

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675873	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/07/2026
NAME OF PROVIDER OR SUPPLIER  Clyde W Cospers Texas State Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 Seven Oaks Rd Bonham, TX 75418	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on interview and record review, the facility failed to ensure the assessment accurately reflected the resident's status for 1 of 6 residents (Resident #1) reviewed for assessments: The facility failed to ensure Resident #1's Quarterly MDS assessment accurately reflected the use of antidepressants. This failure could place residents at risk for inadequate care due to inaccurate assessments. The findings were: Record review of Resident #1's face sheet, dated 04/07/2026, revealed an admission date of 11/26/2024 with diagnoses that included Alzheimer's disease (a progressive disorder that is the common cause of dementia (cognitive loss), anxiety (a group of mental illnesses that cause constant fear and worry), delusional disorder (a chronic condition characterized by the presence of one or more false beliefs), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), hypertension (high blood pressure), hyperlipidemia (elevated levels of any lipid (fats) in the blood), and osteoarthritis (a joint disease caused by the breakdown of cartilage leading to pain, stiffness and reduced mobility). Review of Resident #1's medication administration record, dated 020126-022826, revealed Resident # 1 received antidepressants daily Mirtazapine Oral Tabled 15MG Give 1 tablet by mouth at bedtime for sadness related to depressive disorders with a start date of 11/19/2025; Trazodone HCl Oral Tablet 50 MG Give 1.5 tablet by mouth at bedtime for sleeplessness related to depression with a start date of 11/19/2025, and Zoloft Oral Tablet Give 100mg by mouth one time a day for sadness related to depressive disorders with a start date of 11/26/2025. Record review of Resident #1's Quarterly MDS assessment, dated 02/25/2026, revealed Section N0415 High-Risk Drug Classes: Use and Indication, Resident #1 was identified as not receiving an antidepressant. During an interview with the MDS Coordinator RN A on 04/07/2026 at 1:25 p.m., the MDS Coordinator RN A stated she had completed the MDS. The MDS Coordinator RN A stated Resident #1's Quarterly MDS was coded as the resident had not received antidepressant medications. The MDS Coordinator RN A stated t Resident #1 received three antidepressant medications. The MDS Coordinator RN A stated she had made an error in data input on the MDS and provided her documentation for her assessment which did indicate Resident #1 was receiving antidepressant medications. The MDS Coordinator RN A stated she utilized the RAI 3.0 User's Manual as her tool for completion of the MDS assessments. During an interview with the DON on 04/07/2026 at 4:25 p.m., the DON stated Resident #1 received antidepressant medications and should have been coded as receiving antidepressant medications in the Quarterly MDS assessment. The DON stated inaccuracy of the MDS assessment could negatively impact care received. The DON stated that the MDS Coordinator is responsible for ensuring accuracy of the MDS assessments. During an interview with the Administrator on 04/07/2026 at 4:25 p.m., the Administrator stated that the accuracy of the MDS is important to ensure resident's needs are accurately reported. Record review of, Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.18.11, October 2023, revealed, N0415C1. Antidepressant: Check if an antidepressant medication was taken by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days).</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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