STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44020 Based on observation, interview and record review the facility failed to ensure residents received services in the facility with reasonable accommodation of resident needs for 1 of 8 Residents (Resident #8) who was observed for call light placement. The facility staff failed to ensure the call light was within reach for Resident #8. This failure could affect any resident and keep them from calling for help as needed. The findings were: Record review of Resident #8's face sheet, dated 01/14/2025, revealed the resident was admitted to the facility on [DATE] with diagnoses which included: spastic hemiplegic cerebral palsy. Record review of Resident #8's Annual MDS assessment, dated 10/18/2024, revealed the resident's BIMS score was 09, which indicated moderate cognitive impairment. The Annual MDS assessment further revealed Resident #8 was dependent (helper does all of the effort) with rolling left and right, chair/bed to chair transfer, tub/shower transfer, toileting hygiene, shower/bathing, upper body dressing, lower body dressing, and personal hygiene. Record review of Resident #8's Nursing-Quarterly/PRN Nursing Evaluation, dated 10/18/2024, revealed total dependence required for bed mobility, transfers, dressing, eating, toilet use, personal hygiene, and bathing. Record review of Resident #8's care plan, revision date of 11/07/2024, revealed Resident #8 had a problem of [Resident's name] has an ADL self-care performance deficit r/t cerebral palsy and interventions read Encourage the resident to use bell to call for assistance. Care plan further revealed Resident #8 had a problem [Resident name] is at risk of falls r/t to poor balance . and interventions read Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all request for assistance. Observation and interview on 01/13/2025 at 10:50 a.m. revealed Resident #8's lying in his bed with head of bed elevated and the call light tucked in the closed top drawer of nightstand approximately a foot away from Resident #8. Resident #8 stated when he would need help, he would press the button, but right now he could not reach the button. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation and interview on 01/13/2025 at 10:53 a.m. CNA A stated the staff typically checked on him as he had difficulty using his call light. CNA A further stated he has never really used his call light as she removed the soft touch call light from the drawer and placed it on the over bed table to the right of Resident #8. Resident #8 when asked about the soft touch call light he stated he would us it when he needed help. Resident #8 was observed to start to reach for the soft touch call light with his contracted left arm and hand with pointer finger extended attempted to push the pad. CNA A stated the staff had to put the call light in the middle of the table and moved the call light within reach. Resident #8 was then observed and was able to demonstrate the use of the soft touch call light by touching it with one finger. During an interview on 01/16/2025 at 11:37 a.m. the DON stated he was not sure if Resident #8 was able to use the call light all the time, but it should have been within reach. The DON stated it was the responsibility of staff to make sure call lights were within reach. The DON stated the importance of residents having the call light within reach was so it could be used to get help. The DON further stated, Anything could happen. by not having the call light within reach of the resident. During an interview on 01/16/2025 3:48 p.m. the ADM stated residents should have call lights within reach when they were in bed or in the room in w/c next to their beds. The ADM stated everybody was responsible for the placement of call lights. The ADM stated as far as he knew Resident #8 was able to use his call light. Record review of the facility's Call lights: Accessibility and Timely Response policy, implemented date 10/13/22, read Policy: The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance . Policy Explanation and Compliance Guidelines: 6. The call system will accessible to residents while in their bed or other sleeping accommodations within the resident's room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520 Based on observation, interview and record review the facility failed to promote and facilitate resident self-determination through support of resident choice, including but not limited to choose health care and providers of health care services consistent with his or her interests for 1 of 8 Residents (Resident #184) who was reviewed for services. The facility failed to meet and discuss with Resident #184, a new admission, Medicaid coverage and options for healthcare providers. This deficient practice could affect any resident who was a new admission to the facility and could result in residents not having the opportunity to participate in making decisions for health coverage and choosing health providers. The findings were: Review of Resident #184's face sheet, dated 1/16/25, revealed he was admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including Hemplegia and Hemiparesis following Cerebral Infarction affecting right dominant side, Other Sequelae of Cerebral Infarction and Type 2 Diabetes Mellitus with Hyperglycemia. Review of Resident #184's MDS assessment, dated 12/23/24, revealed his BIMS score was 14 of 15 reflective of minimal cognitive impairment. Review of Resident #184's Care Plan, dated 1/15/25, read: The resident had a cerebral vascular accident (CVA/Stroke) affecting (right side) and one of the interventions was Monitor/document/report PRN for neurological deficits: level of consciousness, visual function changes, aphasia, dizziness, weakness, restlessness. Review of progress notes from 12/23/24 to 1/15/25 revealed there was no documentation that staff had met with Resident #184 to discuss medical coverage or options in healthcare providers. Observation and interview on 1/13/25 at 1:13 PM revealed Resident #184 sitting in his wheelchair. He presented as being alert and oriented. Resident #184 stated he was admitted to the facility about 5 weeks ago and then was hospitalized . Resident #184 stated he talked to different staff about insurance coverage and questioned who would be his health provider. He presented a health insurance card and stated staff had told him he did not need it anymore and the BOM would take care of it Resident #184 stated staff kept telling him to talk with the BOM but she was never in her office. Resident #184 stated staff told him his insurance would change but wouldn't tell him anything else. Resident #184 stated he had a cataract on his left eye and needed surgery. He also stated he needed a tooth pulled but feel stuck because I don't know what's going on. Further observation revealed Resident #184 had a thin gray film over his left eye. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 01/15/25 at 1:30 PM with the SW revealed they had a Care Plan meeting with Resident #184 and he did not mention any concerns with preference for insurance provider or concerns that no one had discussed his preferences with him. Review of Resident #184's progress notes from 12/18/24 to present did not reveal any documentation that any staff member discussed the admission process with him. Interview on 01/16/25 at 01:40 PM with the SW and the BOM revealed they initiated having transitional meetings with short stay residents and discussed expectations of the admission process with newly admitted residents. However, they did not have a transitional meeting with long-term residents. The BOM stated she usually met with new admits to discuss their financials, applying for MCD and healthcare providers within the first few days after admission. She stated she had not met with Resident #184 because she had not been able to find a family member to help with providing personal documents needed to apply for Medicaid. She stated if he was asking questions, any staff could direct him to her. The BOM stated she did not know he had questions and she and the SW stated they would go meet with him now. Review of the facility policy, Residents' Rights Nursing Facilities, provided by the Texas Health and Human Services, read in relevant part: Freedom of choice: You have the right to: make your own choices regarding personal affairs, care, benefits and services. Choose your own doctor at your own expense or through a health care plan. Manage your own financial affairs in the least restrictive method or to delegate that responsibility to another person.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520 Based on interview and record review the facility failed to immediately consult with the resident's physician when there was a need to alter treatment significantly or to commence a new form of treatment for 1 of 8 Residents (Resident #24) whose records were reviewed for medications. Nursing staff failed to contact Resident #24's PCP/NP on 1/14/25 when realizing medication insulin Toujeo was not available for night administration per physician orders. This deficient practice could affect any resident and could contribute to resident's not receiving medications per physician orders and result in a decline in condition. The findings were: Review of Resident #24's face sheet, dated 1/16/25, revealed he was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes Mellitus (According to Mayo clinic Diabetes mellitus refers to a group of diseases that affect how the body uses blood sugar (glucose)) with Diabetic chronic kidney disease, Type 2 Diabetes Mellitus with Hyperglycemia (According to Mayo clinic Hyperglycemia is high blood sugar), Type 2 Diabetes Mellitus with other Diabetic neurological (According to Mayo clinic neurological means nervous system) complication. Review of Resident #24's MDS assessment, dated 11/14/24, revealed his BIMS score was 15 of 15 reflective of no cognitive impairment; diagnoses including Type 2 Diabetes Mellitus with Diabetic chronic kidney disease, Type 2 Diabetes Mellitus with Hyperglycemia, Type 2 Diabetes Mellitus with other Diabetic neurological complication; and he received insulin injections. Review of Resident #24's physician consolidated orders dated January 2025 revealed the following orders: Toujeo Max SoloStar Subcutaneous Solution Peninjector 300 UNIT/ML (Insulin Glargine) Inject 80 units subcutaneously at bedtime related to TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA () DO NOT HOLD WITHOUT CONTACTING THE I-SNP NP FIRST; Call order in for Toujeo refill every 7 days one time a day every Sat-Start Date-10/05/2024 2100; and Obtain accu-check every AM one time a day for Accu-check -Start Date-05/22/2021 0730. Review of Resident #24's skilled MAR for January 2025 revealed he did not receive 80 units, Toujeo Max SoloStar Subcutaneous Solution, on 1/14/25. Further review revealed Resident #24's glucose level on 1/15/25 was 188. Further review revealed his glucose level from 1/1/25 to 1/17/25 ranged between 124 to 178. Review of list of medications available in the Emergency Kit (refrigerated) included Lantus 3ML Pen. