

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: 676359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/13/2026
NAME OF PROVIDER OR SUPPLIER Cornerstone Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 4100 Moores Lane Texarkana, TX 75503	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs, for 1 of 2 (Resident #1) residents reviewed for comprehensive person-centered care plans. The facility failed to ensure Resident #1's care plan addressed she required assistance with ADLs This failure could affect residents by placing them at risk of not receiving appropriate interventions to meet their current needs and a decreased quality of life. Findings included: Record review of Resident #1's face sheet, dated 07/15/2026, revealed a [AGE] year-old female initially admitted to the facility on [DATE] with diagnoses which included macular degeneration (distortion or loss of central vision), glaucoma (eye disease that damages the optic nerve related to increased pressure within the eye), neuropathy (nerve damage outside the brain and spinal cord), pain, hyperlipidemia (high levels of fat in the blood), atrial fibrillation (fast abnormal heart rate), pain, anxiety and gastro-esophageal reflux (a digestive disease in which stomach acid or bile irritates the food pipe lining). Record review of Resident #1's MDS, quarterly assessment, dated 06/09/2026, indicated Resident #1 was able to make self-understood and understood others. The MDS assessment indicated Resident #1 had a BIMS score of 7, which indicated severely cognitively impaired. The MDS assessment indicated Resident #1 required moderate (assistance of 1 person) assistance for bed mobility, transfers, toilet use, dressing and personal hygiene. The MDS assessment indicated Resident #1 was visually impaired. Record review of Resident #1's comprehensive care plan, last revised on 11/04/2024, indicated Resident #1 had no care plan for activities of daily living. During an interview on 07/13/2026 at 05:32 PM, the DON stated the MDS Coordinator was responsible for ensuring everything for the resident's care was included in the care plans. The DON stated ultimately, she was responsible for ensuring the care plans accurately reflected the care and needs the residents received. The DON stated Resident #1 should have a care plan for activities of daily living to ensure the proper care was provided for Resident #1. The DON stated she did not know why it was not in the care plan. The DON stated it was important for Resident #1's ADL services to be included in her care plan because it was the map of providing care of the residents and resulted in continuity of care. During an interview on 07/13/2026 at 05:42 PM, the Administrator stated the MDS Coordinator was responsible for completing the care plans. The Administrator stated she expected ADL services and anything unusual or special for the resident's care to be included. The Administrator stated it was important for the plan of care to accurately reflect the residents' needs for proper care. Record review of the Care Plan and Care Area Assessments policy, revised on 05/06/2021, stated. This identification and implementation of a plan of care will begin at admission with the initial care plan and be completed throughout assessment process for developing a comprehensive plan of care.		

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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