

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

Printed: 08/27/2026
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 04/24/2026
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 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, interview and record review the facility to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for one of one kitchen reviewed for food and nutrition services. 1.The facility failed to ensure divided plates, bowls, and cups with dried food particles and water were not stored with clean plates, bowls and cups. 2. The facility failed to ensure clean knives, fork and spoons were free of food dried food particles, and water stains. 3. The facility failed to ensure the dry storage room was free of dented cans.4. The facility failed to ensure the oil in the deep fat fryer was not black. 5. The facility failed to ensure the floor of the dry storage room was free of dust and black substance. These failures could place residents at risk of foodborne disease and other illnesses. Observation during initial tour on 4/22/2026 at 6:35 AM to 7:00AM of the facility's kitchen with [NAME] A and the Dietary Manager revealed the following: -Divided plates with water and food stains in them. -Knives forks and spoons with dry food particles and water stains on them.-Cups, bowls and plates had dry food particles and food stains on them.-The oil in the deep fat fryer was black. Observation on 4/22/2026 at 6:55 AM of the food pantry revealed one dented can of 6.5lbs sliced apples. The floor of the food pantry had dust, dirt and black substances in the corner. The Dietary Manager took the broom, mop and mop bucket and began cleaning the floor. In an interview on 4/22/2026 at 6:40AM with [NAME] A, she said the afternoon staff was the one who cleaned the dishes. She said she was going to remove all the divided plates and clean them. The dishes were brought to the dish room to be rewashed. In an interview with the Dietary Manager on 4/22/2026 at 7:05 AM, the Dietary Manager said the black substances on the floor was due to the condensation from the walk-in Cooler and freezer. She said they were working to get the issues corrected. Interview on 4/24/2026 at 1:30 PM with the Dietary Manager and the District Manager revealed not having clean utensils and bowls and dishes could cause germs and residents could get sick. She said she was going to in-service the staff on kitchen sanitation. Record review of the policy and procedure for Sanitation and Food handling reflected. Sanitization can occur by means of application of heat or concentration of chemicals for enough time to reduce bacterial count on equipment and utensils. Once utensils and equipment have been cleaned and sanitized, they should be allowed to air dry. The use of towels may re-contaminate sanitized surface.		

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: 676229 If continuation sheet Page 1 of 9

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 04/24/2026
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review 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 2 Of 5 residents (Resident #39's and Resident #9) reviewed for comprehensive care plans. 1.The facility failed to ensure Resident #39's care plans were revised to address her psychosocial well-being, communication and incontinence.2. The facility failed to incorporate Resident #9's immediate mental health needs, and diagnosis of depression, into the care plan. This deficient practice could place residents at risk for unmet psychosocial needs, lack of appropriate interventions, and potential decline in mental health statusRecord review of Resident #39's admission face sheet, dated 4/24/2026, revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included hypertension (high blood pressure), diabetes (high blood sugar), depression (mood disorder causing sadness), malnutrition (it is a condition where the body in not getting enough of the right foods) and hyperlipidemia (high levels of fat in the blood) and anemia (sufficient red blood cells to carry oxygen to the tissues), Record review of Resident #39's quarterly MDS, dated [DATE], revealed Section C0500 coded the resident's had a BIMS score of 14 which indicated the resident was cognitively aware for decision making, For Section E: Behavior: The resident was coded as having no behaviors for Section GG: ADL's were coded for eating, oral hygiene and personal hygiene as needing set up only. For toileting and putting on or taking off shoes, she was coded as dependent on staff with 2 persons assisted, for upper body dressing, shower/bath, taking off footwear she needed maximal assistance from staff. Bowel and Bladder, she coded as incontinent of bladder and bowel. Observation on 4/22/2026 at 7:45 AM of Resident #39 revealed she was up in bed. She was alert and oriented and could make her needs known. She was clean and groomed with no lingering odor. In an interview on 4/23/2026 at 1:30 PM with Resident #39 regarding the care and services she received, she said she had no problems getting a shower. She said when she was up, she had to wait for a long time for them to put her back to bed. She said she was never abused or neglected by the staff. Record review of Resident #39's care plan, dated 1/27/2026, revealed her care plan did not address triggered areas of communication, incontinence and psychosocial well-being. Interview on 4/24/2026 at 2:28 PM with MDS Coordinator revealed she was the only person who did the MDS and care plans. She said care plans were completed quarterly, annually and when there was a change in condition. She said she did not realize Resident #39's care plan did not address all triggered areas of Resident 39's MDS. She said she did not know why it was not done. She said she just missed it. At that point she said she was going to update Resident #39's care plan to address the triggered areas on her MDS. In an interview on 4/24/2026 at 5:15PM with the DON, he said it was the MDS Coordinator's duty to assess the resident triggered areas of the care plan, and if there were any new issues, she should address it on the care plan. He said he was going to in-service staff and complete an audit of the care plans. Record review of Resident #9's face sheet, last captured on 04/22/2026, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included myopathy (a disease that cause muscle fiber dysfunction resulting in voluntary skeletal muscle weakness), unspecified dementia (memory loss), adjustment disorder with depressed mood (a short-term related condition occurring within three months of life change or event), epilepsy (involuntary movement), hypertension (high blood pressure), heart disease (disease of the heart that damage the heart structure), and kidney disease (gradual loss of kidney function). Record review of Resident #9's MDS, dated [DATE], indicated she required supervision or touching assistance for most ADLs such as dressing, footwear, and toileting. Resident #9 had depression listed as one of her active diagnoses within the last seven days. Her mood interview (Section D) revealed she had been feeling down, depressed, and hopeless for several days. Record review of Resident #9's care plan, dated (continued on next page)		