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 1/15/25 at 10:11 AM during the group meeting Resident #24 reported he did not receive scheduled 80 units of insulin last night. He stated he was upset because someone didn't check to make sure the insulin was available and further stated it was not the first time this happened. Resident #24 stated he felt ok, but his sugars were high he would get dizzy or sick to his stomach. Interview on 01/15/25 at 4:00 PM with LVN F revealed Resident #24 was upset with her this morning because he did not receive his scheduled medication, Toujeo (pm insulin), the night before and blamed her for not re-ordering the medication. She stated he was scheduled to receive 80 units every day, at night. She stated she was not the only one responsible for ordering the medication and the night nurse, LVN G, should have ordered once learning it was not available. LVN F reviewed the MAR and stated LVN G did not order the medication on the night of 1/14/25. LVN F stated there was also no progress note indicating, he did not administer the insulin, that he took an accu-check for Resident #24 or that he called Resident #24's NP. She stated she completed all accu-checks in the morning during the day shift. LVN F stated not taking that many units of insulin could have significant adverse effects including death. LVN F stated she reported this information to the management team during the morning meeting on this date, 1/15/25. She stated the NP attended the meeting. Interview on 01/15/25 at 5:25 PM with LVN F revealed she learned pharmacy did not deliver the medication, Toujeo, because the insurance denied payment. She stated the ADON in charge of 300 hall called pharmacy and stated it was resolved. The ADON reported the medication was scheduled for delivery at night on 1/15/25. LVN F stated she talked to Resident #24's NP and the NP reported to her that she was not notified Resident #24 had not received the scheduled 80 units of Toujeo on the night of 1/14/25. Interview on 1/16/25 at 9:38 AM with Resident #24 revealed he was feeling ok this morning. He stated LVN G notified him Tuesday evening, 1/14/25, the medication, Toujeo insulin, was not available and he called the pharmacy. He stated LVN G did not take an accu-check to check in blood sugar levels. Resident #24 stated he stepped out of his room later early morning and talked with LVN G but he did not know if LVN G checked on him during the nighttime because he was sleeping. Interview on 01/16/25 at 09:49 AM with NP H revealed she had 58 residents in-house she followed including Resident #24. She stated nursing staff did not notify her the night of 1/14/25 that Resident #24 did not receive the scheduled 80 units of PM insulin/Toujeo. She stated staff notified her on 1/15/25 between 5:00 PM or 5:30 PM that the insulin was not available NP H stated she would have ordered the charge nurse to administer 80 units of Lantus available in the Emergency Kit. She further stated there was an order to specifically not hold the insulin medication, Toujeo, unless notifying the NP and there was also a standing for nursing staff to order the insulin weekly, every Saturday because there was a history of the insulin not being available. NP H stated she attended the morning meeting on 1/15/25 but came in later than she usually did and did not recall anyone reporting Resident #24's insulin not being available. She stated she would hope staff had reported directly to her, the insulin was not available. NP H reviewed Resident #24's MAR for January 2025 and stated the insulin was documented as ordered on Saturday, 1/11/25. The NP stated per science she would not expect any major adverse effects except Resident #24 would not feel well if his sugar's skyrocketed. Although, she stated she had him on several other daytime insulin medications because his Diabetes had been very difficult to control. NP H stated she expressed her concerns about not being notified to the management team this morning and the response was that they would follow up with the charge night nurse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 1/16/25 at 2:30 PM with RN/ADON I, revealed she was the ADON over the hall Resident #24 resided on. She stated on 1/15/24, LVN F reported Resident #24 told her, he missed his scheduled nighttime insulin on 1/14/25 because it was not available. ADON I stated she called pharmacy right away, clarified insurance questions and the medication was scheduled to arrive the night of 1/15/25. ADON I stated charge nurse, LVN G, was scheduled to work 11:00 PM to 6:00 AM on 1/14/25. She stated policy and protocol required he contact the pharmacy to inquire about the hold up; call the NP for direction and then to notify her and the DON. ADON I stated Lantus insulin was available in the Emergency kit to substitute for Toujeo insulin if that's what the NP ordered. ADON I stated LVN G did not call her to provide her with a report about the incident. Interview on 1/16/25 at 5:30 PM with the DON revealed he learned Resident #24 did not receive his scheduled nighttime insulin medication because it was not available on 1/14/25. He stated the charge nurse, LVN G, should have called him and the NP to obtain directives to avoid Resident #24 experiencing adverse effects. The DON stated LVN G did not call him or the NP from what he understood. He stated the insulin was not available because there was an insurance problem but ADON I called the pharmacy and took care of it. He stated the insulin arrived on 1/15/25. Review of facility policy, Notification of Changes, dated 10/24/22, read in relevant part: The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notified, consistent with his or her authority, the resident's representative when there is a change requiring notification. 3. Circumstances that require a need to alter treatment. This may include: a. New treatment. b Discontinuation of current treatment due to: i. adverse consequences. ii. Acute condition. iii. Exacerbation of a chronic condition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520 Based on observation, interview and record review the facility failed to provide housekeeping services necessary to maintain a sanitary, orderly, and comfortable interior for 1 of 1 shower room (300 hall) and 5 of 5 resident rooms (#312, #314, #315, #316 and #506) whose rooms were observed for housekeeping services. 1. Nursing staff failed to clean and sanitize the 300-hall shower room after each resident shower. 2. The facility failed to ensure Resident Rooms #312, #314, #315, #316 and #506 were thoroughly cleaned and sanitized. These deficient practices could place any residents at risk of living in an unclean and unsanitary environment and result in feelings of dissatisfaction. The findings were: 1. Review of Resident Council Meetings from July 2024 to [DATE] revealed concerns about CNA's not cleaning the 300-hall shower, leaving towels and other linens on the floor and sometimes poop. Interview on 1/14/25 at 10:11 AM during a group meeting with 12 residents including Resident #24, Resident #85 and Resident #184 revealed the 300 hall-shower was often dirty. They stated there would be dirty towels, clothes and even poop on the floor. The Resident's stated the staff did not always clean the shower room and they had to shower when it was dirty. The Resident's stated they felt bad about using a dirty shower. Residents also complained the CNA's and housekeeping staff did not maintain their rooms clean often disposing of briefs in the trash can in their rooms or bathrooms, not always cleaning the bathrooms thoroughly and not always sweeping and mopping the floor. The Resident's stated they had reported their concerns to multiple staff but they had not seen many improvement. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation and interview on 1/14/25 at 11:25 AM in the 300-hall shower revealed dirty clothes and linens on the floor; 3 bottles of shampoo on top of a shower chair by the shower stall. The shower chair had been used. There was a shower bed with buildup white residue on it, the fabric strapped under the shower bed had dark brown stains in the middle of it; there were 2 footrests, 2 packages of wet wipes, a floor mat, a bottle of shampoo & body wash, a deodorant roll on and used towels stacked on top of the shower bed. There was a second shower chair beside the shower bed. On the floor behind it was a used brief, a used towel, a canister of sani-wipes, used and unused trash bags, a used sani-wipe and a men's shirt. The commode had dried up feces in it; there was a body wash pump on the floor between the commode and the wall. There was a used glove on the floor by the supply caddy located on the corner of the shower room upon walking in on the right side. Interview with CNA J revealed she had showered 2 residents earlier in the morning and completed the showers about 45 minutes ago. She stated she was supposed to clean the shower room after each shower including picking up all items off the floor, placing dirty linens in the dirty linen barrel, putting away supplies, and sanitizing the shower chairs, sweeping and mopping the floor. CNA J stated the shower bed and the items stacked on it had been there for a while. CNA J identified the brown substance and stains on the fabric strapped under the shower bed as feces. She stated she had not had time to come back to clean the shower room. CNA J further stated the shower room was not clean and would not like to have a family member use it because it was not sanitary. Observation and interview on 1/14/25 at 11:30 AM in the 300-hall shower revealed dirty clothes and linens on the floor; 3 bottles of shampoo on top of a shower chair by the shower stall. The shower chair had been used. There was a shower bed with buildup white residue on it, the fabric strapped under the shower bed had dark brown stains in the middle of it; there were 2 footrests, 2 packages of wet wipes, a floor mat, a bottle of shampoo & body wash, a deodorant roll on and used towels stacked on top of the shower bed. There was a second shower chair beside the shower bed. On the floor behind it was a used brief, a used towel, a canister of sani-wipes, used and unused trash bags, a used sani-wipe and a men's shirt. The commode had dried up feces in it; there was a body wash pump on the floor between the commode and the wall. There was a used glove on the floor by the supply caddy located on the corner of the shower room upon walking in on the right side. Interview with LVN F revealed the CNA's were supposed to clean the shower room after each shower and then housekeeping would deep clean later in the day. LVN F commented the shower room was not clean and disgusting. She stated it did not look like the condition of the shower room had happened overnight. She stated she did not even know the commode worked and did not know why the shower bed and all the items stacked on it was in the shower room. She stated the shower bed, to her knowledge, was not used for any residents. LVN F stated as the charge nurse she was responsible for ensuring the CNA's completed required tasks but did not come behind them after every shower. LVN F stated she would periodically do spot checks and stated she had checked the shower room maybe a day or so ago. Interview on 1/15/25 at 3:30 PM with ADON I revealed she reviewed pictures taken of the 300-hall shower. She stated the shower room was unsanitary and would not expect any resident to be happy about using the shower. She stated the condition did not happen overnight because of all the residue on the shower bed and especially the dried feces in the commode and on the fabric strapped under the shower bed with the dark brown stains and brown substance on it. ADON I stated it was probably dried up feces. ADON I stated she was the manager over 300-hall and would make rounds daily but did not go into the shower room every day. ADON I stated the charge nurses were responsible for ensuring the resident environment was clean and orderly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Observation on 1/14/25 at 11:47 AM in room [ROOM NUMBER] revealed there were food crumbs on the air mattress. On top of the vanity by the sink, there were 2 packages of opened 4x4 dressing, there was a torn piece of a corner of the dressing, a bottle of shampoo and body wash, a towel and a package of non-skid socks all intermixed and on top of each other. Further observation revealed the resident was not in the room and there were no visible staff in the hallway. 