STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676493	A. Building B. Wing	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sun Valley Rehabilitation and Healthcare Center	2902 S 77 Sunshine Strip 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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the assessment accurately reflected the resident's status for 1 of 8 residents (Resident #37) reviewed for assessments: Resident #37's quarterly MDS assessment, dated 05/17/2025, did not include a diagnosis of Anxiety. This failure could place residents at risk for inadequate care due to inaccurate assessments. The findings included: Record review of Resident #37's electronic face sheet dated 07/09/2025 reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses which included: Unspecified Dementia, Anxiety Disorder, Type 2 Diabetes Mellitus, Muscle Weakness, Hypertension (high blood pressure), and Major Depressive Disorder. Record review of Resident #37's physician order summary, dated 07/09/2025, reflected the resident had medication order for Buspirone 10 mg tablet for Anxiety with start date of 06/13/2024. Record review of Resident #37's medication administration record, from 07/01/2025 to 07/09/2025, reflected the resident was receiving Buspirone 10 mg tablet as ordered. Record review of Resident #37 's Quarterly MDS dated [DATE] reflected: Section I - Active Diagnoses Psychiatric/Mood Disorder I5700. Anxiety Disorder. The facility did not check off active diagnosis. In an interview on 07/09/25 at 1:53 p.m. with the MDS nurse stated that she was responsible for completing the MDS assessments for the facility. She confirmed, Resident #37 was receiving Buspirone 10 mg for Anxiety. The MDS nurse added that the diagnosis of Anxiety should have been included on the MDS assessment for Resident #37 and was not included as an oversight. She stated there was no system in place that oversees that they were accurately completed. The MDS nurse stated that the MDS assessment accuracy was important on how the resident receives the care that they need and to form a plan of care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676493	A. Building B. Wing	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sun Valley Rehabilitation and Healthcare Center	2902 S 77 Sunshine Strip 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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 07/09/25 at 2:02 p.m. with the DON stated that the MDS nurse was responsible for the MDS assessments. He stated there was a software system in place that checks for accuracy in the MDS assessments called simple and corporate reviews them as well. The DON confirmed that Resident #37 had a diagnosis of Anxiety and that the MDS nurse should have included Resident #37's diagnosis on the MDS assessment. He stated that it was important for the MDS assessment to be completed accurately to make sure that they provide proper care and medication. Record review of the facility policy, titled Assessment Frequency/Timeliness, date reviewed/revised 02/2023, reflected that Policy: The purpose of this policy is to provide a system to complete standardized assessment in a timely manner according to the current RAI [NAME]. Record review of the CMS's RAI Version 3.0 Manual dated October 2024, reflected section: I: Active Diagnoses I: Active Diagnosis in the Last 7 Days-Check all that apply Psychiatric/Mood Disorder I5700. Anxiety Disorder There may be specific documentation in the medical record by a physician, nurse practitioner, physician assistant, or clinical nurse specialist of active diagnosis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676493	A. Building B. Wing	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sun Valley Rehabilitation and Healthcare Center	2902 S 77 Sunshine Strip 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)
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. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676493	A. Building B. Wing	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sun Valley Rehabilitation and Healthcare Center	2902 S 77 Sunshine Strip 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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial need that were identified in the comprehensive assessment for 1 of 5 residents (Resident #59) reviewed for comprehensive person-centered care plans. 1.The facility failed to ensure Resident #59's care plan had the correct interventions for her vision impairment. This failure could place residents at risk of not being provided with the necessary care or services and not having personalized plans developed to address their specific needs. The Findings include: Record review of Resident #59's face sheet dated 07/09/25 reflected an [AGE] year-old female with an admit date of 10/03/23 and an original admission date of 01/18/23. Her relevant diagnoses included dementia (a group of thinking and social symptoms that interferes with daily functioning), peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), and need for assistance with personal care. Record review of Resident #59's quarterly MDS assessment dated [DATE] reflected a BIMS score of 99, which indicated her cognition was severely impaired. MDS also indicated Resident #59's