

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676406	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Trucare Living Centers - Selma		STREET ADDRESS, CITY, STATE, ZIP CODE 16550 Retama Parkway Selma, TX 78154	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27923</p> <p>Based on interviews and record reviews, the facility failed to ensure before a resident was transferred or discharged the facility must notify the resident and the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understood and the facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman for 1 of 5 residents (Resident #1) reviewed for transfer or discharge. in that:</p> <p>The facility failed to give the representative of Resident #1 written documentation which informed them of the facility- initiated decision to discharge the resident.</p> <p>This deficient practice could affect residents who are discharged from the facility and could place them at risk of having their discharge rights violated.</p> <p>The findings were:</p> <p>Record review of Resident #1's face sheet dated 10/23/24 reflected Resident # 1 was an [AGE] year old male admitted on [DATE]. Resident #1 had diagnoses which included unspecified dementia (a condition in which a persons cognitive abilities decline which affects their daily life and activities), major depressive disorder (a condition in which there is persistent low or depressed mood), and unspecified pulmonary fibrosis (a condition in which scarring of the lungs creates breathing difficulty). Resident #1 was discharged on [DATE].</p> <p>Record review of Resident #1's quarterly MDS dated [DATE] reflected a BIMS's score of 10 which indicated moderate cognitive impairment.</p> <p>Record review of Resident # 1's current care plan initiated on 6/7/23 reflected that in staff discussions with the resident and family there was an expectation of remaining in the facility on a long-term basis</p> <p>(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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/23/24 at 10:05am with family members (FM#2 and FM#3) revealed they were the family representatives for Resident #1. They stated they met with the facility social worker and Administrator during the week of 10/8/24 to 10/11/24 and were informed Resident #1, had to be discharged from the facility because of his wandering behaviors. FM#2 and FM#3 stated they agreed to Resident #1's discharge to another facility because they felt they had no other choice or option. FM#2 and FM#3 stated the family provided transportation for Resident #1 to attend an adult day care while at the facility and the resident was taking medication for his wandering behavior. FM #2 and FM #3 stated they had not received any written notice of the facility's discharge decision for Resident #1.</p> <p>During an interview on 10/24/24 at 2:15pm with the facility social worker she stated she was not aware of the family representatives having received written notification of the facility's decision to discharge Resident #1.</p> <p>During an interview on 10/24/24 at 2:40pm with the Administrator she stated the family representatives for Resident #1 had not received a written notice of the Resident's discharge. The Administrator stated she did not feel a written notice was necessary since the family agreed to the facility's discharge request. The Administrator stated the facility did not have a policy requiring written notification to the responsible party for the discharge decision for Resident #1.</p>		