3. Observation on 1/14/25 at 11:50 AM In room [ROOM NUMBER]'s bathroom revealed there were used briefs in the trash can. In the room on the window seal by bed B, there were multiple spoons, packages of crackers, sugar packets, a pink brush with hair in the bristles, writing pens, tube of ointment and an opened chocolate twinkie package all intermixed. Further observation revealed there were no visible staff in the hallway. The Resident in bed A was not in the room and the Resident in bed B presented as being alert but confused. 4. Observation on 1/14/25 at 11:57 AM In room [ROOM NUMBER] revealed there was an empty coke bottle under bed B, there were multiple empty grocery bags and multiple grocery bags with items in them on the floor by the nightstand. There were multiple boxes of bags and boxes filled with personal items all stacked in the corner by the foot of bed B. There was a used glove on top of the bedside table by bed A. Further observation revealed the resident was not in the room and there were no visible staff in the hallway. 5. Observation on 1/14/25 at 12:00 PM in room [ROOM NUMBER]'s bathroom revealed a used towel on the floor by the commode, there were 2 empty handheld urinals on top of a nightstand (in the bathroom) and 1 empty handheld urinal on the floor between the nightstand and the commode. Further observation revealed there were no visible staff in the hallway. 6. Observation and interview with CNA K on 1/14/25 at 12:16 PM in room [ROOM NUMBER] revealed, upon entering the room, there was a stack of clothes, linens, sneakers al on the floor surrounding a dresser and storage caddy. There was also a plastic bag full of clothes and a basket of clothes on the floor. There was a box of gloves, a roll of plastic trash bags and more clothes stacked on top of the storage caddy leading to the corner shelving unit where there were empty plastic bags and more clothes stuffed on the lower shelf. Underneath bed A, on the floor, there was a bag of full of individual sized chips and other food items. Beside it was an opened plastic bag with an unused dressing on the floor. There was a box of plastic gloves, clean towels, a bundled up blanket, more clean towels stacked on top of the dresser along with two basins, one had medical supplies in it. All of these items cluttered the entire left wall upon entering the room. Further observation revealed a barrel of dirty linens in the bathroom, 2 basins stacked on top of it. In one of the basins there was a toothbrush, toothpaste and a bag of wet wipes. There was a used wet wipe on the shower stall floor, and 2 handheld urinals on top of the toilet tank. Interview with CNA K revealed it was her first time working on the 500-hall. She stated the room looked very cluttered was dirty with all the clothes and supplies stacked on the furniture upon entering the room. She stated the dirty linen barrel should not be in the resident's bathroom. CNA K stated the room should be clean, floors swept and mopped, dirty clothes in the hamper and supplies put away. CNA K stated it was lunch time and would let the charge nurse know and then would return after lunch to clean up. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 1/15/25 at 3:30 PM with ADON I revealed she was the manager over 300-hall. She reviewed the pictures taken of rooms #312, #314, #315, #316 and #506. ADON I stated the resident rooms looked cluttered and dirty, She stated the CNA's and housekeeping shared the responsibility of helping Residents maintain their rooms organized and clean. She stated the charge nurse's were responsible for ensuring the CNA's completed required tasks. ADON I stated she made rounds daily but did not always go into every room. She stated she talked to the DON in the past about de-cluttering the resident rooms on 300-hall but they had not come up with a plan. ADON I stated if there was an emergency in room [ROOM NUMBER] it would be difficult to evacuate either resident in a stretcher because the pathway from the door to the room was so cluttered. The ADON I stated all handheld urinals should be emptied rinsed and stored in a plastic bag with the resident's name on it. All dirty clothes should be stored in the resident's dirty hamper; dirty linens should be picked up from the floor and stored in the dirty linen barrels; dirty briefs should not be left in the room and should be disposed of in the dirty barrels. In addition, the trash on the floor should be thrown away, the floors should be swept and mopped daily. Interview on 1/16/25 at 7:42 PM with the Housekeeping Supervisor revealed there were 9 housekeeping and laundry staff. One housekeeper was assigned to each hall. She stated the housekeepers would clean the common areas in the morning, would clean the resident rooms after lunch and would check the floors and trash periodically throughout the day. The Housekeeping Supervisor stated she went into the 300-hall shower room on 1/14/25 to help clean it and it looked like it had not been cleaned in 1 to 2 weeks. She stated it was very dirty. She further stated she talked to the nurse's on 300-hall and they made rounds and talked about deep cleaning and decluttering the rooms. The Housekeeping Supervisor stated she had not felt the need to go behind the housekeeping staff to ensure they cleaned the rooms thoroughly. However, from what she saw it would be necessary to check in on them more often to ensure they maintained the rooms organized and clean. The DON was asked for a policy on housekeeping services on 1/16/25 at about 6:30 PM. He did not provide a policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520 Based on observation, interview and record review the facility failed to ensure the resident environment remained as free of accident hazards as was possible in 1 of 4 shower rooms (300-hall shower room) and in 2 of 2 Resident rooms (#308 and #516) observed for safety hazards. 1. Nursing staff failed to ensure razors were disposed of after used in the 300-hall shower room and to ensure an oxygen tank was returned to a resident room. 2. Nursing staff failed to ensure a razor was secured and not left in resident room [ROOM NUMBER]. 3. Nursing staff failed to ensure multiple sharp devices/scissors were secured and not left in resident room [ROOM NUMBER]. These deficient practices could affect resident who had access to sharps materials and could result in an avoidable accident. The findings were: 1. Observation and interview on 1/14/25 at 11:25 AM in the 300-hall shower room revealed a razor on top of a shower chair and an oxygen cylinder in a stand sitting in the middle of the shower room. CNA J stated she had showered 2 residents earlier in the morning and completed the showers about 45 minutes ago. She stated she was supposed to clean up the shower after each shower and dispose of the razor in the sharps container so no other residents would use or cut themselves. CNA J stated the should return the oxygen cylinder to the resident's room and not leave it in the shower room because it could get knocked over and possible cause an explosion. CNA J stated she had not had time to come back to secure the items. Observation and interview on 1/14/25 at 11:30 AM of the 300-hall shower room revealed a razor on top of a shower chair in the 300 and an oxygen cylinder in a stand sitting in the middle of the shower room. LVN F stated the CNA's were supposed to clean the shower room after each shower and then housekeeping would deep clean later in the day. LVN F stated the razor should be disposed of in the sharpies container and the oxygen cylinder should be returned to the resident room. She stated both items were a safety hazard. Residents could cut themselves with a razor and if the oxygen cylinder could explode if knocked over. LVN F stated as the charge nurse she was responsible for ensuring the CNA's completed required tasks but did not come behind them after every shower. LVN F stated she would periodically do spot checks and stated she had checked the shower room maybe a day or so ago. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 1/14/25 at 3:30 PM revealed ADON I reviewed pictures taken of the 300-hall shower room. She also identified the razor and oxygen cylinder as safety hazards. ADON I stated the razor should be disposed of in the sharpies container. She stated all sharpies should be disposed after use or secured to prevent accidents. ADON I stated the oxygen tank should not be left in the shower room because it could explode if knocked over. ADON I stated she was the manager over 300-hall and would make rounds daily but did not go into the shower room every day. ADON I stated the charge nurses were responsible for ensuring the resident environment was free of accident hazards and that it was clean and orderly. 2. Observation and interview on 1/14/25 at 11:45 AM revealed a razor on top of the counter by the sink. Interview with LVN F revealed razors should be secured in the cabinet in the shower room and should not be left in resident rooms per facility policy. LVN F stated they were a safety hazard to the residents especially those who were cognitively impaired. She stated CNA's were to assist residents when using a razor and then should dispose of it in a sharpies container. 3. Observation and interview on 1/14/25 at 12:20 PM in room [ROOM NUMBER] revealed multiple scissors in a basin on top of the vanity by the sink. Interview with LVN K stated it was her first time working on the 500 hall. LVN K stated her understanding was that residents could not have anything sharp in their room because it was a safety risk and the residents could get cut. Interview on 1/14/25 at 3:30 PM revealed ADON I reviewed pictures taken of the scissors in a basin on top of the vanity by the sink in room [ROOM NUMBER]. ADON I stated that all sharps/scissors should be stored and not left in the resident rooms. She stated CNA's should report to the charge nurse, the charge nurse should secure the item and educate the resident about the potential safety hazards. On 1/16/25 at 6:30 PM a request was made for a policy related to accidents and supervision. The DON provided a policy on personal belongings. Review of facility policy, Oxygen Safety, dated 1/26/24 read in relevant part: It is the policy of this facility to provide a safe environment for residents, staff and the public. This policy addresses the use and storage of oxygen and oxygen equipment. 5. Handling of Oxygen Cylinders: b. Protect cylinders from damage by not storing in locations where heavy objects may strike them or fall on them, or where they can be tipped over by foot traffic or door movement.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
