

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

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2026
NAME OF PROVIDER OR SUPPLIER Buckner Westminster Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 Horseshoe LN Longview, TX 75605	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for kitchen sanitation in that:1. Meat thawing in the kitchen sink was not fully submerged, nor did it have water continuously running to agitate the surface of the water.2. Cooked chicken stored in the refrigerator was not labeled and dated.3. Buffet lids were stored directly on the floor. These deficient practices could place residents who received meals from the kitchen at risk for food borne illness. The findings were: During an initial tour of the kitchen on 7/13/26 at 8:30 a.m. it was observed that staff were not thawing sausage and ham properly in the kitchen sink. The meat was sitting in the sink with water running and the water was draining. Staff later turned off the water and when the surveyor observed staff doing so they turned the water back on, however the sink was still draining. Cooked chicken was observed in a container in the refrigerator that was not dated or labeled. Food buffet lids were observed being stored on the floor of the kitchen. During an interview on 7/15/26 at 10:40 a.m. the Dietary manager said that foods thawing in the sink should be fully submerged with continuous cool running water agitating the surface. She said that the sink should not have been draining. She said that cooked chicken stored in the refrigerator should be labeled and dated. She said that food buffet lids should not be stored on the ground floor. She said that all of these instances could potentially cause foodborne illness. During an interview on 7/15/26 at 10:50 a.m. the Director of Nurses said that food should be thawed properly to prevent foodborne illness. She said that it was the responsibility of kitchen staff to ensure that foods were thawed properly. She said that kitchen staff are to also ensure that pans are stored properly and that food was labeled and dated to prevent foodborne illness. She said that lids for food should not be stored on the floor. During an interview on 7/15/26 at 10:55 a.m. the Administrator said that he expected his kitchen staff to thaw meat properly. He said that lids for food should not be stored on the floor as it was not a sanitary area to store such items. He said that cooked meat stored in the refrigerator should be labeled and dated to ensure old meat was not served. He said that all of the issues could cause foodborne illness. Record review of a facility policy titled, Food and Supply Storage, dated 10/21/2025 shows that, .Food and supplies will be stored according to current standards of practice. Refrigerator Storage Safe Practices include labeling, dating, and monitoring foods. Record review of a facility policy titled, Food Safety, dated 7/12/2024 shows that, Food will be stored, prepared, distributed, and served in accordance with professional standards for food service safety. All food handling and safety must comply with the Centers for Medicare & Medicaid Services and Texas Health and Human Services Commission.		

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that the resident's drug regimen was free from PRN orders for psychotropic drugs were limited to 14 days for 1 of 9 residents reviewed for unnecessary psychotropic drugs (Resident #5).The facility failed to place a 14-day end date to Resident #5's psychotropic medication prescribed as needed for Xanax tablet .25 milligrams.This failure could put residents at risk of psychotropic medication side effects, adverse consequences, decreased quality of life, and dependence on unnecessary medications.Findings included:Record review of Resident #5's face sheet dated 04/21/26, indicated a [AGE] year-old female who admitted to the facility on [DATE]. Resident #5's diagnoses included Anxiety (an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure), Depression (a common but serious mood disorder that causes persistent feelings of sadness, emptiness, and a loss of interest in activities), Respiratory failure with hypoxia (a critical condition where the lungs cannot properly transfer oxygen into the bloodstream, resulting in dangerously low blood oxygen levels).Record review of Resident #5's significant change in status MDS assessment dated [DATE], indicated Resident #5 understood others and made herself understood. The MDS indicated Resident #5 had a BIMS score of 14 which indicated her cognition was intact. MDS indicated that Resident #5 was taking an anti-anxiety medication.Record review of Resident #5's comprehensive care plan dated 06/21/26 indicated a problem initiation date of 6/21/26, I had an alteration in cardiac function related to diagnosis atrial fibrillation. I will maintain optimum cardiac function and minimize complications: chest pain, edema, respiratory distress, sudden increase in anxiety, and increased pulse. Monitor and notify medical doctor of increased anxiety.Record review of Resident #5's order, Xanax tablet .25 milligrams give by mouth every 4 hours as needed for anxiety, restlessness, agitation. Order started on 7/11/2026 with no end date.During an interview on 7/15/26 at 10:50 a.m. the Director of Nurses said that residents who received psychotropic medications should have a 14-day end date for all as needed psychotropic medications. She said that it was the responsibility of nurses to ensure that appropriate end dates are set for as needed medications. She said that there was a potential for residents to receive medications that they do not need.During an interview on 7/15/26 at 10:55 a.m. the Administrator said that residents prescribed psychotropic medications should have a 14-day end date for their orders if it was ordered as needed. She said that residents with psychotropic medications should be managed by nursing staff. A policy regarding unnecessary medications was requested from the Administrator during the interview and was not provided as there was not a specific policy that addressed this specify deficient practice.