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 04/24/2026
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	03/17/2026, did not include a focus, goal, interventions, or tasks for her mood or diagnosis of depression. Record review of Resident #9's MAR revealed she was taking Citalopram 20 mg once daily for major depressive disorder, which had been ordered on 03/04/2026. Interview with Resident #9 on 4/22/26 at 10:05 a.m. revealed she cried and stated, I don't like it here, I want to go home. She said she felt alone and most of her family members were gone. Resident #9 stated she had not spoken to her nurses or doctor but reported a family member told her she had to stay at the facility. She stated, I'm not crazy. Resident #9 stated the staff talked about her behind her back and she did not trust anyone. She did not recall what was said about her or why she felt that way. The resident stated, no, they better not! when asked if she had experienced any abuse or neglect while at the facility. During an interview with the MDS Coordinator on 4/24/26 at 11:25 a.m., she was asked whether Resident #9's diagnosis of major depressive disorder had been care planned. The MDS Coordinator reviewed the care plan and acknowledged the diagnosis had not been included. She stated, I see what you mean, and she would revise the care plan that day. When asked about the risk of not adding depression/mood to the care plan, she replied, staff wouldn't be aware of her diagnosis or how to address it, and stated it could lead to a negative outcome. During an interview with the LVN on 4/24/26 at 12:50 p.m., she was asked about Resident #9. The LVN described Resident #9 as sassy and reported she mainly stayed to herself and was not as active as she had been previously. The LVN stated Resident #9 was admitted on [DATE] and she noticed a decline since then. She reported Resident #9 was not as outgoing as before and did not participate in activities. The LVN stated she noticed the change after Resident #9 was informed she would not be leaving the facility. She explained the resident believed she would leave in a couple of months but later learned her apartment had been cleaned out and she would remain at the facility. The LVN stated she believed this was the reason for the change in Resident #9's mood. During an interview with the Administrator and DON on 4/24/2026 at 4:46 p.m., they were asked about the potential harm of not adding a depression diagnosis to the comprehensive care plan. The DON stated, direct care staff would not know the resident suffered from depressive disorder and would not know the medication she would be taking for it, or the side effects associated with the medication. The DON said care plans were completed by the MDS coordinator who would review the doctor's orders and add them to the care plan within 48 hours. At that point the DON said he did not know why depression was not added to Resident #9's care plan. Record review of the facility's policy on Care Planning, last revised 03/01/2022, read in part: Our facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident. Policy Interpretation and Implementation 1. A comprehensive care plan for each resident is developed within seven (7) days of completion of the resident assessment (MDS). 2. The care plan is based on the residents' comprehensive assessment and is developed by a Care Planning/Interdisciplinary Team which includes, but is not necessarily limited to the following personnel: a. The residents' Attending Physician. b. The Registered Nurse who has responsibility for the resident. c. The Dietary Manager/Dietician. d. The Social Services Worker responsible for the resident. e. The Activity Director/Coordinator; f. Therapists (speech, occupational, recreational, etc.), as applicable. g. Consultants (as appropriate). h. The Director of Nursing (as applicable). i. The Charge Nurse responsible for resident care. j. Nursing Assistants responsible for the resident's care; and k. Others as appropriate or necessary to meet the needs of the residents. 3. The resident, the resident's family and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's care plan. 4. Every effort will be made to schedule care plan meetings at the best time of the day for the residents and family. Social Services or Designee must document this effort as a progress note in Point Click Care. 5. The mechanics of how the Interdisciplinary Team meets its responsibilities in the development of the interdisciplinary care plan (e.g., face-to-face, teleconference, written communication, etc.) is at the discretion of the Care Planning Committee.		

