

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Trucare Living Centers-Columbus		STREET ADDRESS, CITY, STATE, ZIP CODE 1511 Montezuma Street Columbus, TX 78934	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**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 2 residents (Resident #8) observed for infection control. LVN A did not sanitize her hands before wearing gloves and wore gloves taken from her pocket before performing direct care for Resident #8 on 03/19/2026. These failures could place the residents at risk of cross-contamination and development of infection. Record review of Resident #8's face sheet last captured 03/19/2026 reflected a [AGE] year-old female originally admitted on [DATE] with medical diagnoses including hypertension (high blood pressure), lobar pneumonia (infection that causes inflammation of the air sacs in the lungs where they may fill with fluid or pus and cause symptoms like cough, fever, chills and difficulty breathing), rheumatoid arthritis (a chronic autoimmune disease affecting the joints and can cause pain, swelling, stiffness and other body systems), and atherosclerotic heart disease of native coronary artery without angina pectoris (when there is a buildup of fatty deposits in the heart's arteries, leading to reduced blood flow to the heart muscles and does not have symptoms of chest pain). Record review of Resident #8's functional abilities and goals dated 03/04/2026, she required partial to moderate assistance for eating, oral hygiene and was totally dependent on staff for other ADLs such as dressing, footwear and toileting. Resident #8 required substantial to maximal assistance for bed mobility like sitting to lying, lying to sitting on the side of the bed, and rolling left and right. Record review of Resident #8's care plan last captured 03/19/2026, indicated she was at risk for UTI and upper respiratory infections related to her admitting diagnosis of UTI and lobar pneumonia with interventions including treatment/medications as ordered and indicated. Resident #8 was receiving oxygen therapy due to a plethora catheter (a type of tube that helps drain recurring fluid buildup between the lungs and chest cavity) to the right chest with interventions including having the catheter be changed by the hospice nurse every two to three days and monitor for s/sx of respiratory distress and report to the MD PRN such as respirations, increased heart rate, lethargy, confusion, cough and skin color. Resident #8 was also care-planned for being on hospice services related to her atherosclerotic heart disease and at risk for shortness of breath, anxiety and pain related to this diagnosis with interventions including administer medications as per order, monitor, reassess, if indicated report to the MD. Observation and interview with Resident #8 on 03/19/2026 at 9:30 a.m., Resident #8 was in bed, with head turned to the left side. Resident #8 said something was stuck in her throat and ran her right hand from top to bottom of neck, indicating where she felt discomfort. LVN A was told about Resident #8's situation in the hallway. LVN A stood in the hallway and did not sanitize her hands before taking gloves out of the box on her medication cart. She put the gloves in her left pant pocket, then proceeded to wear a gown. LVN A then took the gloves out of her pocket and wore them before entering Resident #8's room. LVN A asked Resident #8 about her discomfort and took a tissue paper and placed it near Resident #8's mouth and instructed her to try to spit out whatever was stuck in her throat. Resident #8 coughed and produced some greenish phlegm and LVN A used the tissue to wipe the phlegm from Resident #8's mouth and discarded the tissue. (continued on next page)</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with LVN A on 03/19/2026 around 9:50 a.m., LVN A said that she should not have taken gloves out from her pocket and worn them for resident care since that could be an infection control issue but said that since Resident #8 did not have a wound that was draining, she was on hospice, so it was not as bad. LVN A said that if there was a resident with an open wound, she would have used fresh gloves from her cart. Interview with the IPN on 03/19/2026 at 12:13 p.m., she said that LVN A should have thrown the gloves away once it had been in her pocket and that she should not have worn it to provide care. The IPN said that with the type of care LVN A provided it would not have been bad and that she would look into whether gloves could be used if they had been in a nurse's pocket, but that nurses should take a new pair from the box. The IPN said LVN A should have sanitized her hands before wearing PPE. As of exit, the IPN had not provided a response as to whether it was okay for LVN A to take the gloves from her pocket before providing direct resident care. Interview with the DON on 03/19/2026 at 3:57 p.m., the DON said nurses should sanitize their hands before wearing gloves and that they should not use gloves that had been in their pockets since that was an infection control issue. Infection control practices and enhanced barrier precaution protocols were to protect residents. Interview with the Administrator on 03/19/2026 at 4:20 p.m., she said not sanitizing hands before putting on gloves and taking gloves from the pocket to use before resident care could cause cross-contamination. Record review of the facility's policy on PPE for gloves last revised 07/17/2012 read in part, . Miscellaneous 1. When gloves are indicated, use disposable single-use gloves. When to Use Gloves1. When touching excretions, secretions, blood, body fluids, mucous membranes or non-intact skin;2. When the employee's hands have any cuts, scrapes, wounds, chapped skin, dermatitis, etc.;3. When cleaning up spills or splashes of blood or body fluids;4. When cleaning potentially contaminated items; and5. Whenever in doubt.Record review of the facility's policy on PPE for gowns last revised 07/17/2012 read in part, Procedure GuidelinesPutting on the Gown1. Obtain the gown (disposable or reusable)2. If long sleeves are being worn, roll the sleeves above the elbows.3. Wash hands.4. Unfold the gown so that the opening is at the back.5. Put your arms into the sleeves of the gown.6. Fit the gown at the neck.7. Secure at the neck (tie or Velcro).8. Overlap the gown at the back. Be sure clothing is completely covered.9. Secure at the waste (tie or Velcro).</p>		