

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

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Form Approved OMB
No. 0938-0391

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 07/31/2026
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)		
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview record review the facility failed to ensure, based on the comprehensive assessment of a resident, that a resident with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 of 5 residents (Resident #1) reviewed for pressure ulcers. The wound care nurse failed to clean Resident #1's pressure wound to coccyx (tailbone) before applying a wound dressing triad paste (a wound dressing that consists of zinc-oxide-based used to manage and protect minor or hard-to-dress wounds with light-to moderate moisture) to the resident wound bed on 07/21/26. This failure could place residents at risk for infections, delayed healing, and medication failure. Findings include: Record review of Resident #1's face sheet, dated 07/21/26, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and again in 06/2024. Resident #1 had diagnoses which included the following: overactive bladder, muscle wasting and atrophy (loss of muscle tissue cause by disuse, nerve damage or aging), contracture of muscle multiple sites (permanent shortening of muscle tissue across different parts of the body, making the affected area stiff and hard to move), osteoarthritis (joint pain, stiffness, and the breakdown of protective joint cartilage [what cushions the joints to reduce friction between the bones]) heart failure, and cerebral infarction (sudden blockage of blood flow to the brain). Record review of Resident #1's annual MDS, dated [DATE], reflected a BIMS score of 4, which indicated the resident cognition was severely impaired. Section H-Bladder and Bowel reflected the resident was always incontinent of urine and bowel. Section M-Skin Conditions reflected the residents was at risk of developing pressure ulcers/injuries with no pressure ulcer/injuries. Record review of Resident #1's Comprehensive Care Plan reflected the resident was being care planned for stage 2 coccyx (tailbone) wound, dated 07/16/26, with an intervention to administer treatment as ordered. Record review of Resident #1's Physician Order Summary Report for the month of July 2026 reflected the following order: -Dated 07/21/26 cleanse coccyx with NS, pat dry, and apply triad paste (a wound dressing that consist of zinc-oxide-based used to manage and protect minor or hard-to-dress wounds with light-to moderate moisture) daily one time a day for wound care. Observation on 07/21/26 at 1:18 PM of wound care with the Wound Care Nurse and the Wound Care Doctor for Resident #1 revealed both the Wound Care Nurse and the Wound Care Doctor placed on their PPE which consisted of disposable gown and gloves and proceeded to go inside of Resident #1's room. The Wound Care Doctor positioned Resident #1 to his right side and opened the resident brief. The Wound Care Nurse had the triad paste inside of a medication cup. The skin to resident's coccyx area had a small open area that was a pale pink in color. The Wound Care Nurse proceeded to apply the triad paste to the resident's coccyx area without cleaning the coccyx (tailbone) wound. Interview on 07/21/26 at 2:15 PM, the Wound Care Nurse said she should have cleaned Resident #1's wound bed to the coccyx region before applying the (continued on next page)		

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	triad paste. The Wound Care Nurse said by not cleaning the resident wound bed first place the resident was at risk for infections. The Wound Care Nurse said she was nervous and therefore made a mistake. Interview on 07/21/26 at 4:07 PM, the DON said when the Wound Care Nurse assisted the Wound Care Doctor with wound rounds, the Wound Care Nurse should have cleaned Resident #1's wound bed to the coccyx area before applying the triad paste to prevent infections to the wound. Interview on 07/21/26 at 4:22 PM, the Wound Care Doctor said a resident with a wound, the wound needed to be cleaned first. The Wound Care Doctor said it was best to clean wounds prior to applying any treatment to prevent infections to the wound. Record review of the facility's policy on Infection Prevention and Control Program, revised in April 2025, reflected in part: .The Infection Prevention and Control Program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program.Goals: recognize infection control practices while providing care.		