STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455444	A. Building B. Wing	05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mesa Vista Inn Health Center	5756 N Knoll Dr San Antonio, TX 78240

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46447 Based on interviews and record review, the facility failed to ensure the resident had the right to be informed of the risks, and participate in, his or her treatment which included the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives, or treatment options and to choose the alternative or options he or she preferred, for 1 (Resident #1) of 5 reviewed for resident rights. 1. The facility failed to obtain a signed consent for antipsychotic medication, Escitalopram Oxalate (Lexapro) which was administered to Resident #1. 2. The facility failed to provide Resident #1's Responsible Party with the benefits, risks, and options available after a Psychiatric Nurse Practitioner's recommendation of an increase in Escitalopram Oxalate (Lexapro) on 03/01/2024. These failures could place residents at risk of receiving medications without their, or that of their responsible party's prior knowledge or consent and could place the residents at an increased risk for adverse reactions to the medications. Findings included: Record review of Resident #1's Admission Record, dated 05/09/2024, indicated Resident #1 was an [AGE] year-old male admitted to the facility initially on 01/28/2020 and currently on 03/08/2024 with diagnoses which included: dementia (a general term for impaired ability to remember, think, or make decisions), insomnia (trouble falling and/or staying asleep), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). Record review of Resident #1's MDS assessment, dated 03/08/2024, indicated Resident #1 was usually understood. The MDS indicated Resident #1 had a BIMS score of 06 which indicated he had severe cognitive impairment. The MDS indicated Resident #1 had verbal behavioral symptoms directed toward others, rejection of care, and wandering every one to three days. Record review of Resident #1's Care Plan, accessed 05/09/2024, indicated Resident #1 had a problem, with initiated date of 02/24/2020 and revision on 05/08/2023, of required antidepressant medication related to major depressive disorder with intervention Educate the resident/family/caregivers about risks, benefits, and side effects and/or toxic symptoms of (Specify: anti-depressant drugs being given, initiated 02/24/2020 and revision on 05/08/2023. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's Psychotropic Medication Consent, dated 02/02/2023 with date of order as 02/01/2023, indicated Resident #1 provided in-person/written consent for Lexapro use in prolonged treatment for improved functioning. Section for resident signature and date revealed to be unsigned or dated. Record review of Resident #1's Order Recap Report, accessed 05/13/2024 revealed a discontinued order for Escitalopram Oxalate (Lexapro) 5 mg 1 tablet by mouth one time a day with a start date of 09/02/2023 and end date of 03/01/2024. The reason for discontinuation of the order was noted as medication dosage adjustment. A second discontinued order for Escitalopram Oxalate (Lexapro) 10 mg 1 tablet by mouth one time a day with start date of 03/01/2024 and end date of 05/09/2024. The reason for discontinuation of the order was noted as GDR per family request. An active order for Escitalopram Oxalate (Lexapro) 5 mg 1 tablet by mouth one time a day with order date of 05/09/2024 and start date of 05/10/2024. Record review of Resident #1's Medication Administration Record, dated 03/01/2024 - 03/31/2024, revealed Escitalopram Oxalate (Lexapro) 5 mg 1 tablet by mouth 1 time a day was discontinued on 03/01/2024 with last dose administered 03/01/2024. Escitalopram Oxalate (Lexapro) 10 mg 1 tablet by mouth 1 time a day was noted as administered 03/01/2024 - 03/02/2024 and 03/09/2024 - 03/31/2024. The record noted Resident #1 was away from the facility, hospitalized , and see nurse notes for dates 03/03/2024 - 03/08/2024. Record review of Resident #1's Medication Administration Record, dated 04/01/2024 - 04/30/2024, revealed Escitalopram Oxalate (Lexapro) 10 mg 1 tablet by mouth 1 time a day was noted as administered 04/01/2024 - 04/30/2024. Record review of Resident #1's Medication Administration Record, accessed 05/09/2024 and dated 05/01/2024 - 05/31/2024, revealed Escitalopram Oxalate (Lexapro) 10 mg 1 tablet by mouth 1 time a day was discontinued on 05/09/2024 with the last dose administered on 05/08/2024. Escitalopram Oxalate (Lexapro) 5 mg 1 tablet by mouth 1 time a day was noted as ordered and scheduled for administration on the administration record but record codes indicated it had not been administered on or prior to 05/09/2024. Record review of Resident #1's Nursing Progress Note dated 03/01/2024 at 12:31 p.m. revealed ADON A documented The order you have entered Escitalopram Oxalate Oral Tablet 10 MG (Escitalopram Oxalate) Give 1 tablet by mouth one time a day related to MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED . Record review of Nursing Progress Notes dated 02/28/2024- 03/02/2024 revealed no notes of resident or resident representative contacted regarding change in medication therapy. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Psychiatric Services Progress Note signed 03/28/2024 by NP I revealed reason for visit Patient was seen today for follow up and management for their insomnia, mood disorder, and Dementia. This includes the management of psychotropic medications, side effects, to monitor the effect of medication, and need for dosage adjustment. Documentation included under Plan for Mood disorder due to a general medical condition (disorder), Ongoing- continue Depakote and Escitalopram. Recently titrated Escitalopram, will allow more time to be effective .Benefits of continuing antidepressant therapy include decreased depression, increased socialization, decreased emotional lability, increased social interactions, which outweigh the risks of serotonin syndrome .Goal is to control patient's symptoms at lowest effective dose. Documentation included under Informed Consent, The assessment is prepared in consultation with staff, physicians, interview with the patient/resident and/or family, and review of the medical records. Informed consent and limits of confidentiality were explained to the patient. In addition, the risk and benefit of psychotropic medications were discussed. Record review of Nursing Progress Note dated 04/26/2024 at 10:25 a.m. revealed LVN B documented RP [family member, RP C] is here and stated he reviewed meds and does not want Lexapro 10mg, that he only