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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455869 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/06/2025 |
| NAME OF PROVIDER OR SUPPLIER Guadalupe Valley Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1210 Eastwood Dr Seguin, TX 78155 | |
| 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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Keep residents' personal and medical records private and confidential.</p> <p>Based on interview, record review, and observation, the facility failed to ensure residents have a right to personal privacy for 1 of 2 resident (Resident #6) reviewed for privacy, in that:</p> <p>CNA A and CNA B did not close Resident #6's privacy curtain while providing incontinent care on 06/05/2025.</p> <p>This deficient practice could place residents at-risk of loss of dignity due to lack of privacy.</p> <p>The findings included:</p> <p>Record review of Resident #6's face sheet, dated 06/06/2025, revealed an admission date of 06/03/2023 and, a readmission date of 04/10/2024, with diagnoses which included: Alzheimer's disease (brain disorder that slowly destroys memory and thinking skills), Type 2 diabetes mellitus (high level of sugar in the blood), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood), Vascular dementia (problems with reasoning, planning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to the brain.), Anxiety (A group of mental illnesses that cause constant fear and worry), Chronic kidney disease (gradual loss of kidney function), Major depressive disorder (mental disorder characterized by at least two weeks of pervasive low mood, low self-esteem, and loss of interest or pleasure), Non-Hodgkin lymphoma (Blood cancer).</p> <p>Record review of Resident #6's Quarterly MDS assessment, dated 04/08/2025, revealed the resident had a BIMS score of 11, indicating her cognition was moderately impaired. Resident #6 was always incontinent of bowel and bladder. She required extensive assistance in activities of daily living.</p> <p>Record review of Resident #6's care plan, dated 05/07/2025, revealed a problem of has (MIXED)bowel/ bladder incontinence r/t weakness, Alzheimer's, OAB, with a goal of The resident will remain free from skin breakdown due to incontinence and brief use</p> <p>through the review date and, intervention of Clean peri-area with each incontinence episode.</p> <p>Observation on 06/05/2025 at 2:22 p.m. revealed CNA A and CNA B did not completely close the privacy curtain while they provided incontinent care for Resident #6, exposing the resident's genital area during care. The resident's bed area was partially uncovered and the resident's roommate was in the room at the time of care. The privacy curtain was broken and could not be completely closed.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 455869 |
| | | If continuation sheet Page 1 of 4 |

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| <p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview with CNA B on 06/05/2025 at 2:30 p.m., CNA B confirmed the privacy curtain was not completely closed while they provided care for Resident #6 but it should have been. She confirmed she received resident rights training within the year. She did not know how long the privacy curtain had been broken because she did not usually work with Resident #6.</p> <p>During an interview with CNA A on 06/05/2025 at 2:39 p.m., CNA A confirmed the privacy curtain was not completely closed while they provided care for Resident #6 but it should have been. She confirmed she received resident rights training within the year. She did not know how long the privacy curtain had been broken because she did not usually work on hall 400 (Resident #6's hall).</p> <p>During an interview with the DON on 06/6/2025 at 9:10 a.m., the DON confirmed privacy must be provided during nursing care and Resident #6's privacy curtain should have been closed completely. He confirmed the staff had received training on resident rights within the year and the training was provided by the ADON and himself. They also checked the staff skills annually and as needed.</p> <p>Review of the facility's policy titled Statement of Resident Rights, undated, revealed, You have a right to: privacy, including privacy during visits and telephone calls.</p> <p>Review of Facility's checklist, titled incontinent care proficiency checklist (with or without Foley), undated, revealed Provide privacy (use rolling provacy screens; if there is not a privacy curtain at the foot of the bed).</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interviews, and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infection for 1 of 2 residents (Resident #6) reviewed for infection control, in that:</p> <p>While providing incontinent care for Resident #6, CNA A did not change her gloves or wash her hands after cleaning the resident and before touching the clean draw sheet and clean brief on 06/05/2025.</p> <p>This deficient practice could place residents at-risk for infection due to improper care practices.</p> <p>Findings included:</p> <p>Record review of Resident #6's face sheet, dated 06/06/2025, revealed an admission date of 06/03/2023 and, a readmission date of 04/10/2024, with diagnoses which included: Alzheimer's disease (brain disorder that slowly destroys memory and thinking skills), Type 2 diabetes mellitus (high level of sugar in the blood), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood), Vascular dementia (problems with reasoning, planning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to the brain.), Anxiety (A group of mental illnesses that cause constant fear and worry), Chronic kidney disease (gradual loss of kidney function), Major depressive disorder (mental disorder characterized by at least two weeks of pervasive low mood, low self-esteem, and loss of interest or pleasure), Non-Hodgkin lymphoma (Blood cancer).</p> <p>Record review of Resident #6's Quarterly MDS assessment, dated 04/08/2025, revealed the resident had a BIMS score of 11, indicating her cognition was moderately impaired. Resident #6 was always incontinent of bowel and bladder. She required extensive assistance in a activities of daily living.</p> <p>Record review of Resident #6's care plan, dated 05/07/2025, revealed a problem of has (MIXED)bowel/ bladder incontinence r/t weakness, Alzheimer's, OAB, with a goal of The resident will remain free from skin breakdown due to incontinence and brief use</p> <p>through the review date and, intervention of Clean peri-area with each incontinence episode.</p> <p>Observation on 06/05/2025 at 2:22 p.m., revealed while providing incontinent care for Resident #6, CNA A did not change her gloves or sanitize her hands after cleaning Resident #6's buttocks and before touching the clean draw sheet and the clean brief and placing them under the resident.</p> <p>During an interview with CNA A on 06/05/2025 at 2:39 p.m., CNA A stated she forgot to change her gloves before touching the clean draw sheet and brief and she should have. She stated she received infection control training within the year</p> <p>During an interview with the DON on 06/6/2025 at 9:10 a.m., the DON stated the staff should have changed their gloves and sanitized their hands prior to touching the clean draw sheet and brief. He stated it could cause a risk of cross contamination and infection for the resident. He revealed they provided training on infection control at least once a year and as needed. He revealed they checked the skills of the staff annually and as needed with the assistance of his ADONS.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Record review of the facility's CNA A competency check titled, incontinent care checklist, dated 09/06/2024, revealed 10. [.] cleanse the entire buttock area and surrounding hip area [.] 11. Wash/sanitize hands, Apply clean gloves. 12. Position new brief under resident. CNA A had passed competency.</p> <p>Review of the facility's policy, titled Infection prevention and control program, dated 05/13/2023, revealed Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures.</p> <p>During an interview on 06/06/2025 at 2:02 p.m. with the DON, The DON revealed there was no other policy about hand hygiene or use of gloves during care.</p> | | |