vision was moderately impaired (limited vision, not able to see newspaper headlined but can identify objects), and no to corrective lenses. Record review of Resident #59's quarterly care plan dated 06/05/25 reflected: Focus: [Resident #59] has impaired visual function r/t decreased visual acuity (date initiated 01/31/23 and revised on 10/19/23). Goal: The resident will have no indications of acute eye problems through the review date (date initiated 01/31/23 and revised on 03/17/25). Her interventions: in part included remind resident to wear glasses when up. Ensure resident is wearing glasses which are clean, free from scratches and in good repair. Report any damage to nurse/family. An observation on 07/07/25 at 3:30 p.m., Resident #59 was observed sitting in her wheelchair in the dining room during activities and was not wearing glasses. Resident #59 smiled at this Surveyor as she approached her, was able to make eye contact, but was not interviewable. An observation on 07/08/25 at 10:00 a.m., Resident #59 was observed in her room sitting in her wheelchair and was not wearing glasses. An observation on 07/09/25 at 12:15 p.m., Resident #59 was observed in the dining room during lunch and was not wearing glasses. In an interview on 07/09/25 at 12:30 p.m., CNA A said she had cared for Resident #59 for over a year and had never seen her wear glasses. CNA A said she had not noticed Resident #59 had vision problems. In an interview on 07/09/25 at 12:59 p.m., CNA B said she had cared for Resident #59 for over a year and had never seen her wear glasses. CNA B said she had not noticed Resident #59 had vision problems. In an interview on 07/09/25 at 1:10 p.m., LVN C said she was the charge nurse for Resident #59. She said Resident #59 required extensive assistance for all ADLs but had never seen her wear glasses. In an interview on 07/09/25 at 1:45 p.m., the MDS Nurse said it was her responsibility to ensure a resident's MDS assessment was accurate. She said Resident #59 had impaired visual function due to decreased visual acuity. She said whenever a resident suffered a visual impairment, she would enter it on their MDS assessment. She said once the visual impairment had been entered on their MDS, it would trigger a set of interventions for their care plan. The MDS Nurse said she had a pre-selected option she could select that included: Announce self by name, call resident by name, Anticipate and assist with all visual needs, Keep both eyes clean and free from matter, Monitor both eye for redness, drainage, swelling, signs, and symptoms of infection, notify MD as needed, Monitor/document/report PRN any s/sx of acute eye problems: change in ability to perform ADLs, decline in mobility, sudden visual loss, pupils dilated, gray or milky c/o halos around lights, double vision, tunnel vision, blurred or hazy vision, and Remind resident to wear glasses when up. Ensure resident is wearing glasses which are clean free from scratches and in good repair. Report any damage to nurse/family (date imitated 01/31/23).The MDS Nurse said she also had the option to not select the pre-selected interventions and only click on those that applied to that resident. She said Resident #59 did not wear glasses as noted in her MDS assessment. The MDS Nurse said I'm only human, and by that she said she should have selected the interventions that only applied to Resident #59 and the pre-selected interventions. The MDS Nurse said there had been no negative outcome to Resident #59 because her care plan indicated she wore glasses. In an interview and observation on 07/09/25 at 2:00 p.m., the DON said he was pretty sure Resident #59 wore glasses. He was observed as he reviewed Resident #59's care plan and said the reason she wore glasses was because of her vision impairment. The DON was observed as he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676493	A. Building B. Wing	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sun Valley Rehabilitation and Healthcare Center	2902 S 77 Sunshine Strip 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to ensure all drugs and biologicals were stored and labeled in accordance with currently accepted professional principles and included the appropriate accessory and cautionary instructions, and the expiration date when applicable in 5 of 5 influenza vaccine single-dose, pre-filled syringes reviewed for vaccine storage and labeling. The facility failed to ensure that all influenza vaccine single-dose, pre-filled syringes were not past their expiration date. The facility's failure could result in residents receiving influenza vaccines at their best therapeutic level. The findings included: During an observation on [DATE] at 01:22 PM, of the influenza vaccines revealed 5 out of 5 influenza vaccine single-dose, pre-filled syringes past the expiration date of [DATE]. During an interview on [DATE] at 01:30 PM, RN A stated the influenza vaccines were expired and should have been discarded. She said she thought they were still good. RN A stated the expiration date was checked before administering the vaccine and would have been caught. During an interview on [DATE] at 01:35 PM, the DON stated they should have known the influenza vaccines were expired and they should have been discarded. The DON stated he would discard them immediately. The DON stated the vaccine’s expiration date was checked before administration and the resident would not have received an expired vaccine. During an interview on [DATE] at 05:35 PM, the DON stated the only policy he could find was the medication administration policy which did not mention expiration dates. He said he looked through all the policies and none mentioned expiration dates. He said he had looked for a policy on vaccinations and could not find anything. B