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that residents who need respiratory care were provided with such care, consistent with professional standards of practices for 1 of 16 residents (Resident #11) reviewed for respiratory care. The facility failed to cover nasal cannula tubing with a bag and prevented the oxygen tubing from floor contact for Resident #11. The facility failed to ensure Resident #11's oxygen humidifier bottle and tubing were changed weekly. These failures could place residents who receive respiratory care at risk of developing respiratory complications and a decreased quality of care. Findings include Record review of Resident #11's face sheet, dated [DATE] revealed a [AGE] year-old female admitted on [DATE] with diagnoses that included chronic systolic (congestive) heart failure (occurs when the heart muscle weakens and cannot contract effectively), acute respiratory failure with hypoxia (a sudden-onset respiratory failure), bradycardia (a resting heart rate of fewer than 60 beats per minute), supraventricular tachycardia (an episode where your heart suddenly beats much faster than normal, usually ranging from 150 to 250 beats per minute), hypertensive heart disease with heart failure (occurs when years of unmanaged high blood pressure force your heart to work too hard) and anxiety disorder. Record review of Resident #11's quarterly MDS assessment, dated [DATE], indicated Resident #11 had a BIMS score of 14, which indicated she was cognitively intact. Resident #11 required oxygen therapy. The Pulmonary section indicated respiratory failure. Record review of Resident #11's care plan dated [DATE] indicated that, Resident #11 has a diagnosis of anxiety manifested by verbal distress at times. Intervention includes administering oxygen as needed/ordered. Record review of a physician's order for Resident #11, dated [DATE], an order was placed for, Oxygen at 2-4 liters/per minute per nasal cannula PRN. Record review of a physician's order for Resident #11, dated [DATE], an order for Oxygen: Change and label tubing/ cannula/ humidifier bottle weekly one time weekly (starting [DATE] Sunday med Pass Night), as needed. During an observation and interview on [DATE] at 11:37 AM, Resident #11's nasal cannula tubing was on the floor. The oxygen concentrator was running with the humidifier bottle and nasal cannula tubing dated [DATE]. During an observation on [DATE] at 2:19 PM, Resident #11's nasal cannula hanging on the back of her recliner uncovered. Resident #11 sitting up in recliner watching television. Resident #11's oxygen concentrator was set on 2 liters/per minute; nasal cannula tubing and humidifier bottle dated for [DATE]. During an interview on [DATE] at 8:52 AM, LVN A stated nurses were responsible for ensuring the oxygen tubing was in a bag when not in use and off the floor. She stated the risk was contamination for the residents. During an observation and interview on [DATE] at 9:03 AM, LVN A stated the nasal cannula and humidifier bottle in Resident #11's room was dated [DATE]. She stated the humidifier bottle, and tubing was dated for longer than a month ago. She stated the items should have been changed weeks ago. She stated she was the nurse that changed the tubing and humidifier bottle on [DATE] and it had not been changed since. She stated the nasal cannula, and humidifier bottles should be changed every 7 days. She stated the nurses on the night shift were responsible for ensuring the humidifier bottles and tubing were changed weekly. She stated the risk was contamination and staff does not know if the bottle was still sterile. During an interview on [DATE] at 9:09 AM, Resident #11 stated she wore the nasal cannula every morning and just whenever she needed it. She stated she had witnessed the nasal cannula tubing on the floor a couple times, and it was not in a bag until then. She stated the nurse was coming to change the nasal cannula tubing and humidifier bottle shortly. During an interview on [DATE] at 11:21 AM, ADON stated she expected the resident's nasal cannula tubing to (continued on next page)		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	be changed once a week, because it was scheduled to be done then, but it could be changed as often as needed depending on the conditions. She stated the nurses were responsible for changing the humidifier bottles and nasal cannula tubing, because it came up on the treatment administration report. She stated a risk was that a resident could acquire an infection from the tubing being on the floor. During an interview on [DATE] at 11:23 AM, Director of Nurses stated she expected the oxygen tubing and humidified bottles to be changed at least weekly and as needed in between. She stated nursing staff were responsible for changing the tubing, humidifier bottles and covering the