

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: 676406	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>33866</p> <p>Based on observations, interviews, and record review the facility failed to ensure that all drugs and biologicals used in the facility were labeled and stored in accordance with professional standards for 1 of 1 medication rooms reviewed for drugs and biologicals.</p> <p>1. The facility failed to ensure one over-the-counter medication Feosol was removed from the medication room when it had expired on 06/2024.</p> <p>2. The facility failed to ensure medications for 2 of 2 discharged residents (DR's #1 and #2) were removed from current medication supply for proper disposition.</p> <p>These failures could place residents at risk of not receiving the therapeutic benefit of medications, adverse reactions to medications, medication misuse, and drug diversion.</p> <p>Findings included:</p> <p>1. Observation of the facility medication storage room with the DON present on 11/20/2024 starting at 1:18 p. m., revealed one over-the-counter medication Feosol with an expiration date of 06/2024 found stored with other current OTC medications in the medication room.</p> <p>2. Further observation of the facility medication room on 11/20/2024 starting at 1:18 p.m. revealed 2 baskets filled with medications labeled with the names of 2 discharged residents (DR's #1 and #2), stored on a storage rack at back of medication room. The basket labeled with DR #1's name contained medications that included: Diclofenac Topical 1% cream and Probiotic Culturelle and the basket labeled with DR #2's name contained medications which included Lidocaine 4% ointment, along with bottles containing Simvastatin and Midodrin.</p> <p>During an interview on 11/20/24 at 1:30 p.m., the DON stated that all expired medications should be removed from stock, as expired medications were at risk of being ineffective. The DON also stated that medications for discharged residents should be stored in the locked disposal box with the expired/discontinued medications for proper disposal by the pharmacist. The DON stated that the supply clerk, MA-D was responsible for stocking and maintaining the medication room, which included rotating stock and removing expired medications and medications for discharged residents.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 676406	Facility ID: 676406 If continuation sheet Page 1 of 5

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Interview on 11/22/24 at 10:00 a.m., with MA-D revealed that she had worked at facility for about a year and in addition to working as a medication aide, was responsible for stocking the supply room and ensuring all expired medications, and medications for discharged residents were removed from the medication room. She stated when she received new medication stock once a week, she would rotate and check all medications for expiration dates, circling the dates on the bottles as she stocked the new medication. She did not know how she missed the expired Feosol. Further interview with MA-D revealed she did not know how the medications for the discharged patients ended up in the medication room, noting all the nurses and medication aides had access to the room, and postulated that one of the nurses or medication aides removed the medications from a medication cart and placed them in the medication storage room without her knowledge. MA-D stated that DR #1 was discharged home, and DR #2 was in the hospital, and it was unknown if he would be returning to the facility. Further interview revealed that MA-D stated non-controlled expired and medications for discharged residents should be placed in the locked medication disposal box in the medication room to be stored until disposal with pharmacist.</p> <p>Record review of facility policy titled Storage of Medications revised April 2007, revealed under #4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33866</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 2 of 7 residents (Residents #121 and #55) reviewed for infection control in that:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure CNA-A followed proper infection control practices while providing peri -care to Resident #121 by not wiping in the proper direction (front to back) and by not changing her gloves after going from dirty to clean. 2. The facility failed to ensure LVN-C followed Enhanced Barrier Precautions (EBP) when she did not wear a gown while administering medications via g-tube for Resident #55. <p>These failures could place residents at risk for cross contamination and the spread of infection.</p> <p>Finding include:</p> <ol style="list-style-type: none"> 1. Record review of Resident #121's face sheet dated 11/22/2024 revealed he was a [AGE] year-old male admitted to the facility initially on 07/11/2023 with re-admission on 11/13/2024, with diagnoses that included: Encounter for surgical aftercare following surgery on the skin and subcutaneous tissue; Epididymitis (Inflammation of coiled tube that stores and carries sperm in scrotum); and obstructive and reflux uropathy (condition where flow of urine is blocked). <p>Record review of Resident #121's Quarterly MDS assessment dated ,d+[DATE] revealed a BIMS score of 15, indicating normal cognition. Review of Section GG - Functional Abilities and Goals, revealed he was assessed at 01 - Dependent for toileting hygiene, indicating helper does ALL the effort.</p> <p>Record review of Resident #121's Care plan initiated 07/23/2023 revealed a focus area of incontinent of bowel and bladder with risk for complications, with goal to remain free from skin breakdown due to incontinence and indwelling catheter dx [diagnosis] obstructive uropathy and urethral stricture' with goal to show no s/sx [signs or symptoms] of urinary infection.