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** 27520 Based on interview and record review the facility failed to provide routine and emergency drugs and biologicals for 1 of 8 Residents (Resident #24) whose records were reviewed for pharmacy services. LVN G failed to notify LVN H, the ADON or the DON that Resident #24's insulin medication, Toujeo was not delivered by the facility pharmacy and not available for administration on 1/14/25 to avoid further delay in delivery. Resident #24 did not receive his nighttime dose (80 units) of Toujeo insulin per physician orders. This deficient practice could affect any resident and could contribute to resident's not receiving medications per physician orders and result in a decline in condition. The findings were: Review of Resident #24's face sheet, dated 1/16/25, revealed he was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes Mellitus (According to Mayo clinic Diabetes mellitus refers to a group of diseases that affect how the body uses blood sugar (glucose)) with Diabetic chronic kidney disease, Type 2 Diabetes Mellitus with Hyperglycemia (According to Mayo clinic Hyperglycemia is high blood sugar), Type 2 Diabetes Mellitus with other Diabetic neurological (According to Mayo clinic neurological means nervous system) complication. Review of Resident #24's MDS assessment, dated 11/14/24, revealed his BIMS score was 15 of 15 reflective of no cognitive impairment; diagnoses including Type 2 Diabetes Mellitus with Diabetic chronic kidney disease, Type 2 Diabetes Mellitus with Hyperglycemia, Type 2 Diabetes Mellitus with other Diabetic neurological complication; and he received daily insulin injections. Review of Resident #24's physician consolidated orders dated January 2025 revealed the following orders: Toujeo Max SoloStar Subcutaneous Solution Peninjector 300 UNIT/ML (Insulin Glargine) Inject 80 units subcutaneously at bedtime related to TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA. DO NOT HOLD WITHOUT CONTACTING THE I-SNP NP FIRST; Call order in for Toujeo refill every 7 days one time a day every Sat-Start Date-10/05/2024; and Obtain accu-check every AM one time a day for Accu-check -Start Date-05/22/2021. Review of nurse's progress note read: 01/15/2025 17:00 Type: NURSING - Nurse Note. Note Text : Upon arrival of shift this nurse was approached by resident visibly upset that this (myself) specific nurse did not reorder Toujeo (pm insulin) it was not given this nurse explained that she was unaware of medication not being available due to it not being this nurse to give it but that I would bring it up in morning meeting. ADON approached and this nurse explained situation and ADON explained to resident any charge nurse can order medication. ADON called pharmacy and verified medication to be delivered tonight. This nurse was not told in report about medication not being in building. order to reorder medication is in pcc and was reordered on Saturday by a different nurse. Reported medication not given. In morning meeting with ISNP and Management. All parties informed. Further review revealed LVN F was the writer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #24's skilled MAR for January 2025 revealed he did not receive 80 units, of Toujeo Max SoloStar Subcutaneous Solution, on 1/14/25. Review revealed Resident #24's glucose level on 1/15/25 was 188. Further review revealed his glucose level from 1/1/25 to 1/17/25 ranged between 124 to 178. Review of list of medications available in the Emergency Kit (refrigerated) included Lantus 3ML Pen. Interview on 1/15/25 at 10:11 AM during the group meeting, revealed Resident #24 reported he did not receive scheduled 80 units of insulin last night (1/14/25). He stated he was upset because someone didn't check to make sure the insulin was available and further stated it was not the first time this happened. Resident #24 stated he felt ok, but when his sugars were high he would get dizzy or sick to his stomach. Interview on 01/15/25 at 4:00 PM with LVN F revealed Resident #24 was upset with her this morning because he did not receive his scheduled medication, Toujeo (pm insulin), the night before and blamed her for not re-ordering the medication. She stated he was scheduled to receive 80 units everyday, at night. She stated she was not the only one responsible for ordering the medication and the night nurse, LVN G, should have ordered once learning it was not available. She stated LVN G did not tell her in report the medication was not available. LVN H reviewed the MAR and stated LVN G did not order the medication on the night of 1/14/25. LVN H stated there was also no progress note indicating, he did not administer the insulin, that he took an accu-check for Resident #24 or that he called the pharmacy or Resident #24's NP. She stated she completed all accu-checks in the morning during the day shift. LVN F stated not taking that many units of insulin could have significant adverse effects for Resident #24 including death. LVN F stated she reported this information to the management team, including the NP, during the morning meeting on this date, 1/15/25. Interview on 01/15/25 at 5:25 PM with LVN F revealed she learned pharmacy did not deliver the medication, Toujeo, because the insurance denied payment. She stated she told ADON I, who was in charge of 300-hall, and she called the pharmacy. ADON I told her the issue had been resolved and the medication would be delivered on the night of 1/15/25. In an interview on 1/15/25 at 9:36 p.m. LVN G stated Resident #24 did not receive his Toujeo Insulin on 1/14/25 and he documented it as not given. LVN G stated he had been off for 3 or 4 days and when he returned on 1/14/25 there was no Toujeo insulin for the resident's nightly dose. LVN G stated he checked the medication room fridge and none was available. LVN G stated he reordered it through the computer and it did not look like it had already been reordered until he did it and then he called the pharmacy about 9:00pm and spoke with them and they assured him the insulin would be delivered to the facility the same night. LVN G further stated he did not call or notify the physician or Nurse Practitioner as he thought the insulin would come. LVN G stated he did not notify the Nurse Practitioner or physician prior to leaving at the end of his shift. LVN G stated he had taken the resident's blood sugar and it was 158. LVN G did not remember if he put it on the 24 hour report but that he did tell the oncoming morning nurse LVN F in report. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 1/16/25 at 9:38 AM with Resident #24 revealed he was feeling ok this morning. He stated LVN G notified him Tuesday evening, 1/14/25, his insulin medication, Toujeo, was not available and he called the pharmacy. He stated LVN G did not take an accu-check to check in blood sugar levels. Resident #24 stated he stepped out of his room later early morning and talked with LVN G but he did not know if LVN G checked on him during the nighttime because he was sleeping. Interview on 01/16/25 at 09:49 AM with NP H revealed she had 58 residents in-house she followed including Resident #24. She stated nursing staff did not notify her that Resident #24 did not receive the scheduled 80 units of PM insulin/Toujeo on the night of 1/14/25. She stated staff notified her on 1/15/25 between 5:00 PM or 5:30 PM the insulin was not available. NP H stated she would have ordered the charge nurse to administer 80 units of Lantus available in the Emergency Kit. She further stated there was an order to specifically not hold the insulin medication, Toujeo, unless notifying the NP. There was also a standing order for nursing staff to order the insulin weekly, every Saturday, because there was a history of the insulin not being available. NP H stated per science she would not expect any major adverse effects except Resident #24 would not feel well if his sugar's skyrocketed. She stated she also had him on several other daytime insulin medications because his Diabetes had been very difficult to control. NP H stated she expressed her concerns to the management team this morning (1/16/25) about not being notified and the medication not being available. The response was that they would follow up with the night nurse. Interview on 1/16/25 at 2:30 PM with RN/ADON I, revealed she was the ADON over the hall Resident #24 resided on. She stated on 1/15/24, LVN F reported Resident #24 told her, he missed his scheduled nighttime insulin on 1/14/25 because it was not available. ADON I stated she called pharmacy right away, clarified insurance questions and the medication was scheduled to arrive the night of 1/15/25. ADON I stated charge nurse, LVN G, was scheduled to work 11:00 PM to 6:00 AM on 1/14/25. She stated policy and protocol required he contact the pharmacy to inquire about the hold up; call the NP for direction and then to notify her and the DON. ADON I stated Lantus insulin was available in the Emergency kit to substitute for Toujeo insulin if that's what the NP would have ordered. ADON I stated LVN G did not call her to provide her with a report about the incident to ensure the order was clarified and to ensure it was delivered. She stated LVN G reported he called the pharmacy but there was not a progress note to support his statement. Interview on 1/16/25 at 5:30 PM with the DON revealed he learned Resident #24 did not receive his scheduled nighttime insulin medication, Toujeo, because it was not available on 1/14/25. He stated the charge nurse, LVN G, should have called the pharmacy to inquire what was going on; called him and the NP to obtain directives to avoid Resident #24 experimenting adverse affects. The DON stated LVN G did not call him or the NP from what he understood. He stated the insulin was not available because there was an insurance problem but ADON I called the pharmacy and took care of it. He stated the insulin arrived on 1/15/25. Review of facility policy, Pharmacy Provider Requirement dated 10/11/19 read in relevant part: Regular and reliable pharmaceutical service is available to provide residents with prescriptions and nonprescription medications, services, and related equipment and supplies. 