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

Printed: 05/16/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024			
NAME OF PROVIDER OR SUPPLIER Capstone Healthcare of Hughes Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Fm 161 Business South Hughes Springs, TX 75656				
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 0550 Level of Harm - Minimal harm or potential for actual harm	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48958					
Residents Affected - Few	Based on observation, interview, and record review, the facility failed to promote care for residents in a manner and in an environment that maintained or enhanced each resident's dignity and respect in full recognition of his or her individuality for 1 of 5 residents reviewed for- residents rights. (Resident #5)					
	The facility failed to ensure Resident #5 was provided privacy when she used a bedside commode in her room.					
	This failure placed residents at risk for diminished quality of life, loss of dignity and decrease in comfort.					
	Findings include:					
	Record review of Resident #5's face sheet dated 03/05/24 indicated Resident #5 was a [AGE] year-old female and admitted on [DATE] with diagnoses including screening for malignant neoplasm of colon (is a cancer, or malignant tumor, of the large intestine, which may affect the colon or rectum), need for assistance with personal care, chronic superficial gastritis with bleeding (a persistent, but low grade, inflammation and damage to the stomach lining), noninfective gastroenteritis and colitis (a disorder characterized by inflammation of the colon), and constipation.					
	indicated Resident #5 was dent # 5 had a brief interview for MDS assessment indicated Resident ad partial assistance with toilet insfer.					
	Record review of Resident #5's care plan dated 12/20/2023 indicated Resident #5 has a risk for constipation related to medication usage, low level of physical activity, pain in bottom area (history of hemorrhoidectomy (is a surgical procedure to remove hemorrhoids. Hemorrhoids are enlarged blood vessels in your anus that can sometimes cause uncomfortable symptoms, like anal pain and bleeding)). Intervention included monitored for signs and symptoms of constipation such as lethargy, decreased bowel sounds, abdominal distention, tenderness, change in level of consciousness.					
	(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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 676154

If continuation sheet Page 1 of 3

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			NO. 0936-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) During interview on 03/05/2024 at 10:05 AM CNA B said when she walked in Resident #5 could see her if she was on her bedside commode and she do not any privacy. CNA B said it would make her feel uncomfortable if she had to use a bedside commode with no privacy. During interview on 03/05/2024 at 10:10 AM LVN C said Resident #5 bathroom had not been used, due to plumbing issues. CNA C said Resident #5 had never complained to her about her bathroom not available. CNA C said Resident #5 stopped up the toilet with wipes when she used the bathroom. CNA C said she would be embarrassed if she had no privacy when she used the bathroom. During interview on 03/05/2024 at 10:30 AM the DON said he was aware Resident #5 has a bedside commode. DON said the facility has had plumbing issues with wipes. DON said Resident #5 had a fixation with her anal area. DON said Resident #5 had been advised not flush wipes down the toilet. DON said Resident #5 had not complained about privacy or use of bedside commode to him. During interview on 03/05/2024 at 10:53 AM the Administrator said he was aware Resident #5 had a bedside commode. The Administrator said Resident #5 f had a documented history of putting things in the toilet. The Administrator said he dused signs to discourage Resident #5 for begiede commode to him. Administrator said he facility had plumbers out two or three times a week, due to wipes placed in toilet. The Administrator said Resident #5 did not have a roommate since she had her bedside commode to him. Record review of the facility's Rights of Nursing Facility Residents Policy revealed, .By law every Texas nursing facility resident has the right to be treated with dignity, respect, courtesy and consideration without regard to race, religion, national origin, sex, disability, marital status or source of payment. to privacy during visits and telephone calls and while attending to personal needs, u			