STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675821	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madisonville Care Center	411 E Collard Madisonville, TX 77864

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** Based on interviews and record review, the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 1 of 4 residents (Resident #46) reviewed for resident rights.The facility failed to ensure Resident#46's preference for showers were adhered to as he received a bed bath instead of a shower.This failure could place residents at risk of psychosocial harm.Findings included:Review of Resident #46's admission Record dated 03/03/26, showed he was admitted to the facility on [DATE], and was his own responsible party. Resident#46 also had diagnoses that included cerebral infarction (stroke), morbid (severe) obesity due to excess calories, other impulse disorders, depression, mood disorders, hemiplegia (total paralysis, and hemiparesis(weakness), generalized muscle weakness, and need for assistance with personal care. Review of Resident #46's Quarterly MDS assessment, dated 02/25/26, showed he had a 15 BIMS score which indicated his cognition was intact.Review of Resident #46's Care Plan showed staff initiated a note on 11/26/2024 that reflected Resident #46 required two staff for bathing assistance. There were no notes initiated or revised that reflected Resident #46 choice of wanting showers instead of bed baths.Review of Resident #46's Plan of Care Task from 02/20/26 through 03/18/26 showed 1-2 staff gave him bed baths. No staff documented giving showers to Resident#46.During an interview with Resident#46 on 03/19/26 at 12:45 p.m., he said he had been getting a bed bath, and they had not been giving him a shower. Resident #46 stated he would feel cleaner if he got a shower.During an interview with Student Nurse Aide E on 03/19/26, at 1:00 p.m., she said Resident#46 told her he did not mind getting a bed bath. She said when the bed bath is complete, she asked him if he feels clean and he has told her he feels like a new man.During an interview with LVN B on 03/19/26 at 1:15 p.m, she stated Resident#46 never expressed that he would prefer a shower over a bed bath.During an interview with DON on 03/19/26 at 1:20 p.m., DON stated she expected CNAs to shower according to their shower schedule and preferences. She told me they had offered the shower bed, and he refused so he got a bed bath. She told me they had recently implemented a new form to monitor resident preferences for shower or bed bath for staff to fill out daily and turn into DON.During an interview with the RNC on 03/19/26 at 1:45 p.m., she said if Resident#46 was not going to the shower, they should be offering the shower bed. I asked her if this should be in Resident#46 care plan. She said yes.Review of the facility's Resident Rights policy, undated reflected, A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement or his or her quality of life recognizing each resident's individuality The facility must protect and promote the rights of the resident. Respect and dignity - The resident has a right to be treated with respect and dignity, including:3. The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.Self-determination -The resident has the right to, and the facility must promote and facilitate resident self-determination through support of resident choice.

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure care was provided in accordance with professional standards of practice that will meet each resident's physical needs for two of two residents reviewed for insulin administration. (Resident #27 and Resident #46) A) The facility failed to ensure LVN A primed the insulin pen during insulin administration for Resident #27 on 03/18/2026. B) The facility failed to ensure LVN B primed the insulin pen during insulin administration for Resident #46 on 03/18/2026. This failure could place residents at risk of not receiving the physician ordered medication at therapeutic levels which could cause blood sugar complications.Findings included: A) Review of Resident #27's face sheet dated 03/19/2025 reflected an [AGE] year-old female admitted to the facility on [DATE] with the following diagnoses diabetes mellitus (A condition results from insufficient production of insulin, causing high blood sugar.) Review of Resident #27's quarterly MDS assessment dated [DATE] reflected that she was assessed to have a BIMS score of 0 indicating severe cognitive impairment. Resident #27 was assessed to receive insulin injections daily. Review of Resident #27's comprehensive care plan reflected a focus area dated 03/20/2025 The resident has dx of Diabetes Mellitus interventions included .Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Review of Resident #27's consolidated physician orders reflected an order dated 01/31/2026 Insulin Aspart subcutaneous solution pen-injector 100 units/ml per sliding scale. Observation on 03/18/2026 at 11:12 AM revealed LVN A performing a finger stick blood sugar on Resident #27. LVN A prepared Resident #27's insulin for administration by putting on a new needle and dialing the pen to 1 unit. LVN A administered the insulin without priming the insulin pen. In an interview on 03/18/2026 at 12:25 PM, LVN A stated she did not prime the Insulin Aspart pens prior to insulin administration. In a follow up interview on 03/19/2026 at 12:50 PM, LVN A stated priming the insulin pens prevents air from being injected into the resident, and the resident would not get enough insulin. She denied being trained on priming insulin pens since she started working