4. The provider pharmacy agrees too perform the following pharmaceutical services, including but not limited to B. Accurately dispensing prescription based on authorized prescribe orders. F. Providing routine and timely pharmacy service serve days per week and emergency pharmacy service 24 hours per day, seven days per week. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy, Unavailable Medications, dated 10/1/19, read in relevant part: Medications used by residents in the nursing facility may be unavailable for dispensing from the pharmacy on occasion. If a medication is not available, this facility will enact the following procedures. 2. Each charge nurse, nurse manager or supervisor will review the Medication Administration Records (MARs) at the end of each shift to ensure all medications have been administered. Nursing staff shall: 4. Notify the attending physician of the situation and explain the circumstances, expected availability and optional therapy (ies) that are available.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520 42031 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 and to help prevent the development and transmission of communicable diseases and infections and handle, store, process, and transport linens to prevent the spread of infection for 2 of 5 resident halls (300-hall & 500-hall) and in 2 of 2 resident rooms (#308 and #506) reviewed for infection control. 1. A dirty linen barrel on 500-hall had dirty linen spilling over the edges and the lid was sitting approximately 2.5 inches above the barrel on top of the dirty linen. 2. Dirty towels with feces were left on the floor in the shower stall and there was a lump of feces on the floor in the 300-hall shower room. 3. There were drops of blood by bed B in room [ROOM NUMBER]. 4. There were drops of blood on the floor by bed A in room [ROOM NUMBER]. There was a soiled dressing with blood on the floor, a clean bag of linens stacked on top of the barrel for disposing PPE and there was a barrel of dirty linens in the bathroom in room [ROOM NUMBER]. The linens on the bed were soiled with blood. These failures could place residents, staff, and visitors at risk of cross contamination and could contribute to the spread of infection and diseases. The findings were: 1. In an observation on 1/13/25 at 11:18 a.m. on 500-hall, outside of room [ROOM NUMBER] there was a dirty linen barrel with linen spilling over the top and side of the barrel. The lid was sitting on top of the linen in the barrel and was raised approximately 2.5 inches above the barrel. A resident bedspread was hanging over the edge about a quarter of the way down the side of the barrel and a rolled-up towel was also visible on the top of the linen. Residents, visitors, and staff were observed passing by this barrel. In an observation and interview on 1/13/25 at 11:22 a.m. on 500-hall, a dirty linen barrel remained outside of room [ROOM NUMBER] against the wall with the linen spilling over the top and side of the barrel. The lid was sitting on top of the linen in the barrel and was raised approximately 2.5 inches above the barrel. A resident bedspread was hanging over the edge and extended about a quarter of the way down the side of the barrel and a rolled-up towel was also visible on the top of the linen on the edge. CNA A stated the dirty linen barrel should not have linen spilling over and the lid should be closed. CNA A stated they were still doing first round and were just about to take the linen barrel out to the laundry because they were almost done. CNA A stated she just threw the linen in the barrel as she was in a hurry and did not get the lid closed. CNA A removed the barrel from the area. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 1/16/25 at 3:45 p.m. the DON stated he would not expect the staff to stop in the middle of rounds to get a new dirty linen barrel just because the linen was spilling over the side. The DON stated in a perfect world the lid should be closed to the dirty linen barrel and linen not spilling out and over the sides. The DON stated it was important for dirty linen not to be spilling over the sides of the barrel because it could cause cross contamination. 2. Observation and interview on 1/14/25 at 11:25 AM revealed soiled towels stacked on the floor in the shower stall and a lump of feces on the floor in the 300-hall shower room. Interview with CNA J revealed she showered two residents earlier this morning and completed the showers about 45 minutes ago. She stated she should clean and disinfect the shower room after each shower but had not had the time to do it. CNA J stated towels on the floor in the shower stall were soiled with feces and there was a lump of poop on the floor. She stated the concern would be infection control because infections and diseases could be passed from one resident to another. Observation and interview on 1/14/25 at 11:30 AM with LVN F revealed soiled towels stacked on the floor in the shower stall and a lump of feces on the floor in the 300-hall shower room. LVN F stated CNA's were supposed to clean and disinfect the shower room after every shower to prevent the spread of infection. She stated she would periodically do spot checks in the shower room but did not enter the shower room on this day, 1/14/25. Interview on 1/15/25 at 3:30 PM with ADON I revealed she reviewed pictures taken of the 300-hall shower room. She also stated the shower room was unsanitary and there was a concern for cross contamination because of the soiled towels with feces and the lump of feces on the floor. ADON I stated the CNA's should clean and disinfect the shower room after every shower and the charge nurse's were responsible for ensuring the CNA's completed required tasks. She stated she was the manager over 300-hall and would make daily rounds but did not go into the shower room every day. 3. Observation and interview on 1/14/25 at 11:45 AM in room [ROOM NUMBER] revealed there were spots of blood on the floor by bed B. Interview with LVN F revealed there were dried spots of blood on the floor by bed B. She stated she had not noticed them but stated it would be a concern for infection control. She stated some infections were passed along through blood. 4. Observation and interview on 1/14/25 at 12:16 PM in room [ROOM NUMBER] revealed there were drops of blood on the floor by bed A, a soiled dressing with blood on the floor, a clean bag of linens stacked on top of the barrel for disposing PPE and there was a barrel of dirty linen in the bathroom in room [ROOM NUMBER]. The linens on the bed were soiled with blood. Interview with CNA K revealed it was her first time working on 500-hall. She stated she made rounds about an hour ago and did not note the condition of room [ROOM NUMBER]. CNA K stated the Resident in bed A was temperamental and did not like her asking too many questions or messing with his stuff. CNA K stated it was lunch time and would report it to the charge nurse and return to clean the room. CNA K stated the hazards in room [ROOM NUMBER] included infection control and the spread of infections through the contact with blood. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 1/15/25 at 3:30 PM with ADON I revealed she reviewed pictures taken of rooms #308 and #506. She stated there was a concern for cross contamination and infection control because of the blood on the floor, the soiled linens with blood, the soiled dressing with blood on the floor, the clean bag of linens stacked on top of the barrel for disposing PPE and the barrel of dirty linen in the bathroom in room [ROOM NUMBER]. ADON I stated the CNA's should be rounding resident rooms every 2 hours and should ensure the rooms were clean and free of contaminated items and ensure the dirty linen barrels were properly stored. Review of the facility infection prevention and control program policy with an implementation date of 5/23/23 indicated . This facility has established and maintains 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 diseases and infections as per accepted national standards and guidelines . a. Laundry and direct care staff shall handle, store, process, and transport linens to prevent the spread of infection. soiled linen . e. Soiled linen shall be collected at the bedside and placed in a bag. When the task is complete, the bag shall be closed securely and placed in the soiled utility room/laundry barrel. Soiled linen shall not be kept in the resident's room or bathroom .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program for all new and existing staff members. 46677 Based on interview and record review the facility failed to develop, implement, and maintain an effective training program for all new and existing staff for 8 (Food Service Manager, Cook, Housekeeper, Maintenance Assistant, CNA B, CNA C, CNA D, and CNA E) of 29 employees reviewed for training requirements. The facility failed to ensure required trainings were provided to Food Service Manager, Cook, Housekeeper, Maintenance Assistant, CNA B, CNA C, CNA D, and CNA E annually. This failure could place residents at risk of being cared for by staff who have been insufficiently trained. Findings include: Record review of the personnel records for the Food Service Manager revealed a hire date of 10/23/2021. Further review of a training log, provided by the HR Manager revealed no evidence of resident rights training being provided annually. Record review of the personnel records for the [NAME] revealed a hire date of 11/16/2023. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, abuse/neglect training, dementia training, QAPI training, infection control training, ethics training, behavior health training, HIV training, fall prevention training, restraint training, or emergency preparedness training being provided annually. Record review of the personnel records for the Housekeeper revealed a hire date of 03/01/2023. Further review of a training log, provided by the HR Manager revealed no evidence of HIV training being provided annually. Record review of the personnel records for the Maintenance Assistant revealed a hire date of 04/25/2023. Further review of a training log, provided by the HR Manager revealed no evidence of behavior health training being provided annually. Record review of the personnel records for CNA B revealed a hire date of 03/08/2022. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, infection control training, HIV training, or restraint training being provided annually. Record review of the personnel records for CNA C revealed a hire date of 06/01/2021. Further review of a training log, provided by the HR Manager revealed no evidence of dementia training, QAPI training, behavior health training, or emergency preparedness training being provided annually. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the personnel records for CNA D revealed a hire date of 07/24/2017. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, abuse/neglect training, QAPI training, infection control training, HIV training, fall prevention training, or restraint training, being provided annually. Record review of the personnel records for CNA E revealed a hire date of 10/28/2023. Further review of a training log, provided by the HR Manager revealed no evidence of QAPI training being provided annually. Interview with the HR Director, on 01/16/2025 at 12:05 PM revealed annual trainings were available to employees in Health Stream and assigned by corporate. The HR Director stated employees receive emails informing them of assigned trainings and it was up to department heads to ensure employees complete trainings in Health Stream. The HR director also stated employees that do not complete their annual trainings do not get their annual wage increase. The HR Director stated it was important that staff complete annual trainings to ensure they were up to date on policy and could affect the care residents receive. The HR director was asked for a policy on annual trainings and stated the facility did not have a policy on annual trainings or how to ensure employees complete them. Interview with the food service manager, on 01/16/2025 at 2:46 PM revealed department heads were responsible to ensure employees complete annual trainings. The food service manager stated she was new in her position and did not know where to find employee trainings or who was overdue on trainings. The food service manager was unaware how the facility ensured employees completed their annual trainings. Interview with the DON on 01/16/2025 at 3:02 PM revealed human resources was responsible to ensure employees completed annual trainings assigned to them. The DON stated corporate human resources assigned trainings to employees annually and if employees do not complete trainings, they do not get annual raises. The DON stated in was important to complete annual trainings to ensure staff were up to date on all topics ensure the residents got quality care. Attempted phone interview with CNA B on 01/16/2025 at 3:15 PM. Surveyor left a message requesting a call back but did not receive one. Attempted phone interview with CNA C on 01/16/2025 at 3:17 PM. Surveyor left a message requesting a call back but did not receive one. Attempted phone interview with CNA E on 01/16/2025 at 3:18 PM. Surveyor left a message requesting a call back but did not receive one. Attempted phone interview with [NAME] on 01/16/2025 at 3:19 PM. Surveyor left a message requesting a call back but did not receive one. Interview with the maintenance assistant on 01/16/2025 at 3:30 PM revealed he received emails when trainings had been assigned. The maintenance assistant stated he did not remember the last time he completed any annual trainings or any consequences for not completing them annually. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with CNA D on 01/16/2025 at 3:33 PM revealed it was important to complete annual trainings to ensure she was up to date with information related to resident care. CNA D stated annual trainings are assigned by HR and the DON or ADM ensure she completed the trainings. Interview with ADM on 01/16/2025 at 6:19 PM revealed department heads were responsible to ensure their employees completed annual trainings. The ADM stated in was important to complete annual trainings to ensure they were up to date on all training topics. Surveyor requested facility policy on annual training requirements from HR Director on 01/16/2025 at 12:10 PM. No policy provided prior to exit of survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. 46677 Based on interview and record review, the facility failed to provide mandatory effective training on communications training for 3 of 29 employees (Cook, CNA B, and CNA D) reviewed for training, in that: The facility failed to ensure effective communication training was provided to Cook, CNA B, and CNA D annually. This failure could affect residents and place them at risk of being uninformed due to lack of staff training. The findings include: Record review of the personnel records for the [NAME] revealed a hire date of 11/16/2023. Further review of a training log, provided by the HR Manager revealed no evidence of communication training. Record review of the personnel records for CNA B revealed a hire date of 03/08/2022. Further review of a training log, provided by the HR Manager revealed no evidence of communication training. Record review of the personnel records for CNA D revealed a hire date of 07/24/2017. Further review of a training log, provided by the HR Manager revealed no evidence of communication training. Interview with the HR Director, on 01/16/2025 at 12:05 PM revealed annual trainings were available to employees in Health Stream and assigned by corporate. The HR Director stated employees receive emails informing them of assigned trainings and it was up to department heads to ensure employees complete trainings in Health Stream. The HR director also stated employees that do not complete their annual trainings do not get their annual wage increase. The HR Director stated it was important that staff complete annual trainings to ensure they were up to date on policy and could affect the care residents receive. The HR director was asked for a policy on annual trainings and stated the facility did not have a policy on annual trainings or how to ensure employees complete them. Interview with the food service manager, on 01/16/2025 at 2:46 PM revealed department heads were responsible to ensure employees complete annual trainings. The food service manager stated she was new in her position and did not know where to find employee trainings or who was overdue on trainings. The food service manager was unaware how the facility ensured employees completed their annual trainings. Interview with the DON on 01/16/2025 at 3:02 PM revealed human resources was responsible to ensure employees completed annual trainings assigned to them. The DON stated corporate human resources assigned trainings to employees annually and if employees do not complete trainings, they do not get annual raises. The DON stated in was important to complete annual trainings to ensure staff are up to date on all topics ensure the residents got quality 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
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Attempted phone interview with CNA B on 01/16/2025 at 3:15 PM. Surveyor left a message requesting a call back but did not receive one. Attempted phone interview with [NAME] on 01/16/2025 at 3:19 PM. Surveyor left a message requesting a call back but did not receive one. Interview with CNA D on 01/16/2025 at 3:33 PM revealed it was important to complete annual trainings to ensure she was up to date with information related to resident care. CNA D stated annual trainings were assigned by HR and the DON or ADM ensure she completed the trainings. Interview with the ADM on 01/16/2025 at 6:19 PM revealed department heads were responsible to ensure their employees completed annual trainings. The ADM stated it was important to complete annual trainings to ensure they were up to date on all training topics. Surveyor requested facility policy on annual training requirements from HR Director on 01/16/2025 at 12:10 PM. No policy provided prior to exit of survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0942 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents. 46677 Based on interview and record review, the facility failed to provide mandatory effective training on rights of the resident training for 4 of 29 employees (Food Service Manager, Cook, CNA B and CNA D) reviewed for training, in that: The facility failed to ensure effective rights of the resident training was provided to Food Service Manager, Cook, CNA B and CNA D annually. This failure could affect residents and place them at risk of being uninformed due to lack of staff training. The findings include: Record review of the personnel records for the Food Service Manager revealed a hire date of 10/23/2021. Further review of a training log, provided by the HR Manager revealed no evidence of resident rights training being provided annually. Record review of the personnel records for the [NAME] revealed a hire date of 11/16/2023. Further review of a training log, provided by the HR Manager revealed no evidence of resident rights training. Record review of the personnel records for CNA B revealed a hire date of 03/08/2022. Further review of a training log, provided by the HR Manager revealed no evidence of resident rights training. Record review of the personnel records for CNA D revealed a hire date of 07/24/2017. Further review of a training log, provided by the HR Manager revealed no evidence of resident rights training. Interview with the HR Director, on 01/16/2025 at 12:05 PM revealed annual trainings were available to employees in Health Stream and assigned by corporate. The HR Director stated employees receive emails informing them of assigned trainings and it was up to department heads to ensure employees complete trainings in Health Stream. The HR director also stated employees that do not complete their annual trainings do not get their annual wage increase. The HR Director stated it was important that staff complete annual trainings to ensure they were up to date on policy and could affect the care residents receive. The HR director was asked for a policy on annual trainings and stated the facility did not have a policy on annual trainings or how to ensure employees complete them. Interview with the food service manager, on 01/16/2025 at 2:46 PM revealed department heads were responsible to ensure employees complete annual trainings. The food service manager stated she was new in her position and did not know where to find employee trainings or who was overdue on trainings. The food service manager was unaware how the facility ensured employees completed their annual trainings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0942 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with the DON on 01/16/2025 at 3:02 PM revealed human resources was responsible to ensure employees completed annual trainings assigned to them. The DON stated corporate human resources assigned trainings to employees annually and if employees do not complete trainings, they do not get annual raises. The DON stated in was important to complete annual trainings to ensure staff were up to date on all topics ensure the residents got quality care. Attempted phone interview with CNA B on 01/16/2025 at 3:15 PM. Surveyor left a message requesting a call back but did not receive one. Attempted phone interview with [NAME] on 01/16/2025 at 3:19 PM. Surveyor left a message requesting a call back but did not receive one. Interview with CNA D on 01/16/2025 at 3:33 PM revealed it was important to complete annual trainings to ensure she was up to date with information related to resident care. CNA D stated annual trainings were assigned by HR and the DON or ADM ensure she completed the trainings. Interview with the ADM on 01/16/2025 at 6:19 PM revealed department heads were responsible to ensure their employees completed annual trainings. The ADM stated in was important to complete annual trainings to ensure they were up to date on all training topics. Surveyor requested facility policy on annual training requirements from HR Director on 01/16/2025 at 12:10 PM. No policy provided prior to exit of survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. 