| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676391 | A. Building<br>B. Wing | 04/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Windsor Calallen | 4162 Wildcat Dr<br>Corpus Christi, TX 78410 |

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) |
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| F 0636<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete a comprehensive assessment within 14 calendar days after admission as required for 1 (Resident #1) of 5 residents reviewed for comprehensive assessment accuracy and timing.The facility failed to complete Resident #1's comprehensive admission assessment by 03/08/2026 after admission to the facility.This failure could result in newly admitted residents not receiving the proper care required to attain or maintain the highest practicable physical, mental, and psychosocial well-being. The findings included:Record review of Resident #1's face sheet, dated 04/08/2026, revealed a [AGE] year-old female with an admission date of 02/23/2026. Admitting diagnosis was Cellulitis of Right Lower Limb (a bacterial infection which typically affects the inner layer of the skin).Record review of Resident #1's admission MDS assessment, dated 02/25/2026, revealed an admission date of 02/23/2026. Resident #1 had a BIMS score of 06, indicating severely impaired cognition. The MDS also revealed the admission assessment was completed on 03/11/2026 and signed as completed by the DON on 03/11/2026. Record review of Resident #1's baseline care plan was initiated on 02/23/2026, but the comprehensive care plan had not been completed since Resident #1 discharged prior to comprehensive care plan being due. In an interview on 04/08/2026 at 3:40 PM, the MDS Nurse stated the admission MDS assessment should have been completed within 14 days of admission, and she was not sure why Resident #1's admission MDS assessment was not completed in the correct time frame. She stated it should have been completed by 03/08/2026 but must have been overlooked by accident. The MDS Nurse stated she was the one who assessed the residents and collected the data to input for the MDS assessments. She stated the MDS was also what triggered the different areas of the care plan, and if the MDS was not completed timely it could have possibly caused the care plan to not be completed timely as well. She stated she was ultimately responsible for making sure of the accuracy and timeliness of the MDS assessment, and the DON was the one who signed when the MDS assessment was completed and ready to be submitted.In an interview on 04/08/2026 at 3:51 PM, the DON stated the MDS nurse completed the MDS assessment, but she was the one who then signed it was completed and ready to be submitted. She stated the admission MDS for a new resident should be completed within 14 days, so Resident #1's admission MDS should have been completed by 03/08/2026, and she was unsure why it had not been completed by correct date. The DON stated the MDS assessment was utilized to help develop the care plan and was utilized for billing purposes as well, and if not completed accurately or timely, it could affect the accuracy or timeliness of the care plan. Record review of the facility's Assessment Frequency / Timeliness policy, dated 10/24/2022, revealed Policy Explanation and Compliance Guidelines: 1. The MDS Coordinator will be responsible for tracking due dates for all MDS assessments. 2. The comprehensive admission assessment will be completed within 14 days after admission. |

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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