

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Buena Vida Nursing and Rehab-San Antonio		STREET ADDRESS, CITY, STATE, ZIP CODE 5027 Pecan Grove San Antonio, TX 78222	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39075</p> <p>Based on interview and record review, the facility failed to maintain clinical records in accordance with accepted professional standards and practices that are complete and accurately documented for 2 of 3 residents (Residents #1 and #2) reviewed for accuracy of medical records in that:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure medications prescribed to Resident #1 were documented on the MAR for multiple dates in August 2024. 2. The facility failed to ensure medications prescribed to Resident #2 were documented on the MAR for multiple dates in August 2024. <p>These failures could affect residents whose records are maintained by the facility and could place the residents at risk for errors in care and treatment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Record review of Resident #1's face sheet, dated 8/16/24 revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included bipolar disorder (disorder associated with episodes of mood swings ranging from depressive lows to manic highs), muscle weakness, lack of coordination, major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), anxiety disorder (a normal reaction to stress in an intense, excessive, and persistent worry and fear about everyday situations), conversion disorder with seizures or convulsions (a mental health disorder that can cause physical symptoms, including seizures, that a person can't control), and pain. <p>Record review of Resident #1's comprehensive care plan, with revision date 8/14/24 revealed the resident had a potential for uncontrolled pain with interventions that included to monitor/record/report to Nurse resident complaints of pain or requests for pain treatment, monitor/document for side effects of pain medication and, the resident prefers to have pain controlled by medication, treatment.</p> <p>Record review of Resident #1's Order Summary Report, dated 8/16/24 revealed the following:</p> <p>- Gabapentin Oral Capsule 300 MG Give 1 capsule by mouth three times a day for pain, with order date 7/22/24 and no end date</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- HYDROcodone-Acetaminophen Oral Tablet 10-325 MG give 1 tablet by mouth four times a day for pain NTE (not to exceed) 3 GM of APAP (acetaminophen) in 24 HOURS FROM ALL SOURCES, end date 8/14/24</p> <p>- HYDROcodone-Acetaminophen Oral Tablet 10-325 MG give 1 tablet by mouth four times a day for pain, WHILE AWAKE NTE 3 GM of APAP IN 24 HOURS FROM ALL SOURCES, with order date 8/14/24 and no end date</p> <p>Record review of Resident #1's MAR (medication administration record) for August 2024 revealed the following:</p> <p>- Gabapentin Oral Capsule 300 MG capsule was coded 7 on 8/8/24 and scheduled at 1:00 p.m. was not administered because the resident was sleeping</p> <p>- HYDROcodone-Acetaminophen Oral Tablet 10-325 MG, with end date 8/14/24 was missing documentation for a nursing assessment of Pain Level and administration of the medication on 8/2/24, 8/9/24, 8/10/24, and 8/13/24 all scheduled at 6:00 a.m.</p> <p>During an interview on 8/14/24 at 1:50 p.m., Resident #1 stated nursing had refused to administer gabapentin two days ago because the dosage was too high. Resident #1 stated he was prescribed the hydrocodone-acetaminophen and the gabapentin to deal with knee pain.</p> <p>2. Record review of Resident #2's face sheet, dated 8/19/24 revealed a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included psychotic disorder with delusions and hallucinations, Parkinsonism (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people), lack of coordination, dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), hypertension (elevated blood pressure), localized edema (swelling), pain in left hand, and hyperlipidemia (elevated cholesterol).</p> <p>Record review of Resident #2's most recent quarterly MDS assessment, dated 4/30/24 revealed the resident was cognitively intact for daily decision-making skills and was treated with diuretics, antipsychotics, antianxiety and antidepressant medications and had pain.