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676493	A. Building B. Wing	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sun Valley Rehabilitation and Healthcare Center	2902 S 77 Sunshine Strip 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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676493	A. Building B. Wing	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sun Valley Rehabilitation and Healthcare Center	2902 S 77 Sunshine Strip 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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection for one (Resident #11) of three residents reviewed for infection control, in that: LVN C failed to don personal protective equipment (PPE) before entering Resident #11's room. Resident #11 was under enhanced barrier precautions per physician orders. This failure could place residents who resided in the facility, as well as employees and visitors, at risk for communicable diseases and infections. The findings included: Record review of Resident #11's face sheet dated 07/08/25 revealed a [AGE] year-old male admitted into the facility on [DATE], with a diagnosis of acute hematogenous osteomyelitis, left ankle and foot (a bone infection caused by bacteria traveling through the bloodstream to the bone), end stage renal failure (a severe medical condition where the kidneys have permanently lost their ability to function), dependance on renal dialysis (when a person's kidneys are no longer able to adequately remove waste and excess fluid from the blood, necessitating regular dialysis treatments to sustain life), and severe sepsis with sepsis shock (a life-threatening condition where the body's extreme response to an infection causes organ damage and dangerously low blood pressure). Record review of Resident #11's Physician Orders dated 06/16/25 revealed Enhanced barrier precautions every shift with high contact care activities. No end date to order noted. Record review of Resident #11's baseline care plan dated 06/16/25 revealed requirement of enhanced barrier precautions to reduce risk of Multidrug-resistant organism (MDRO) transmission. Resident 11 was at risk for infection as evidence by pressure wound, cellulitis wound, current use of indwelling device: foley catheter, and dialysis access permcath (a type of catheter used for long-term hemodialysis or other therapies requiring reliable vascular access). Goal: Will be free from MDRO infection through the next review date. Interventions: Enhanced barrier precautions. Staff to use gowns and gloves during high contact care activities. Record review of Resident #11's baseline MDS dated [DATE] revealed a BIMS score of 15 which meant cognition was intact. During an observation on 06/07/25 at 1:15 p.m., Resident #11 was on enhanced barrier precautions. Outside Resident #11's room was an enhanced barrier sign, and personal protective equipment placed inside plastic drawers with gowns available. Just inside Resident 11's room gloves were available. LVN C entered Resident #11's room without donning a gown but did don gloves. LVN C then went up to Resident 11's bedside. LVN C then proceeded to remove Resident 11's blanket to reveal foley catheter tubing. LVN C touched foley drainage tubing and balloon inflation port to locate foley catheter size. In an interview on 06/07/25 at 1:25 p.m. with LVN C, - LVN C stated when a resident was placed on enhanced barrier precautions, staff needed to put on gloves and gown before they entered their room if contact with the resident occurred. LVN C stated she got nervous and forgot to don gown. LVN C stated it was important to wear personal protective equipment before they entered the room to prevent the spread of infection to staff and other residents. In an interview on 07/09/25 at 5:02 p.m., the DON stated enhanced barrier precautions were in place with high contact care residents. The DON stated enhanced barrier precautions should be followed by all staff for infection control. The DON stated that in-services (training) on infection control were the key to preventing this from happening again. Review of facility's policy titled Infection Prevention and Control Program dated 5/13/2023 revealed; Isolation Protocol (Transmission-Based Precautions):a. A resident with an infection or communicable disease shall be placed on transmission-based precautions as recommended by current CDC guidelines.Review of CDC guidelines revealed: https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html: Use personal protective equipment (PPE) appropriately, including gloves and gowns. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning Personal protective equipment upon room entry and properly discarding before exiting the patient room is done to contain pathogens.