavioral symptoms noted. Resident #1 was dependent for showers and toileting requiring the assistance of two helpers. Resident #1 required substantial/maximal assistance for personal hygiene where the helpers provided 50% or more of the effort. Antidepressants, an antibiotic, hypoglycemics (including insulin), and anticonvulsants were received on a routine basis. Record review of Resident #1's care plan, dated 03/10/2026, revealed FOCUS: The resident uses antipsychotic medications Zyprexa r/t Psychosis Date Initiated: 04/16/2026 Revision on: 04/17/2026. Record review of Resident #1's Progress Note dated 03/18/2026 at 03:38 am, written by LVN C revealed RESIDENT WAS SEEN BY [MH NP] NEW ORDERS WAS TO STOP, KEPRA, BUSPAR AND MELATONIN, AND START ZYPREXA 10MG Q HS AND TOPAMAX 100MG BID. CALL IF CONDITION WORSENS OR PERSISTS. ORDER CARRIED OUT. RP NOTIFIED ON NEW MD ORDERS. Record review of Resident #1's Physician's orders dated 03/18/2026, revealed ZYPREXA Oral Tablet 10 MG (Olanzapine). Give 1 tablet by mouth at bedtime for depression. Record review of Resident #1's Physician's orders dated 03/20/2026, revealed ZyPREXA Oral Tablet 10 MG (Olanzapine). Give 1 tablet by mouth at bedtime for unspecified psychosis. Record review of Resident #1's Progress Notes dated 03/18/2026 at 03:47 pm, written by RN E revealed, [RP] understands psych recommendations per [MH NP]. Record review of Resident #1's Progress Notes dated 03/29/2026 at 04:12 pm, written by LVN G, revealed A CALL was made to [RP], r/t pending signature for consent, [RP] said he will stop by tomorrow after work to sign consent form, around 5 pm. Record review of Resident #1's Progress Note dated 04/03/2026 at 11:50 am, written by RN D revealed OKAY TO DC ZYPREZA AS PER RP. PENDING SIGNATURE FOR CONSENT. Record review of Resident #1's April 2026 MAR revealed Resident #1 was administered Zyprexa 10 mg tablet by mouth at bedtime on 04/01/2026 and 04/02/2026 at 08:00 pm with no consent signed by RP. During an interview on 04/29/2026 at 08:52 am Resident #1 stated she needed a lot of attention, and they did not give her the attention she needed. She said the female CNA at night was a womanizer. She said she lived at the facility for free (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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>because she never worked and could not get Social Security. She said she had a free place to sleep, free food, and free medication. She said she was alone and had no one. Resident #1 stated she was confused. She said her family did not come to visit her. During an interview on 04/29/2026 at 04:33 pm, LVN A stated a consent (for antipsychotics) needed to be signed by the RP/resident and doctor/NP before the medication could be given. He said there is a special consent form for antipsychotics. LVN A stated if an antipsychotic were given without RP/resident consent, it could be that the resident or RP was not informed of the medications side effects or anything about the medication. He said at the morning meetings, the charge nurse, ADONs, DON, and Administrator go over the antipsychotics and all medications with new orders to make sure everything is right and the RP has been notified and signatures on consents had been signed. During an interview on 04/29/2026 at 05:00 pm, LVN B stated for antipsychotics, a consent was needed before the antipsychotic could be given and it could not be a verbal consent. She stated the RP had to sign the consent. LVN B stated the negative outcome of not having a consent signed before administration could be the RP/family were not informed of side effects or they may not want them to give the medication. During an interview on 04/29/2026 at 06:05 pm, the DON stated the nurses had already been in-serviced on appropriate forms for antipsychotics, appropriate indications for antipsychotics, and signed consents by the doctor/NP and the RP for any antipsychotic for a resident with Alzheimer's/dementia. The DON agreed that Resident #1 had received Zyprexa on 04/01/2026 and 04/02/2026 without a consent form signed by the RP. A record review of the facility's policy Use of Psychotropic Medication(s), dated 03/05/2025, revealed, Policy Explanation and Compliance Guidelines: 9.Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications, in advance of such initiation or increase. 10. The resident has the right to accept or decline the initiation or increase of a psychotropic medication. 11.The facility will document that the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and the preferred option to accept or decline in a format the facility deems to use (e.g., written consent form, narrative note, etc.).</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that the residents were free from chemical restraints not required to treat the resident's medical symptoms for 1 (Resident #1) of 5 residents reviewed for unnecessary medications. The facility failed to have an adequate indication for the use of the medication olanzapine (Zyprexa)(an antipsychotic) for Resident #1 before administering the medication with a black box warning. This failure could put residents at risk of harm from adverse reactions or harmful side effects. Based on interview and record review, the facility failed to ensure that the residents were free from chemical restraints not required to treat the resident's medical symptoms for 1 (Resident #1) of 5 residents reviewed for unnecessary medications. The facility failed to have an adequate indication for the use of the medication olanzapine (Zyprexa)(an antipsychotic) for Resident #1 before administering the medication with a black box warning. This failure could put residents at risk of harm from adverse reactions or harmful side effects. The findings included: Record review of Resident #1's admission record dated 04/29/2026, revealed an [AGE] year-old female with an admission date of 09/13/2025. Resident #1's diagnoses included moderate dementia (a decline in mental ability - such as memory, thinking, and reasoning - severe enough to interfere with daily life) with anxiety and depression. Record review of Resident #1's Quarterly MDS, dated [DATE], revealed a BIMS score of 02, indicating severe cognitive impairment. There were no psychiatric