</p> <p>Record review of Resident #2's comprehensive care plan, with revision date 5/22/24 revealed the following:</p> <p>- resident required antidepressant medication with interventions to give antidepressant medications ordered by physician and monitor/document side effects and effectiveness</p> <p>- resident has Parkinson's with interventions that included to give medications as ordered by the physician and monitor/document side effects and effectiveness</p> <p>- resident has hypertension with interventions that included to give anti-hypertensive medications as ordered and monitor/document side effects and effectiveness</p> <p>- resident required anti-psychotic medications with interventions that included to administer medications as orders and monitor/document for side effects and effectiveness</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Buspirone Oral Tablet 15 MG Give 1 tablet by mouth three times a day related to MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED with order date 1/17/24 and no end date</p> <p>- Gabapentin Capsule 300 MG Give 1 capsule by mouth three times a day for neuropathic pain with order date 1/25/22 and no end date</p> <p>- Tylenol Extra Strength Oral Tablet 500 MG Give 1 tablet by mouth three times a day for pain NTE (not to exceed) 3gm in 24 hours from all sources with order date 6/27/24 and no end date</p> <p>- Ropinirole Oral Tablet 1 MG Give 1 tablet by mouth four times a day for restless leg syndrome with order date 4/11/24 and no end date</p> <p>- Lidocaine Patch 4% Apply to lower back topically every 24 hours for pain APPLY IN AM AND REMOVE AT BEDTIME and remove per schedule with order date 4/7/24 and no end date</p> <p>Record review of Resident #2's MAR for August 2024 revealed the following:</p> <p>- Lasix Tablet 40 MG **DAW** (dispense as written) Give 40 mg by mouth one time a day was missing documentation on 8/4/24</p> <p>- Lisinopril Tablet 5 MG Give 1 tablet by mouth one time a day for hypertension old if SBP (systolic blood pressure) more than 110 or DBP (diastolic blood pressure) less than 60 or HR (heart rate) less than 60 was missing documentation on 8/4/24 and 8/13/24</p> <p>- Meloxicam Oral Tablet 7.5 MG Give 1 tablet by mouth one time a day for pain was missing documentation on 8/4/24</p> <p>- Multivitamin Oral Tablet Give 1 tablet by mouth one time a day was missing documentation on 8/4/24</p> <p>- Naltrexone Oral Tablet 50 MG Give 1 tablet by mouth one time a day was missing documentation on 8/4/24</p> <p>- Nuplazid Oral Capsule 34 MG **DAW** Give 34 mg by mouth one time a day was missing documentation on 8/4/24</p> <p>- Oxybutynin Chloride ER (extended release) Tablet 24 hour 15 GM give 1 tablet by mouth one time a day was missing documentation on 8/4/24</p> <p>- Seroquel Oral Tablet 200 MG Give 1 tablet by mouth at bedtime was missing documentation on 8/16/24 and 8/17/24</p> <p>- Vitamin D3 Oral Tablet 25 MCG (1000 UT) Give 2 tablet by mouth one time a day was missing documentation on 8/4/24</p> <p>- Carbidopa-Levodopa Oral Tablet 10-100 MG Give 1 tablet by mouth two times a day was missing documentation on 8/4/24</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Rivastigmine Tartrate Oral Capsule 3MG Give 2 capsule by mouth two times a day was missing documentation on 8/4/24</p> <p>- Trileptal Oral Tablet 300 MG Give 1 tablet by mouth two times a day was missing documentation on 8/4/24</p> <p>- Buspirone Oral Tablet 15 MG Give 1 tablet by mouth three times a day was missing documentation on 8/4/24 at 8:00 a.m. and 2:00 p.m., 8/10/24 at 2:00 p.m., 8/13/24 at 2:00 p.m., 8/16/24 at 8:00 p.m., and 8/17/24 at 8:00 a.m., 2:00 p.m. and 8:00 p.m.</p> <p>- Gabapentin Capsule 300 MG Give 1 capsule by mouth three times a day was missing documentation on 8/4/24 at 8:00 a.m., and 1:00 p.m., 8/10/24 at 1:00 p.m., 8/13/24 at 1:00 p.m., 8/16/24 at 8:00 p.m., and 8/17/24 at 8:00 a.m., 1:00 p.m. and 8:00 p.m.</p> <p>- Tylenol Extra Strength Oral Tablet 500 MG Give 1 tablet by mouth three times a was missing documentation on 8/4/24 at 8:00 a.m. and 2:00 p.m., 8/10/24 at 2:00 p.m., 8/13/24 at 2:00 p.m., 8/16/24 at 9:00 p.m., and 8/17/24 at 8:00 a.m., 2:00 p.m., and 9:00 p.m.</p> <p>- Ropinirole Oral Tablet 1 MG Give 1 tablet by mouth four times a day was missing documentation on 8/2/24 at 12:00 a.m., and 6:00 a.m., 8/3/24 at 12:00 a.m., and 6:00 a.m., 8/4/24 at 6:00 a.m., and 12:00 p.m., 8/5/24 at 6:00 a.m., 8/8/24 at 6:00 a.m., 8/9/24 at 6:00 a.m., 8/10/24 at 12:00 p.m., 8/11/24 at 6:00 a.m., 8/13/24 at 6:00 a.m., and 12:00 p.m., 8/14/24 at 6:00 a.m., 8/14/24 at 6:00 a.m., and 8/17/24 at 12:00 p.m.