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 04/24/2026
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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to act upon pharmaceutical recommendation to assured the accurate acquiring, receiving, dispensing, and administering of medications for 1 of 6 residents (Residents #60) reviewed for pharmaceutical services. The facility failed to act upon pharmacy recommendations on 2/25/26 for Resident #60 on Calcium Carbonate (Antacid medication used for heartburn) to be given as needed. Calcium Carbonate was administered daily on 4/22/26. This failure could place residents at risk of adverse drug reaction and could result in diminished health and well-being. Findings include: Record review of Resident #60's face sheet, dated 04/22/2024, revealed an [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE]. Resident #60 had diagnoses which included: cognitive communication deficit, gastroesophageal reflux disease (GERD), gastric ulcer (gastric reflux) and hypertension (high blood pressure). Record review of Resident #60's quarterly MDS, dated [DATE], reflected a BIMS score of 11, which indicated the resident cognition was moderately intact. Record review of Resident #60's Care Plan, dated 04/16/26, reflected the resident being care planned for at risk for free from discomfort, complications or s/s (sign/symptom) related to dx (diagnosis) of GERD Record review of Resident #60's Physician Orders for the month of 11/18/25 reflected the included the following orderDate Order Summary:11/17/25 Tums Oral Tablet Chewable 500 MG (Calcium Carbonate (Antacid),Give 2 tablet by mouth one time a day for GERD.- Record review of the facility Drug Regime review date February 25, 2026, reflected Recommended: - Further review revealed pharmacy recommendation for reducing the Tums to PRN (Calcium carbonate can cause acid rebound) was not done.- Record review of Resident #60's MAR for the month of April 2026 reflected Pantoprazole 40 mg PO (by mouth) QD, (Calcium Carbonate (Antacid Chewable Tums 2 tabs PO QD was being administered once a day at 9:00AM and Famotidine 20 mg BID was being administered twice a day at 9:00AM and 5:00 PM.Observation on 04/23/26 at 7:55 AM of medication pass for Resident #60 by MA FF, Antacid Chewable Tums 2 tabs PO was administered to Resident #60 by MA FF.Interview with the DON on 4/24/26 at 2:46 PM, regarding Pharmacy recommendation for Calcium Carbonate (Antacid Chewable Tums 2 tabs PO QD on 2/2026 to be given to Resident #60 as as needed or PRN, the DON said it was oversight. He said it was his duty and the ADON's to monitor the pharmacy drug review. The DON said he would be the RN's involved to ensure all pharmacy recommendations were to be followed up. Record review of the facility medication regimen policy statement dated 7/1/2018The Consultant Pharmacist shall review the medication regimen or each resident at least monthly. Policy Interpretation and ImplementationThe Consultant Pharmacist will perform a medication regimen review (MRR) for every resident in the facilityRoutine reviews will be done monthlyReviews for short stay individuals(those who are expected to stay for 30 days or less) will be done as needed to identify individuals with high-risk medications and those who may be experiencing adverse consequences from their medications.4. Additional reviews for long-stay individuals will be done as indicated or as requested by the physician and staff to help manage drug regimens and identify and address suspected or confirmed adverse consequences.5.The primary purpose of this review is to help the facility maintain each resident's highest practicable level of functioning by helping them utilize medications appropriately and prevent or minimize adverse consequences related to medication therapy to the extent possible. 6. As part of the MRR,the Consultant Pharmacist will: a. Evaluate whether any medications in a drug regimen present potentially significant drug-drug or drug-food interactionsb. Determine if the resident is receiving the correct medications as ordered.c. Determine if medications are administered at the prescribed items.d. D if medications are administered in the correct dosage and form.e. Be alert to medications with potentially significant medication-related adverse consequences and to actual signs and symptoms that could represent (continued on next page)		

