

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455985	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/14/2026
NAME OF PROVIDER OR SUPPLIER Clarksville Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 300 E Baker St Clarksville, TX 75426	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident and staff interviews and observations, the facility failed to provide a safe, functional, sanitary, and comfortable environment for 3 of 15 (Resident #1, Resident #2, Resident #3) reviewed for environment, in that: The facility failed to ensure water temperatures in the resident showers in 2 of 3 of the facility communal showers located on 100 hall and 300 hall was kept at a comfortable temperature for residents. The third shower, located on 200 hall, was inoperable due to construction. This could place residents at risk of unsanitary or uncomfortable conditions by not having hot water available for showers. The findings were: 1. Record review of Resident #1's face sheet dated 04/14/2026 revealed a [AGE] year-old male admitted [DATE] with diagnosis that included cerebrovascular disease with left side hemiplegia (a condition affecting blood flow to the brain with left sided paralysis), Diabetes Type II (a chronic condition where the body resists insulin or fails to produce enough insulin, causing high blood sugar), Hypertension (high blood pressure), Hyperlipidemia (high levels of fats in the blood), Bipolar disorder (a chronic mental health condition characterized by intense, fluctuating mood swings), anemia (a blood disorder characterized by insufficient health red blood cells), major depressive disorder (a mental health condition characterized by persistent sadness, loss of interest and low energy) and anxiety (a mental health condition characterized by persistent, excessive worry and fear that interferes with daily life). Record review of Resident #1's quarterly MDS dated [DATE] revealed Resident #1 had no hearing or communication deficits and a BIMS Score of 15 that indicated intact cognition. The quarterly MDS assessment revealed limited range of motion in upper and lower extremities, used a wheelchair for mobility, was independent in eating, bathing, bed mobility, and transfers, required set-up assistance with toileting and maximum assistance in upper / lower body dressing. In an interview on 04/14/2026 at 10:25 a.m., Resident #1 stated that he received a regular shower, but the shower over here is not worth a crud and the water is either hot or cold! Resident #1 presented clean, odor free and appropriately dressed. Resident #1 was independent in showering and could recall if he had reported this concern to a staff member. 2. Record review of Resident #2's face sheet dated 04/14/2026 revealed a [AGE] year-old male admitted [DATE] with diagnosis that included Chronic Obstructive Pulmonary Disease (a progressive lung disease causing chronic airway / breathing damage), Hypertension (high blood pressure), Parkinson's Disease (a progressive nerve disorder that causes tremors, stiffness and slowness in movements), Peripheral Vascular Disease (a progressive circulation disorder characterized by narrowed or blocked blood vessels) and dementia (a decline in cognitive function to include memory loss, confusion, and personality changes that impairs daily life). Record review of Resident #2's comprehensive significant change MDS dated [DATE] revealed Resident #2 had no hearing or communication deficits and a BIMS Score of 15 that indicated intact cognition. The comprehensive MDS assessment revealed Resident #2 utilized a wheelchair for mobility, was independent in eating, bed mobility and required moderate assistance in toileting, bathing, upper / lower body dressing. and transfers. In an interview on 04/14/2026 at 10:37 a.m., Resident #2 stated that he received a regular shower, but the water does not stay warm enough for the entire shower (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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