</p> <p>Record review of Resident #121's Order Summary dated 11/22/2024 includes orders for: Foley cath [catheter] care q [each] shift and prn [as needed], and staff to clean penis (urethra) daily to prevent infection.</p> <p>Observation of peri-care for Resident #121 on 11/20/2024 at 01:54 p.m., revealed CNA-A wiped from back to front while cleansing his buttocks/anal area, pushing material cleaned from anal area towards a surgical wound dressing on his scrotum, changing direction of wipe only after verbal intervention from assisting CNA-B, and then after cleansing the buttocks area, did not wash her hands or change gloves before placing a clean brief under the resident and assisting in re-dressing and repositioning him.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Interview with CNA-A on 11/20/2024 at 2:10 p.m. revealed CNA-A had worked at the facility for 3 years and did not know why she had wiped in the wrong direction and was not aware that she had forgotten to wash her hands/change gloves after cleaning the resident's buttocks area and before placing a clean brief and repositioning the resident. She stated she had received training in peri-care and passed the performance checks.</p> <p>Interview with CNA-B on 11/20/2024 at 2:13 p.m. revealed she had worked at the facility about 8 months, but had many years experience as a CNA in other facilities prior to working at this facility. She stated she did observe CNA-A wipe in the wrong direction when cleansing the buttocks area and had told her she was wiping in wrong direction. CNA-B also stated that she observed CNA-A did not wash her hands or change gloves after completing cleansing of buttocks area, and verbally asked CNA-A to change her gloves before moving on, but stated CNA-A may not have heard her, as she did not change her gloves. CNA-B stated it was important to wipe from front to back, and to change gloves when going from dirty to clean to prevent infection.</p> <p>During an interview with the DON on 11/21/2024 at 09:00 a.m., the DON stated when performing peri-care, cleansing wipes should always be done front to back, and hands should be washed and gloves changed when moving from dirty to clean. The DON stated that CNA-A received training and passed performance checklists in peri-care and had always done a good job, so the DON was surprised with the observation.</p> <p>Record review of Personnel Competency Review for CNA-A in area of Perineal Care, dated 8/14/2024 revealed CNA-A had passed all areas of competency for perineal care, including: cleanse skin folds from front to back, and to wash hands and change gloves after step of cleansing rectal area/buttocks and wiping downward on thighs</p> <p>Review of facility policy titled Perineal Care revised 10-3-2016 revealed directions for step 12. Remove gloves and discard into designated container. Wash and dry your hands thoroughly. Then step 13. Reposition the bed covers, make resident comfortable.</p> <p>2. Record review of Resident #55's face sheet dated 11/22/2024 revealed he was a [AGE] year-old male who was admitted on [DATE], with diagnoses that included: Acute Cerebrovascular Insufficiency (obstruction of one or more arteries supply blood to brain); Dysphagia (difficulty swallowing food/liquids), and Gastrostomy Status (has surgical opening into stomach for nutritional support).</p> <p>Record review of Resident #55's Quarterly MDS assessment dated [DATE] revealed Resident #55 had a BIMS score of 01, indicating severe cognitive impairment, and was assessed under Section K - Swallowing/Nutritional Status as coughing or choking during meals or when swallowing medications with subsequent placement of feeding tube.</p> <p>Record review of Resident #55's Care Plan initiated 12/02/2022 revealed a focus area of enhanced barrier precautions D/T use g-tube, with interventions that included: proper use of PPE to be observed, use of gown and gloves during high contact resident care activities that provide opportunities for transfer of MDRO</p> <p>Record review of Resident #55's Order Summary dated 11/22/2024 revealed an order for Enteral Feed Order every 8 hours three times a day.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Observation on 11/22/2024 at 10:40a.m. revealed there was an Enhanced Barrier Protection sign posted on the wall to the right of the Resident #55's door, and a PPE supply drawer next to the door underneath the EBP sign. Further observation inside the room revealed LVN-C was at the side of Resident #55's bed, administering a bolus feeding through Resident #55's g-tube. LVN-C was wearing gloves, but not a gown.</p> <p>During an interview on 11/22/2024 at 10:45 a.m., LVN-C stated she was administering a bolus feeding to Resident #55 via his g-tube and was aware that EBP precautions should be used when administering feedings through a g-tube, but stated she just forgot, and normally does wear gown and gloves to administer g-tube feedings. LVN-C stated she had received training on infection control and stated Enhanced Barrier Precautions were used to prevent spread of infection.</p> <p>Interview with the DON on 11/22/2024 at 10:53 a.m. revealed that the DON confirmed that both gown and gloves should be worn by Nurse when administering g-tube feedings to a resident, and stated that LVN-C had received training in infection control and Enhanced Barrier Precautions.</p> <p>Record review of LVN-C's Personnel Competency Review for area of Personal Protection Equipment dated 5/30/2024 showed that LVN-C did pass her competency in use of PPE.</p> <p>Record review of facility policy titled Enhance Barrier Precautions dated 6/17/2024 revealed EBP are indicated for residents with any of the following: Infection of colonization with a CDC targeted MDRO when contact precautions do not otherwise apply or wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.</p>		