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

Printed: 08/27/2026
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 04/24/2026
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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	adverse consequences, andf. Identify medication errors, including those related to documentation. 7.The Consultant Pharmacist will document his/her findings and recommendations on the monthly drug/medication regimen review report.8. The Consultant Pharmacist will provide a written report to physicians for each resident with an identified irregularity. If the situation is serious enough to represent a risk to a person's life, health, or safety, the Consultant Pharmacist will contact the physician directly to report the information to the physician and will document such contacts. If the physician does not provide a pertinent response, or the consultant pharmacist identifies that no action been taken, he/she will then contact the Medical Director, or-if the Medical Director is the Physician of record -the Administrator. 9. The Consultant Pharmacist will provide the Director of Nursing services and medical Director with a written, signed and dated copy of the report, listing the irregularities found and recommendations for their solutions.		

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 04/24/2026
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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure that the medication error rate was not five percent or greater. The facility had a medication error rate of 5%, based two errors out of 38 opportunities, which involved two of 2 residents (Residents #33 and #38) and 2 of 4 staff observed during medications administration reviewed for medication error. 1. The facility failed to ensure Medication Aide FF administered Resident #33 Prednisone (used to quickly reduce inflammation [swelling, heat and redness]) and suppress and overactive immune system, as ordered by the Physician on 4/22/26.2. The facility failed to ensure Medication Aide RR administered Resident #38's Finasteride (drug use for enlarge prostate) as ordered by the Physician on 4/22/26. These failures could place residents at risk of side effect and a decrease in quality of life. Finding include: 1. Record review of Resident #33's face sheet, dated 04/24/25, reflected an [AGE] year-old female who was admitted to the facility on [DATE] and re-admitted on [DATE]. Resident #33 had diagnoses which included lobar pneumonia (a serious bacterial infection that causes intense inflammation and fills an entire section [lobe] of the lung with fluid and pus), heart failure (a chronic condition where the heart muscle becomes too weak or stiff to pump blood efficiently, failing to meet the body's need for oxygen), essential (primary) hypertension (high blood pressure) and chronic kidney disease (long -term condition where the kidneys are damaged and gradually lose their ability to filter waste, toxins, and excess water from the blood.)Record review of Resident #33's Care Plan, dated 04/16/26, reflected the resident being care planned for at risk for heart failure. The intervention included administering Prednisone medication per physician orders. Record review of Resident #33's 5-day MDS, dated [DATE], reflected a BIMS score of 10, which indicated the resident cognition was moderately intactRecord review of Resident #33's Physician Order Summary Report reflected the following:- physician's order, dated 4/15/26, reflected prednisone Oral Tablet 2.5 MG (Prednisone) Give 1 tablet by mouth one time a day related to heart failure, Give with food in stomach -Order Date 04/15/2026. Record review of Resident #33's MAR for the month of April 2026 reflected Prednisone was being administered once a day at 9:00 AM. Record review of the facility menu for breakfast posted was from 7:00 AM to 8:00 AM. Observation and interview on 4/22/26 at 7:41 AM, of medication pass with MA FF revealed MA FF administered Prednisone 2.5 mg to Resident #33 on an empty stomach. Resident #33 said she had not eaten breakfast and MA FF said the breakfast tray would be out shortly and at 8:16 AM the breakfast for the hall was served to Resident #33. Interview with MA FF on 04/23/26 at 1:19 PM, she said she always checked blister packet if it was the right resident, medication, direction and expiration date and she said not giving medication as directed could mess up the resident stomach. 2. Record review of Resident #38's face sheet, dated 04/23/26, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and was re-admitted [DATE]. Resident #38 had diagnoses which included spinal stenosis (a narrowing of the spaces within your spine (backbone), hypertension (high blood pressure), benign prostatic hyperplasia (a common, noncancerous condition in aging men where the prostate gland enlarges) and urinary retention (difficulty urinating and completely emptying the bladder).Record review of Resident #38's quarterly MDS, dated [DATE], reflected a BIMS score of 15, which indicated the resident cognition was intact. Record review of Resident #38's Care Plan, dated 04/16/26, reflected the resident was care planned for at risk for benign prostatic hyperplasia (a non cancerous, age-related enlargement of the prostate gland in men) with lower urinary tract symptom. Record review of Resident #38's Physician Orders for the month of July 2025 reflected the following order- Dated 6/11/25 Finasteride Oral Tablet 5 MG (Finasteride) Give 1 tablet by mouth one time a day related to benign prostatic hyperplasia with lower urinary tract symptomRecord review of Resident #38's MAR for the month of April 2026 reflected Finasteride 5mg was being administered once a day at 9:00AM. Observation on 04/23/26 at 9:05 AM of medication pass for Resident #38 by MA RR, she punched Finasteride 5mg twice (10 mg) in the (continued on next page)		