</p> <p>- Lidocaine Patch 4% Apply to lower back topically every 24 hours was missing documentation on 8/4/24, 8/13/24 and 8/17/24</p> <p>During an interview on 8/16/24 at 10:45 a.m., Resident #2 stated she had lived in the facility for about 3 1/2 years and did not take medication for pain very often, but if in pain and wanted medication, they would give it to me.</p> <p>During an interview on 8/16/24 at 12:59 p.m., LVN A revealed, the facility policy was to administer scheduled medications within a two-hour window. LVN A stated, if a resident missed a scheduled medication because the resident was not in the facility or the resident refused the medication, then a reason why the medication was not given had to be documented in the clinical record. LVN A revealed there should not be any empty spaces in the MAR because it looked like the dosage was skipped. LVN A stated, you still have to give a reason why it was not given.</p> <p>During an interview on 8/16/24 at 1:26 p.m., RN B revealed there was an opportunity to administer a scheduled medication an hour before or an hour after the medication was scheduled. RN B stated, a pain medication required a pain assessment by the nurse and documentation when the medication was given. RN B stated, we notify the resident if the medication is given late and we should notify the doctor if the medication was late or missed. RN B stated, there should not be any holes in the MAR. There should be some kind of documentation because it not it will look like the medication was not given and the nurse ignored it.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/16/24 at 2:09 p.m., LVN C stated, there should not be any holes in the MAR and if there is no explanation why there was no documentation, you might assume the medication was not given. If it's not documented, it was not given. LVN C further stated, the missing documentation made it appear as if the medication was not administered and that was not acceptable. LVN C stated, I know some of the nurses don't know how to document in the electronic record.</p> <p>During an interview and record review on 8/16/24 at 3:33 p.m., the DON revealed, Resident #1 had scheduled hydrocodone-acetaminophen and had it prn (as needed). The DON stated she believed nursing staff were not administering the scheduled hydrocodone-acetaminophen medication because the resident would be sleeping and nursing staff were waiting to administer the prn dose. The DON, after reviewing Resident #1's MAR and the narcotic log stated Resident #1 was given the medication according to the narcotic log, but it was incorrect because it was not documented in the computer that it was given and there was no pain assessment for the actual time the medication was given, so it's a clinical record issue. The DON revealed there should not be any holes in the MAR because there was a doctor's order to assess for pain and no documentation looks like the medication was not given. The DON stated, she and the ADON were responsible for doing routine audits on documentation on the MAR but admitted they had not kept up with it.</p> <p>During an interview and record review on 8/16/24 at 4:20 p.m., LVN D stated, missing documentation on the MAR looks like the medication was not given. LVN D, after reviewing Resident #1's MAR stated, there should be documentation in the resident's record that explained why the medication was not given. If there's no documentation it wasn't done. LVN D, referring to the blanks on the MAR then stated, on the 9th (of August) I probably got sidetracked, maybe working with another resident and I guess when I counted with the nurse the narcotic log at the end of the shift, the count was correct, I just left. LVN D stated Resident #1 had not complained to her about not getting pain medication and had never seen the resident in pain.</p> <p>Record review of the facility policy and procedure titled, Medication Administration Procedures 2003, revealed in part, .All medications are administered by licensed medical or nursing personnel .administer the medication and immediately chart doses administered on the medication administration record .If a dose of regularly scheduled medication is withheld or refused, the nurse is to initial and circle the front of the medication administration record in the space provided for that dosage administration and an explanatory note is to be entered in the nursing notes or in the PRN nurses notes section of the medication administration record .An explanation as to symptoms prior to administration and results are to be documented .</p>		