there about 4 months ago. She reported she was in-serviced on priming insulin pens yesterday afternoon. B) Review of Resident #46's face sheet dated 03/19/2026 reflected a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE] with the follow diagnoses morbid (severe) obesity (a chronic medical condition characterized by a body mass index (BMI) of 40 or higher, or a BMI of 35 or higher when serious obesity-related health conditions are present, significantly increasing the risk of life-threatening diseases.) and diabetes mellitus type 2 (A condition results from insufficient production of insulin, causing high blood sugar.) Review of Resident #46's quarterly MDS dated [DATE] reflected he was assessed to have a BIMS score of 15 indicating his cognition was intact. Resident #46 was assessed to receive insulin injections daily. Review of Resident #46's comprehensive care plan reflected a focus area dated 11/26/2024 The resident has diabetes mellitus. Interventions included .Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Review of Resident #46's consolidated physician orders reflected an order dated 01/06/2026 Humalog subcutaneous solution pen-injector 100 units/ml before meals. Observation and interview on 03/18/2026 at 12:01 PM revealed LVN B performing a finger stick blood sugar on Resident #46. LVN B prepared Resident #27's insulin for administration by putting on a new needle and dialing the pen to 10 units. LVN B administered the insulin without priming the insulin pen. LVN B stated she did not primed the insulin pen stating she did not know she needed to. In an interview on 03/19/2026 at 12:27 PM, the RNC stated that staff were supposed to prime the insulin pens to ensure the entire dose of insulin was administered. She stated she was performing an in-service with staff to ensure all nurses are aware of the facility policy. Review of the facility's undated policy using an insulin pen reflected .Attach the needle Remove the cap of the insulin pen. Clean the rubber seal with an alcohol swab. Attach a new pen needle by screwing it on tightly. Remove the outer and inner needle caps, keeping (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the outer cap for later disposal. 3. Prime the pen; Dial 2 units of insulin. Hold the pen upright (needle pointing up) and tap it gently to remove air bubbles. Press the injection button to release insulin until a drop appears at the needle tip. Repeat if necessary. 4. Set your dose; Turn the dose selector to the number of units prescribed by your healthcare provider. Confirm the dose on the pen's display. 5. Inject the insulin.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and 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 for one of five residents (Resident #5) reviewed for infection control practices. The facility failed to ensure CNA C and CNA D used enhanced barrier precautions during incontinent care for Resident #5 on 03/18/2026. These failure could place residents at risk for developing wounds, upper respiratory infections, and risk for healthcare associated cross-contamination and infections. Finding included: Review of Resident #5's face sheet dated 03/19/2026 reflected a [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease.) and cirrhosis of the liver (is a complication of long-term inflammation of the liver.) Review of Resident #5's admission MDS assessment dated [DATE] reflected Resident #5 was assessed to have a BIMS score of 13 indicating his cognition was intact. Resident #5 was further assessed to have pressure ulcers. Review of Resident #5's comprehensive care plan reflected a focus area dated 01/16/2026 Resident is on enhanced barrier precautions related to foley catheter and wounds. Interventions included Gloves and gown should be donned if any of the following activities are to occur: linen change, resident hygiene, transfer, dressing, toileting/incontinent care, bed mobility, wound care, enteral feeding care, catheter care, trach care, bathing, or other high-contact activity. Review of Resident #5's consolidated physician orders reflected an order dated 02/21/2026 Enhanced barrier precautions (EBP) related to PICC line, Foley Cath and wounds. Observation on 03/18/2026 at 1:48 PM revealed CNA C and CNA D entering Resident #5's room to perform peri care. CNA C and CNA D entered Resident #5's room without properly donning PPE. Gloves were donned during peri care; no gowns were used. In an interview on 03/18/2026 at 2:00 PM, CNA C stated PPE was available outside of Resident #5's room. CNA C stated her and CNA D were called in quickly and everyone was outside, so they didn't have time, but they were supposed to wear PPE to prevent the spread of infection. In an interview on 03/18/2026 at 2:05 PM, CNA D stated PPE was available outside of Resident #5's room. CNA D stated her and CNA C were called in quickly and everyone was outside, so they didn't have time, but they were supposed to wear PPE to prevent the spread of infection. In an interview on 03/19/2026 at 12:27 PM, the RNC stated she expected staff to use their PPE if a resident was on EBP, no matter what was going on, to prevent cross contamination. Review of the facility's policy infection control plan: overview dated March 2024 reflected .Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities. EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. A single set of PPE cannot be used for more than 1 patient. EBP are indicated for residents with any of the following: or Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers. Indwelling medical device examples include central lines, urinary catheters.