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

Printed: 08/27/2026
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 04/24/2026
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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medication cup and other medications totaling 16 tablets and administered to Resident #38 by mouth. Interview with MA RR on 4/23/26 at 1:11 PM, regarding punching Finasteride 5 mg twice, MA RR denied it, stated you wrote it wrong, I was very careful. She said we both counted the total medication administered was 16 tablets. Medication Aid RR said she had been working at the facility for 3 years and been a medication aid for 20 years and she had been very careful. Medication RR said it was the nurses who did observation of medication pass with her but could not remember the last time this was done and who the nurse was that did the medication pass competency with her. Interview on 04/24/26 at 2:42 PM with the DON said the medication aids did skill competencies annually and was trying to do it quarterly as well. The DON said it was the ADON who observed medication pass with the medication aides randomly once and sometime twice weekly. The DON said not administering medication as ordered could cause serious side effects. The DON said her expectation for medication was for nurses to avoid a negative outcome for the residents. Interview with the Administration on 4/24/25 at 5:10 PM, she stated her expectation for medication pass was timely and accurate and zero errors. Record review of the facility's policy on Administering Medications, revised April of 2025, reflected in part: .Medications are administered in a safe and timely manner, and as prescribed. Record review of the facility-provided policy titled Administering Medications, revised dated 11/25/2017, reflected: Policy StatementMedications are administered in a safe and timely manner, and as prescribed.Policy Interpretation and Implementation 4. Medications are administered in accordance with prescriber orders, including any required time frame.7. The individual administering the medications checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication.		

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 04/24/2026
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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure residents were free of significant medication errors for 1 of 19 residents (Resident #39) reviewed for medication. The facility failed to ensure Resident #39's thyroid medication was administered as ordered by the physician. This failure could place residents at risk of the body system slowing down resulting fatigue, weight gain, hair loss, fluid retention and decreased quality of life Record review of Resident #39's admission face sheet, dated 4/24/2026, revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included hypertension (high blood pressure), diabetes (high blood sugar), depression (mood disorder causing sadness), malnutrition (a condition where the body in not getting enough of the right foods) and hyperlipidemia (high levels of fat in the blood) hypothyroidism (a common condition where the thyroid is underactive failing to produce sufficient hormones to meet the body needs and anemia (sufficient red blood cells to carry oxygen to the tissues), Record review of Resident #39's quarterly MDS, dated [DATE], revealed Section C0500 coded the resident's as having BIMS score of 14, which indicated the resident was cognitively aware for decision making, For Section E: Behavior: The resident was coded as having no behaviors. Section H0300/0400: Bowel and Bladder, she coded as always incontinent. Record review of Resident #39's physician's order, dated 01/27/2026, revealed an order for Levothyroxine sodium oral tablet 125 mcg give 1 tablet by mouth one time a day for hypothyroidism at 5:30AM Record review of Resident #39's MARs for April 2026 revealed the following. April 2026 Levothyroxine was not documented as given at 5:30AM on 4/2/2026, 4/3/2026 and 4/4/2026. Further review of the nurse's notes revealed no documented reason why the medication was not held. Record review of Resident #39's clinical record for April 2026 revealed no documentation the doctor was notified the medication was not given for 3 days. In an interview on 4/24/2026 at 4:45 PM with the DON regarding Resident #39's Levothyroxine not documented as given for days, he said in nursing if it's not documented it was not given. Asked what could happen if the medication was not given, he said the resident could cause the levels to drop resulting in, fatigue, feeling cold and depressed. He said his expectations of the nurses were to ensure medications were given as ordered by the physician. He said he would be in-servicing the staff on documentation of medication administration. Interview with the Administrator on 4/24/25 at 5:10 PM, she stated that her expectation for medication pass was to be timely, accurate and zero errors. Record review of the facility's policy on Administering Medications revised April of 2025 reflected in part: .Medications are administered in a safe and timely manner, and as prescribed. Record review of the facility-provided policy titled Administering Medications, Revised dated 11/25/2017, reflected: Policy Statement Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation 4. Medications are administered in accordance with prescriber orders, including any required time frame. 7. The individual administering the medications checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication.		