46677 Based on interview and record review, the facility failed to provide mandatory effective training on abuse, neglect, exploitation, and misappropriation training for 2 of 29 employees (Cook, CNA D) reviewed for training, in that: The facility failed to ensure effective abuse, neglect, exploitation, and misappropriation training was provided to [NAME] and CNA D annually. This failure could affect residents and place them at risk of being uninformed due to lack of staff training. The findings include: Record review of personnel records for the [NAME] revealed a hire date of 11/16/2023. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, abuse/neglect training, dementia training, QAPI training, infection control training, ethics training, behavior health training, HIV training, fall prevention training, restraint training, or emergency preparedness training being provided annually. Record review of personnel records for CNA D revealed a hire date of 07/24/2017. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, abuse/neglect training, QAPI training, infection control training, HIV training, fall prevention training, or restraint training, being provided annually. Interview with the HR Director, on 01/16/2025 at 12:05 PM revealed annual trainings are available to employees in Health Stream and assigned by corporate. The HR Director stated employees receive emails informing them of assigned trainings and it is up to department heads to ensure employees complete trainings in Health Stream. The HR director also stated employees that do not complete their annual trainings do not get their annual wage increase. The HR Director stated it was important that staff complete annual trainings to ensure they were up to date on policy and could affect the care residents receive. The HR director was asked for a policy on annual trainings and stated the facility did not have a policy on annual trainings or how to ensure employees complete them. Interview with the food service manager, on 01/16/2025 at 2:46 PM revealed department heads were responsible to ensure employees complete annual trainings. The food service manager stated she was new in her position and did not know where to find employee trainings or who was overdue on trainings. The food service manager was unaware how the facility ensured employees completed their annual trainings. Interview with the DON on 01/16/2025 at 3:02 PM revealed human resources was responsible to ensure employees completed annual trainings assigned to them. The DON stated corporate human resources assigned trainings to employees annually and if employees do not complete trainings, they do not get annual raises. The DON stated itwas important to complete annual trainings to ensure staff are up to date on all topics ensure the residents got quality 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
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Attempted phone interview with [NAME] on 01/16/2025 at 3:19 PM. Surveyor left a message requesting a call back but did not receive one. Interview with CNA D on 01/16/2025 at 3:33 PM revealed it was important to complete annual trainings to ensure she was up to date with information related to resident care. CNA D stated annual trainings were assigned by HR and the DON or ADM to ensure she completed the trainings. Interview with ADM on 01/16/2025 at 6:19 PM revealed department heads were responsible to ensure their employees completed annual trainings. ADM stated it was important to complete annual trainings to ensure they were up to date on all training topics. Surveyor requested facility policy on annual training requirements from HR Director on 01/16/2025 at 12:10 PM. No policy provided prior to exit of survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. 46677 Based on interview and record review the facility failed to include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of it's QAPI program for 4 (Cook, CNA C, CNA D, CNA E) of 29 employees reviewed for training requirements. The facility failed to ensure required trainings were provided to Cook, CNA C, CNA D, CNA E annually. This failure could place residents at risk of being cared for by staff who have been insufficiently trained. Findings include: Record review of personnel records for the [NAME] revealed a hire date of 11/16/2023. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, abuse/neglect training, dementia training, QAPI training, infection control training, ethics training, behavior health training, HIV training, fall prevention training, restraint training, or emergency preparedness training being provided annually. Record review of personnel records for CNA C revealed a hire date of 06/01/2021. Further review of a training log, provided by the HR Manager revealed no evidence of dementia training, QAPI training, behavior health training, or emergency preparedness training being provided annually. Record review of personnel records for CNA D revealed a hire date of 07/24/2017. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, abuse/neglect training, QAPI training, infection control training, HIV training, fall prevention training, or restraint training, being provided annually. Record review of personnel records for CNA E revealed a hire date of 10/28/2023. Further review of a training log, provided by the HR Manager revealed no evidence of QAPI training being provided annually. Interview with the HR Director, on 01/16/2025 at 12:05 PM revealed annual trainings are available to employees in Health Stream and assigned by corporate. The HR Director stated employees receive emails informing them of assigned trainings and it is up to department heads to ensure employees complete trainings in Health Stream. The HR director also stated employees that do not complete their annual trainings do not get their annual wage increase. The HR Director stated it was important that staff complete annual trainings to ensure they are up to date on policy and could affect the care residents receive. The HR director was asked for a policy on annual trainings and stated the facility did not have a policy on annual trainings or how to ensure employees complete them. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with the food service manager, on 01/16/2025 at 2:46 PM revealed department heads were responsible to ensure employees complete annual trainings. The food service manager stated she was new in her position and did not know where to find employee trainings or who was overdue on trainings. The food service manager was unaware how the facility ensured employees completed their annual trainings. Interview with the DON on 01/16/2025 at 3:02 PM revealed human resources was responsible to ensure employees completed annual trainings assigned to them. The DON stated corporate human resources assigned trainings to employees annually and if employees do not complete trainings, they do not get annual raises. The DON stated in was important to complete annual trainings to ensure staff are up to date on all topics ensure the residents got quality care. Attempted phone interview with CNA C on 01/16/2025 at 3:17 PM. Surveyor left a message requesting a call back but did not receive one. Attempted phone interview with CNA E on 01/16/2025 at 3:18 PM. Surveyor left a message requesting a call back but did not receive one. Attempted phone interview with [NAME] on 01/16/2025 at 3:19 PM. Surveyor left a message requesting a call back but did not receive one. Interview with CNA D on 01/16/2025 at 3:33 PM revealed it was important to complete annual trainings to ensure she was up to date with information related to resident care. CNA D stated annual trainings are assigned by HR and the DON or ADM ensure she completed the trainings. Interview with ADM on 01/16/2025 at 6:19 PM revealed department heads were responsible to ensure their employees completed annual trainings. ADM stated in was important to complete annual trainings to ensure they were up to date on all training topics. Surveyor requested facility policy on annual training requirements from HR Director on 01/16/2025 at 12:10 PM. No policy provided prior to exit of survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program. 46677 Based on interview and record review, the facility failed to provide mandatory effective training on standards, policies, and procedures for an infection prevention and control program training for 3 of 29 employees (Cook, CNA B and CNA D) reviewed for training, in that: The facility failed to ensure effective standards, policies, and procedures for an infection prevention and control program training was provided Cook, CNA B and CNA D annually. This failure could affect residents and place them at risk of being uninformed due to lack of staff training. The findings include: Record review of personnel records for the [NAME] revealed a hire date of 11/16/2023. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, abuse/neglect training, dementia training, QAPI training, infection control training, ethics training, behavior health training, HIV training, fall prevention training, restraint training, or emergency preparedness training being provided annually. Record review of personnel records for CNA B revealed a hire date of 03/08/2022. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, infection control training, HIV training, or restraint training being provided annually. Record review of personnel records for CNA D revealed a hire date of 07/24/2017. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, abuse/neglect training, QAPI training, infection control training, HIV training, fall prevention training, or restraint training, being provided annually. Interview with the HR Director, on 01/16/2025 at 12:05 PM revealed annual trainings are available to employees in Health Stream and assigned by corporate. The HR Director stated employees receive emails informing them of assigned trainings and it is up to department heads to ensure employees complete trainings in Health Stream. The HR director also stated employees that do not complete their annual trainings do not get their annual wage increase. The HR Director stated it is important that staff complete annual trainings to ensure they are up to date on policy and could affect the care residents receive. The HR director was asked for a policy on annual trainings and stated the facility did not have a policy on annual trainings or how to ensure employees complete them. Interview with the food service manager, on 01/16/2025 at 2:46 PM revealed department heads were responsible to ensure employees complete annual trainings. The food service manager stated she was new in her position and did not know where to find employee trainings or who was overdue on trainings. The food service manager was unaware how the facility ensured employees completed their annual trainings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with the DON on 01/16/2025 at 3:02 PM revealed human resources was responsible to ensure employees completed annual trainings assigned to them. The DON stated corporate human resources assigned trainings to employees annually and if employees do not complete trainings, they do not get annual raises. The DON stated in was important to complete annual trainings to ensure staff are up to date on all topics ensure the residents got quality care. Attempted phone interview with CNA B on 01/16/2025 at 3:15 PM. Surveyor left a message requesting a call back but did not receive one. Attempted phone interview with [NAME] on 01/16/2025 at 3:19 PM. Surveyor left a message requesting a call back but did not receive one. Interview with CNA D on 01/16/2025 at 3:33 PM revealed it was important to complete annual trainings to ensure she was up to date with information related to resident care. CNA D stated annual trainings are assigned by HR and the DON or ADM ensure she completed the trainings. Interview with ADM on 01/16/2025 at 6:19 PM revealed department heads were responsible to ensure their employees completed annual trainings. ADM stated in was important to complete annual trainings to ensure they were up to date on all training topics. Surveyor requested facility policy on annual training requirements from HR Director on 01/16/2025 at 12:10 PM. No policy provided prior to exit of survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide training in compliance and ethics. 