or mood disorders noted. There were no indicators of psychosis (hallucinations or delusions) noted. There were no behavioral symptoms noted. Resident #1 was dependent for showers and toileting requiring the assistance of two helpers. Resident #1 required substantial/maximal assistance for personal hygiene where the helpers provided 50% or more of the effort. Antidepressants, an antibiotic, hypoglycemics (including insulin), and anticonvulsants were received on a routine basis. Record review of Resident #1's care plan, dated 03/10/2026, revealed FOCUS: The resident uses antipsychotic medications Zyprexa r/t Psychosis Date Initiated: 04/16/2026 Revision on: 04/17/2026. Record review of Resident #1's Progress Note dated 03/18/2026 at 03:38 am, written by LVN C revealed RESIDENT WAS SEEN BY [MH NP] NEW ORDERS WAS TO STOP, KEPRA, BUSPAR AND MELATONIN, AND START ZYPREXA 10MG Q HS AND TOPAMAX 100MG BID. CALL IF CONDITION WORSENS OR PERSISTS. ORDER CARRIED OUT. RP NOTIFIED ON NEW MD ORDERS. Record review of Resident #1's Physician's orders dated 03/18/2026, revealed ZyPREXA Oral Tablet 10 MG (Olanzapine). Give 1 tablet by mouth at bedtime for depression. Record review of Resident #1's Physician's orders dated 03/18/2026, revealed ZyPREXA Oral Tablet 10 MG (Olanzapine). Give 1 tablet by mouth at bedtime for unspecified psychosis. Black Box Warning:Increased mortality in elderly patients with dementia-related psychosisElderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Olanzapine is not approved for the treatment of patients with dementia-related psychosis. Record review of Resident #1's Physician's orders dated 04/16/2026, revealed ZyPREXA Oral Tablet 10 MG (Olanzapine). Give 1 tablet by mouth at bedtime for anxiety. Record review of Resident #1's Physician's orders dated 04/20/2026, revealed ZyPREXA Oral Tablet 10 MG (Olanzapine). Give 1 tablet by mouth at bedtime for bipolar disorder, unspecified. Record review of Resident #1's April 2026 MAR revealed Zyprexa 10 mg tablet was administered at bedtime 04/16/2026 through 04/21/2026 and 04/24/2026/ through 04/27/2026. During an interview on 04/29/2026 at 08:52 am Resident #1 stated she needed a lot of attention, and they did not give her the attention she needed. She said the female CNA at night was a womanizer. She said she lived at the facility for free because she never worked and could not get Social Security. She said she had a free place to sleep, free food, and free medication. She said she was alone and had no one. Resident #1 stated she was confused. She said her family did not come to visit her. During an interview on 04/29/2026 at 04:33 pm LVN A stated it was the nurse who took the order was (continued on next page)</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the one who put the order in the computer. LVN A stated if he needed clarification on an order, he would call either the NP or doctor. He said a specific, accurate indication for an antipsychotic was needed for a resident who had an Alzheimer's or dementia diagnosis. He said an indication could not be like altered mental status. LVN A stated if a resident who had a diagnosis of Alzheimer's or dementia was receiving an antipsychotic with an inappropriate indication, the negative effect would be called a chemical restraint. During an interview on 04/29/26 at 05:00 pm, LVN B stated if an NP or doctor gave a verbal order for an antipsychotic, it would be the nurse who took the order who put the order in the computer. LVN A stated if she had questions about the order, she would call the doctor or NP to clarify the order. She said antipsychotics ordered for a resident with the diagnosis of Alzheimer's/dementia with an inappropriate indication would need to be clarified with the doctor. She gave an example of an inappropriate indication as altered mental status. She said the negative effect of giving a resident with the diagnosis of Alzheimer's/dementia an antipsychotic with an inappropriate indication could worsen the symptoms of what they were experiencing and there was a black box warning with antipsychotics stating if the antipsychotic were being given to a resident with Alzheimer's/dementia psychosis, it increased the risk of death. During an interview on 04/29/26 at 06:05 pm, the DON stated MH NP F had written the order for Zyprexa for Resident #1 with the indication of psychosis and a day or two later, they received paperwork from a facility that Resident #1 had had a diagnosis of Bipolar. She said MH NP E had stated and wrote that Resident #1 had a history of schizophrenia, but she could not locate that diagnosis anywhere. She said the nurses had already been in-serviced on appropriate forms for antipsychotics, appropriate indications for antipsychotics. She said the new antipsychotics were reviewed at morning meetings. Record review of the facility's Psychotropic Drug Use policy dated 03/05/2025 reflected: Policy: It is the intent of this policy to ensure that residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated. Additionally, these medications should only be used to treat the resident's medical symptoms and not used for discipline or staff convenience which would deem it a chemical restraint. of this facility to ensure that residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record. Definitions Chemical restraint refers to any drug used for discipline or makes it more convenient (i.e., less effort) for staff to care for a resident, and not required to treat medical symptoms. This includes instances when a psychotropic medication may be approved to treat certain symptoms, however, nonpharmacological interventions should be used or attempted, unless clinically contraindicated because they are less dangerous to a resident's health and safety. Policy Explanation and Compliance Guidelines:1.A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include, but are not limited to the following categories: antipsychotics, antidepressants, anti-anxiety, and hypnotics. 2.Psychotropic medications are to be used only when a practitioner determines that the medication(s) is appropriate to treat a resident's specific, diagnosed, and documented condition and the medication(s) is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s).</p>		