

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER Coleman Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2713 S Commercial Ave Coleman, TX 76834	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure each resident had the right to a dignified existence for 1 of 1[TT1] resident (Resident #1) whose care was reviewed in that: Resident #1's indwelling urinary catheter bag was not covered. These deficient practices could affect residents who had indwelling urinary catheters by contributing to poor self-esteem, lack of information, and unmet needs. The findings were: Record[TT1] review of Resident #1's electronic face dated 09/9/25 sheet revealed he was a [AGE] year-old male that was admitted to the facility on [DATE] with a diagnosis that included kidney disease (unable to remove waste), heart failure, ureteral obstruction (kidney damage), cerebral infarction (Stroke). Record review of Resident #1's physician's electronic consolidated orders for August 2025 revealed the following: *Catheter care every shift with soap and water ordered.*Access Foley catheter for proper function and ensure proper placement of catheter bag every shift for Foley catheter care every shift related to urinary tract infection ordered.*Check for proper function in proper placement of tubing and bag ordered. *Catheter privacy bag over urine collection for dignity ordered.[TT2] Record review of Resident #1's Comprehensive Care plan dated 7/10/25, revealed a focus area to Monitor/document for UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. In an observation and interview on 09/9/25 at 10:25 AM, Resident #1 revealed a catheter bag hanging from the Resident #1's bed without a privacy bag. The resident's door was open, and the bag was viewable from the hall. Resident #1 stated never seeing a privacy bag cover for catheter. Resident #1 stated it would look better covered than letting everyone see a bag full of pee. Resident #1 stated that a privacy bag would be nice to have. In an interview on 09/9/24 at 11:30AM, LVN E revealed that she was not sure why the Resident #1's catheter bag was not covered. She said she knew it should be covered, and she would place a privacy cover on bag right now. LVN E stated that it was a dignity issue for catheter bags to be covered. In an interview on 09/11/25 at 1:45 PM the DON said the catheter bag should always be covered with a privacy bag if it was care planned, and Resident #1 had order to have a privacy bag covering the catheter bag. The DON stated the failure could place residents at risk for dignity issues if it was not covered. In an interview on 09/11/25 at 1:50 PM, the Admin stated the catheter bags should always be covered with a privacy bag, Admin stated that the failure could place residents at risk for dignity issues if it is not covered.</p>

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

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