

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER Colonial Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 821 US Hwy 81 W New Braunfels, TX 78130	
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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public on 4 of 4 resident hallways (Hallway A, Women's Unit, Hallway C, and Men's Unit) reviewed for environmental concerns. 1. The facility failed on 8/13/25 to ensure the ceiling lights were replaced and the ceiling vent cleaned in the therapy bathroom located at the end of the A- hallway.2. The facility failed on 8/13/25 to ensure the ceiling vents/panels were cleaned/repared and a shower room in room # 32 cleaned on the Women's Unit.3. The facility failed on 8/13/25 to repair a bedroom light in room [ROOM NUMBER] and clean a shower room in room # 70 on the C-hall.4. The facility failed on 8/13/25 to repair a bathroom floor molding in room # 89 on the Men's Secure Unit. These failures could place residents at risk of a diminished quality of life due to exposure to an environment that was unpleasant, unsanitary, and unsafe. Findings Included: During observation rounds with the Maintenance Director and Administrator on 08/13/25 from 9:30am- 9:55am revealed the following: a. In the therapy dept bathroom located at the end of the A- Unit-hallway there was 2 missing overhead light bulbs which measured approximately 3 ft in length and the bathroom ceiling air vent had visible dirt and dust particles on the vent surface.b. In the A-Unit hallway the ceiling vent fan in front of room [ROOM NUMBER] had signs of rust particles on the surface.c. In the A-Unit hallway the ceiling vent panel which measured approximately 2x2 ft besides room [ROOM NUMBER] was not attached to the ceiling on one corner.d. In the Women's Unit the ceiling vent panel which measured approximately 2x2 ft in front of room [ROOM NUMBER] had visible dirt particles on the surface.e. In the Women's Unit in the general activity room [ROOM NUMBER] ceiling panels which each measured approximately 2x2 ft had visible brown water/dirt stains on the surface.f. In the Women's Unit the ceiling vent which measured approximately 2x2 ft in front of room [ROOM NUMBER] was not attached to the ceiling on one corner.g. In the Women's Unit the shower floor which measured approximately 3x2 ft in room [ROOM NUMBER] had visible mold on the floor surface.h. In the C-hall the A-side bedside light in room [ROOM NUMBER] was not working.i. In the C-hall the shower floor which measured approximately 3x2 ft in room [ROOM NUMBER] had visible mold on the floor surface.j. In the Men's Unit the floor molding which measured 3 ft in length in the bathroom of room [ROOM NUMBER] was not attached to the wall surface. During an interview with the Maintenance Director and Administrator on 8/13/25 at 10.00am the Administrator stated that making the noted repairs would improve the homelike environment for the residents. The Maintenance Director stated staff communicate the need for repairs on the work order TELS system and he had not received a work order for the needed repairs noted on the resident hallways. The Maintenance Director stated that making the noted repairs would improve the homelike environment for the residents. Record review of the facility's Maintenance Policies and Procedures which was undated revealed the Maintenance Director will make a routine inspection of the Center to ensure all fixtures are securely fastened, that the Center is clean and in good repair, and that all systems are working properly.</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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