tubing. She stated the risk of the tubing being on the floor was infection and molding for the humidifier bottles sitting and not being changed; could cause respiratory infections. During an interview on [DATE] at 11:35 AM, Executive Director stated he expected the staff to change the resident humidifier bottles and tubing weekly and to keep the tubing covered to prevent floor contact. He stated the nursing staff were responsible for changing the humidifier bottles and tubing. He stated a risk was respiratory infections. Record review of facility policy titled, Oxygen administration, long-term care revised dated [DATE], revealed Sterile humidity bottle and adapters. Inspect all equipment and supplies. If a product is expired, is defective, or has compromised integrity, remove it from resident use, label it as expired or defective, and report the expiration or defect as directed by the facility.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to store all drugs and biologicals in locked compartments for 1 of 19 residents (Resident #7) reviewed for medication storage. The facility failed to securely store wound care chemicals for Resident #7 on 7/13/26-7/14/26. This failure could place residents at risk for adverse reactions, risk of having access to unauthorized medication and/or lead to harm. Findings included: Record review of Resident #7's face sheet dated 7/15/26 revealed an [AGE] year-old female admitted on [DATE] with diagnoses that included aftercare following joint replacement surgery and infection/inflammation reaction due to internal left hip prosthesis. Record review of Resident #7's quarterly MDS assessment, dated 6/23/26, revealed Resident #7 had a BIMS score of 13, which indicated she was cognitively intact. Resident #7 was independent for most of her activities of daily living. Record review of Resident #7's care plan dated 6/24/26 showed that Resident #7 was at risk for infection related to surgical incision, 10/27/25, surgical wound infection to left hip, 1/9/26, surgical wound dehiscence to left hip, 3/31/26, continues with surgical wound dehiscence to left hip, 6/24/26. Intervention indicates follow wound care orders as prescribed. Record review of Resident treatment order record, dated 4/15/26 indicated Resident #7 wound care as needed (starting 4/15/26) two times daily (starting 4/15/26 med pass days, med pass nights). Surgical wound dehiscence left hip: cleanse with wound cleanser or normal saline, pat dry, cover with super absorbent dressing, secure with bordered gauze twice a day and as needed, soiled, saturated or dislodged dressing. During an observation on 7/13/26 at 10:48 AM on an initial tour a bottle of wound care cleanser was on the bathroom counter of Resident #7. During an observation on 7/14/26 at 11:26 AM a bottle of wound care cleanser was on the bathroom counter of Resident #7. During an observation on 7/14/26 at 1:55 PM a bottle of wound care cleanser was on the bathroom counter of Resident #7. During an interview on 7/15/26 at 8:52 AM, LVN A stated she noticed when she first started working at the facility that hospice brought the wound care treatment materials to the residents' rooms and the nurses used them. She stated she needed to get clarification from her DON if hospice were supposed to do that. She stated staff were responsible for ensuring the medications were not left in the resident's room. She stated the risk was that a resident could be demented, and they could drink the wound cleanser. She stated anything used to clean a wound should be consumed. During an interview on 7/15/26 at 10:46 AM, Resident #7 stated the wound care cleanser had been on her bathroom counter for a while. She stated the wound care cleanser was in her bathroom earlier that day. She stated the staff used it on her when they cleaned her wound. She stated the staff usually just left the wound cleanser in her bathroom on the sink. During an interview on 7/15/26 at 11:21 AM, the ADON stated she expected staff to ensure there was no medications left in the resident's room. She stated all the staff were responsible but primarily it falls on the nurses, because they were the ones that performed the wound treatments. She stated the nurses should have removed the wound cleanser from the resident's room after each use. She stated the risk was ingestion of the wound cleanser, or it could get sprayed on areas that it should not be used. During an interview on 7/15/26 at 11:23 AM, the Director of Nurses stated she expected the medications to be stored properly. She stated the nursing staff were responsible for ensuring the medications and wound care cleanser was properly stored. She stated the risk for the wound cleanser in a resident's room was inhalation, ingestion or cause more damage. During an interview on 7/15/26 at 11:35 AM, the (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Executive Director stated he expected all medications to be properly stored. He stated the nursing staff were responsible properly storing the wound cleanser and medications. He stated a risk was accidental use. Review of a facility policy titled Storage Medications last revised on October 21, 2025, indicated .Service Standard, [facility] stores all drugs and biologicals in a safe, secure and orderly manner. 2. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. 11. Only persons authorized to prepare and administer medications should have access to the medication room and medication cart, including any keys.		