46677 Based on interview and record review, the facility failed to provide mandatory effective training on ethics training for 1 of 29 employees (Cook) reviewed for training, in that: The facility failed to ensure effective ethics training was provided [NAME] annually. This failure could affect residents and place them at risk of being uninformed due to lack of staff training. The findings include: Record review of personnel records for the [NAME] revealed a hire date of 11/16/2023. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, abuse/neglect training, dementia training, QAPI training, infection control training, ethics training, behavior health training, HIV training, fall prevention training, restraint training, or emergency preparedness training being provided annually. Interview with the HR Director, on 01/16/2025 at 12:05 PM revealed annual trainings are available to employees in Health Stream and assigned by corporate. The HR Director stated employees receive emails informing them of assigned trainings and it is up to department heads to ensure employees complete trainings in Health Stream. The HR director also stated employees that do not complete their annual trainings do not get their annual wage increase. The HR Director stated it is important that staff complete annual trainings to ensure they are up to date on policy and could affect the care residents receive. The HR director was asked for a policy on annual trainings and stated the facility did not have a policy on annual trainings or how to ensure employees complete them. Interview with the food service manager, on 01/16/2025 at 2:46 PM revealed department heads were responsible to ensure employees complete annual trainings. The food service manager stated she was new in her position and did not know where to find employee trainings or who was overdue on trainings. The food service manager was unaware how the facility ensured employees completed their annual trainings. Interview with the DON on 01/16/2025 at 3:02 PM revealed human resources was responsible to ensure employees completed annual trainings assigned to them. The DON stated corporate human resources assigned trainings to employees annually and if employees do not complete trainings, they do not get annual raises. The DON stated in was important to complete annual trainings to ensure staff are up to date on all topics ensure the residents got quality care. Attempted phone interview with [NAME] on 01/16/2025 at 3:19 PM. Surveyor left a message requesting a call back but did not receive one. Interview with ADM on 01/16/2025 at 6:19 PM revealed department heads were responsible to ensure their employees completed annual trainings. ADM stated in was important to complete annual trainings to ensure they were up to date on all training topics. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor requested facility policy on annual training requirements from HR Director on 01/16/2025 at 12:10 PM. No policy provided prior to exit of survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 46677 Based on interview and record review, the facility failed to provide mandatory effective in-service training for nurse aides on dementia for 1 of 5 nurse aides (CNA C) reviewed for training, in that: The facility failed to ensure effective dementia training was provided CNA C annually. This failure could affect residents and place them at risk of being uninformed due to lack of staff training. The findings include: Record review of personnel records for CNA C revealed a hire date of 06/01/2021. Further review of a training log, provided by the HR Manager revealed no evidence of dementia training, QAPI training, behavior health training, or emergency preparedness training being provided annually. Interview with the HR Director, on 01/16/2025 at 12:05 PM revealed annual trainings are available to employees in Health Stream and assigned by corporate. The HR Director stated employees receive emails informing them of assigned trainings and it is up to department heads to ensure employees complete trainings in Health Stream. The HR director also stated employees that do not complete their annual trainings do not get their annual wage increase. The HR Director stated it is important that staff complete annual trainings to ensure they are up to date on policy and could affect the care residents receive. The HR director was asked for a policy on annual trainings and stated the facility did not have a policy on annual trainings or how to ensure employees complete them. Interview with the DON on 01/16/2025 at 3:02 PM revealed human resources was responsible to ensure employees completed annual trainings assigned to them. The DON stated corporate human resources assigned trainings to employees annually and if employees do not complete trainings, they do not get annual raises. The DON stated in was important to complete annual trainings to ensure staff are up to date on all topics ensure the residents got quality care. Attempted phone interview with CNA C on 01/16/2025 at 3:17 PM. Surveyor left a message requesting a call back but did not receive one. Interview with ADM on 01/16/2025 at 6:19 PM revealed department heads were responsible to ensure their employees completed annual trainings. ADM stated in was important to complete annual trainings to ensure they were up to date on all training topics. Surveyor requested facility policy on annual training requirements from HR Director on 01/16/2025 at 12:10 PM. No policy provided prior to exit of survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide behavior health training consistent with the requirements and as determined by a facility assessment. 46677 Based on interview and record review, the facility failed to provide mandatory effective training on behavioral health for 3 of 29 employees (Cook, Maintenance Assistant, CNA C) reviewed for training, in that: The facility failed to ensure effective behavioral health training was provided Cook, Maintenance Assistant, and CNA C annually. This failure could affect residents and place them at risk of being uninformed due to lack of staff training. The findings include: Record review of personnel records for the [NAME] revealed a hire date of 11/16/2023. Further review of a training log, provided by the HR Manager revealed no evidence of communication training, resident rights training, abuse/neglect training, dementia training, QAPI training, infection control training, ethics training, behavior health training, HIV training, fall prevention training, restraint training, or emergency preparedness training being provided annually. Record review of personnel records for the Maintenance Assistant revealed a hire date of 04/25/2023. Further review of a training log, provided by the HR Manager revealed no evidence of behavior health training being provided annually. Record review of personnel records for CNA C revealed a hire date of 06/01/2021. Further review of a training log, provided by the HR Manager revealed no evidence of dementia training, QAPI training, behavior health training, or emergency preparedness training being provided annually. Interview with the HR Director, on 01/16/2025 at 12:05 PM revealed annual trainings are available to employees in Health Stream and assigned by corporate. The HR Director stated employees receive emails informing them of assigned trainings and it is up to department heads to ensure employees complete trainings in Health Stream. The HR director also stated employees that do not complete their annual trainings do not get their annual wage increase. The HR Director stated it is important that staff complete annual trainings to ensure they are up to date on policy and could affect the care residents receive. The HR director was asked for a policy on annual trainings and stated the facility did not have a policy on annual trainings or how to ensure employees complete them. Interview with the food service manager, on 01/16/2025 at 2:46 PM revealed department heads were responsible to ensure employees complete annual trainings. The food service manager stated she was new in her position and did not know where to find employee trainings or who was overdue on trainings. The food service manager was unaware how the facility ensured employees completed their annual trainings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455869	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guadalupe Valley Nursing Center	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)
F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with the DON on 01/16/2025 at 3:02 PM revealed human resources was responsible to ensure employees completed annual trainings assigned to them. The DON stated corporate human resources assigned trainings to employees annually and if employees do not complete trainings, they do not get annual raises. The DON stated in was important to complete annual trainings to ensure staff are up to date on all topics ensure the residents got quality care. Attempted phone interview with CNA C on 01/16/2025 at 3:17 PM. Surveyor left a message requesting a call back but did not receive one. Attempted phone interview with [NAME] on 01/16/2025 at 3:19 PM. Surveyor left a message requesting a call back but did not receive one. Interview with the maintenance assistant on 01/16/2025 at 3:30 PM revealed he received emails when trainings had been assigned. The maintenance assistant stated he did not remember the last time he completed any annual trainings or any consequences for not completing them annually. Interview with ADM on 01/16/2025 at 6:19 PM revealed department heads were responsible to ensure their employees completed annual trainings. ADM stated in was important to complete annual trainings to ensure they were up to date on all training topics. Surveyor requested facility policy on annual training requirements from HR Director on 01/16/2025 at 12:10 PM. No policy provided prior to exit of survey.