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 04/24/2026
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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide or obtain laboratory services to meet the needs of its residents for one of 6 residents (Resident #13) reviewed for laboratory services. The facility failed to ensure the facility followed the Pharmacy review recommended labs (Vitamin D level and Lipid panel) be drawn for Resident #13. 2. The facility failed to ensure the order for labs was forwarded to the lab services. These failures could place the resident at risk for staff not having diagnostic information, placing the resident at risk for decline in health. Findings included: Record review of the admission Record for Resident #13, dated 04/23/2026, revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #13 had diagnoses which included, but were not limited to, Alzheimer's Disease (cognitive decline), muscle wasting (decreased ability to use muscles), and age-related physical debility (decreased ability to move associated with aging). Record review of Resident #13's Quarterly MDS assessment, dated 01/19/2026, revealed she scored 7 of 15 on the BIMS, indicative of severely impaired cognition. Record review of Resident #13's Care Plan, dated 10/15/2025, revealed the facility nurses were to obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow up as indicated. Record review of Resident #13's Drug Regimen Review, dated 03/26/2026, revealed the Pharmacist recommended the following labs: Vitamin D level and lipid panel (blood test to measure cholesterol). Record review of the facility's Pharmacy Recommendation Letter Record Log for the Month of March revealed the physician agreed with the pharmacist's recommendation for the labs. Record review of a NN, dated 04/10/2026 at 12:06 p.m., revealed the physician ordered Resident #13 had the following labs drawn: CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), Lipid Panel, and Vitamin D level. The NN was written by LPN J. Record review of Resident #13's Physician's Orders (04/23/2026) revealed no orders for the CBC, CMP, Lipid Panel, or Vitamin D labs. Record review of Resident #13's electronic medical chart revealed no results of CBC, CMP, Lipid Panel, or Vitamin D labs, dated post 04/10/2026. In an interview on 04/23/2026 at 2:40 p.m., LPN J said she was in charge of Medical Records. She said when a pharmacy recommendation was received, it was sent to the physician to approve or disagree. LPN J said the facility received the response from the physician on 04/10/2026. She said the labs for Resident #13 were ordered, and she would obtain the results and enter them into the electronic chart. In an interview on 04/23/2026 at 3:35 p.m., LPN J said the lab orders for Resident #13 had not been forwarded by the facility to the lab company. She said she did not know why the orders were not forwarded. She said she would contact the physician and order the labs. She said a negative outcome for the resident could be the levels would be incorrect. In an interview on 04/23/2026 at 4:20 p.m., the DON said a negative outcome for the resident would be potentially critical lab levels could go unnoted. Record review of the facility's policy Lab and Diagnostic Test Results - Clinical Protocol (revised 06/04/2012) revealed 1. The physician will identify and order diagnostic and lab testing based on diagnostic and monitoring needs. 2. The staff will process test requisitions and arrange for tests.		