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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 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 1 of 16 residents (Resident #11) reviewed for infection control practices. 1. The facility failed to ensure CNA B donned her gown prior to providing incontinent care for Resident #11 on enhanced barrier precautions on 7/13/26. This failure could place residents at risk for cross contamination and the spread of infection. Findings include: Record review of Resident #11's face sheet dated 7/15/26 reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #11 had diagnoses which included: unspecified urinary incontinence, muscle weakness, urinary tract infections and need for assistance with personal care. Record review of Resident #11's MDS assessment, dated 6/1/26, reflected Resident #11 was understood and understood by others. Resident #11's BIMS score was a 14, which indicated cognition was intact. Resident #11 required moderate assistance with ADLs. Resident #11 was frequently incontinent with bladder and bowel. Record review of Resident #11's care plan dated 6/2/26 reflected Resident #11 was on enhanced barrier precautions related to stage 4 to left buttock. The interventions: Monitor enhanced barrier supply inventory to ensure that it remains stocked at all times. Record review of Resident #11's order summary reflected enhanced barrier precautions (EBP), continuous, dated 4/8/26. During an observation on 7/13/26 at 11:37 AM, CNA B performed incontinent care on Resident #11 and did not don a gown prior to performing incontinent care. Resident #11 was on for EBP. During an interview on 7/13/26 at 11:54 AM, CNA B said staff do not have to wear the gown during peri care/ incontinent care when a resident was on enhancement barrier precautions. She said the EBP signs indicated staff were to wear gowns for the residents with wounds or catheters. She said Resident #11 had a bandage on her coccyx area. She said she asked ADON if she had to wear the gown for Resident #11 while performing incontinent care and she said no. She said staff wore the gown for the residents with foleys and if they were septic. She said most of the time the charge nurse informed the aides on what residents' staff should wear the gown with. She said staff wear EBP for precautions to prevent the spread of infection. During an interview on 7/13/26 at 2:19 PM, Resident #11 said staff does her wound treatment every day. She said she came to the facility from the assisted living side with the wound, because they were not equipped to take care of it. Resident #11 said the staff does not wear the gowns when they change her or when they changed her dressing for her wound. During an interview on 7/15/26 at 7:49 AM, LVN A said if a resident had a EBP sign staff should be wearing a gown and gloves during peri care, incontinent care or during any high contact care. She said the facility had a stand down meeting at 3:00 PM every day and they notified the staff of which residents were on EBP. She said a risk for not wearing a gown for a resident on EBP was contamination, because it was to protect staff and the residents. During an interview on 7/15/26 at 10:36 AM, CNA B said she talked with the ADON about the EBP and it was a misunderstanding of what she asked her. She said now that she has an understanding staff were supposed to wear the gown and gloves while performing peri care/incontinent care for a resident on EBP. She said all staff were responsible for following the EBP. She said a risk was cross contamination or risk for infection. During an interview on 7/15/26 at 11:21 AM, ADON said she expected the staff to wear a gown and gloves when performing director care for a resident on EBP. She said she had educated the staff on EBP, so it was the individual's responsibility to wear the PPE. She said the risk of not following EBP was that staff could acquire whatever infection the residents (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	had or cross contamination. During an interview on 7/15/26 at 11:23 AM, the Director of Nurses said she expected all staff to follow EBP's during any high contact with residents on EBP. She said the nursing staff was responsible for ensuring staff were wearing the appropriate PPE for EBP residents. She said the risk was contamination or spread of infection. A policy regarding enhancement barrier precautions was requested by the Director of Nursing during the interview and was not provided as there was not a specific policy that addressed this specify deficient practice. During an interview on 7/15/26 at 11:35 AM, the Executive Director said he expected the staff to wear the appropriate PPE when caring for residents. He said the nursing staff was responsible for ensuring the appropriate PPE was used. He said the facility had a standup/ stand down meeting every day at 2:50 PM to discuss the care of each resident. He said he was responsible for his role in having the meetings to relay the information to the staff and the facility tried to have a team effort on that. He said the risk was infection.		