

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Towers Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 372 Hill Road Smithville, TX 78957	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews the facility failed to ensure comprehensive care plans were reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments, for 1 (Resident #01) reviewed care plans. The facility failed to update the comprehensive care plan to reflect Resident #01 received IV fluids for dehydration. This failure could have placed residents at risk of not having their needs identified and met. Findings included: Record review of Resident #1's admission Record documented an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included dementia in other diseases classified elsewhere, severe, without behavioral disturbance (a medical diagnosis indicating severe dementia occurring in a patient whose dementia is caused by an underlying physiological condition), dysphagia pharyngeal stage (difficulty swallowing), and severe protein-calorie malnutrition (A condition where the body does not receive enough nutrients to maintain its normal functions. Record review of Resident #1's care plan dated 12/25/2025, and 01/12/2026 did not indicate the care plan had been updated to reflect the IV fluids. Record review of Resident #1's physician's orders, dated 01/12/2026, indicated an order for Lactated Ringers Intravenous Solution. Record review of Resident #1's MDS dated [DATE] and 01/13/2026 indicates K0520 A, parental/IV fluids were provided during the look-back period. During an interview with the DON on 01/29/2026 at 1:45pm, she stated an IV is a significant change and should be in the care plan. She was unable to tell me how soon it should be placed in the care plan. During an interview with the MDS Coordinator on 01/29/2026 at 2:00pm, she stated the intravenous fluids for dehydration were not in Resident #2's care plan. The MDS Coordinator stated the care plan should have been updated immediately. She stated the MDS does indicate the use of IV fluids. Record review of the facility's undated policy titled Comprehensive Care Plans dated implemented 10/24/2022 documented .2. The comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS assessment. All care Assessment Areas triggered by the MDS will be considered in developing the plan of care.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 675942
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