wants Lexapro 5mg, due to resident appears sleepy, [family member, RP C] stated 'I think that medication is making him sleepy when they give it to him, I see him being more sleepy' .I attempted to do teaching regarding med dose and effectiveness and at times med dose may need to be increased, however RP did not want to discuss the issue any further, this nurse informed [ADON A]. Record review of Nurse Practitioner Progress Note dated 04/26/2024 at 12:18 p.m. revealed NP D documented [RP C], [family member] is concerned as pt seems more somnolent than prior. I checked his meds, there has been an increase dose of Lexapro from 5mg to 10mg 3/1/24. Record review of Nursing Progress Note dated 04/27/2024 at 02:13 p.m. revealed LVN E documented Resident's [family member, RP C] here asking about a medication that he did not approve of and wants it changed. Called the R.P., [RP F] and updated via Voice mail. No Answer. Record review of Resident #1's Nursing Progress Note dated 05/09/2024 at 09:42 a.m. revealed ADON G documented The order you have entered Escitalopram Oxalate Oral Tablet 5 MG Give 1 tablet by mouth one time a day for Depression related to MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED . During an interview on 05/09/2024 at 08:25 a.m., RP C revealed when he would visit Resident #1 and when Resident #1 was not drugged up, Resident #1 was alert and able to make decisions. RP C revealed he was able to visit Resident #1 quarterly for around 10 days and he would usually ask to review Resident #1's medical documentation when visiting the facility. RP C revealed RP H was able to visit Resident #1 more often. RP C revealed he did not know when Lexapro was added to Resident #1's medication list and that the facility did not inform him or RP F. RP C revealed he and RP F had financial power of attorney for Resident #1 and RP F also had medical power of attorney for Resident #1. During an interview on 05/09/2024 at 03:34 p.m., RP H revealed he was able to visit Resident #1 at least one time a week and sometimes two times a week. RP H revealed Resident #1 had good and bad days and that Resident #1 had experienced a bad week last week. RP H stated he thought that they had increased or started a new medication for Resident #1, and it made him sleep more. RP H stated he felt that the facility should have asked RP C before they made the medication change. RP H stated he knew RP C was unhappy with the facility increasing Resident #1's medication without notifying him. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/10/2024 at 09:09 a.m., RP F revealed the facility had not reached out to him about a change in Resident#1's Lexapro dosage. RP F revealed he felt Resident #1 was capable of being his own representative and was capable of signing consents. During an interview on 05/13/2024 at 01:44 p.m., ADON A revealed that the facility would get a consent for new orders but not for an increase for an existing medication. ADON A revealed that if an order was for a new medication, the facility would inform the resident or resident representative, but she would have to check on policy for informing for increased dosages in current medications. ADON A revealed that she felt Resident #1 was not competent enough to discuss medication changes because he didn't even understand that he was in a memory care facility and if you told him, he would not remember in 5 - 10 minutes. ADON A revealed the process for obtaining a medication consent would be when new orders were received, the facility nurses would call the family and get consent. The consent would be put into the EMR and saved in documents. ADON A revealed resident medications and dosages should be reviewed to ensure that the medications were at a therapeutic level, there were no adverse reactions, and that the medications were being prescribed for an appropriate diagnosis. ADON A revealed notifications of dosage changes would be important if it was a radical change which may result in a chemical restraint. ADON A revealed she had noticed Resident #1's dementia had progressed since his admission to the facility but stated he had not had any adverse medication reactions or significant changes in function or mood. During an interview on 05/13/2024 at 03:07 p.m., NP I revealed Resident #1's Lexapro was increased to 10 mg due to Resident #1 having had increased irritability and other alternatives had been tried. NP I revealed that after the facility staff reported RP C's concerns that the increase dosage caused Resident #1 to be sleepy during the day, she contacted RP F, who was the first RP and had medical power of attorney. NP I stated that Lexapro does not usually cause sleepiness and that Resident #1 had been on Lexapro for a while and it worked really well with his irritability. NP I revealed Resident #1 was not on any medications that should cause sedation. NP I revealed the facility would normally be responsible to notify the resident's family of a change or new medication, but stated she would also contact the family if there was a concern with the medication. NP I revealed she would call and talk to family members when the medication therapy was more complex but stated that for Resident #1, this was a medication he was already receiving. NP I revealed the facility was responsible for the medication consents but she would be responsible to complete the 3713 Form for any antipsychotic mediations. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/13/2024 at 03:47 p.m. the DON stated that since she started at the facility in January 2024, the facility had been using an audit tool to monitor and track that gradual dose reductions were being completed and that the audit tool included if there was a consent and the type (such as verbal) of consent on record. The DON revealed she had made binders for each wing of the facility which included a list of which medications required consents, if the medication required a 3713 Form, and if the signature was noted as verbal. The DON revealed she could only state that she would not consider Resident #1 capable of making decisions regarding his medications or treatments now but did not know him prior to her starting at the facility in January 2024. The DON revealed that if there was a change in dosage of a medication, she did not believe the facility would have to notify the resident representative(s). The DON stated she believed this was because if it was the same medication the resident was on, the resident representative(s) would have already known the resident was on that medication. The DON stated that families could tell the facility if they wanted to be notified of dosage changes. The DON stated that Resident #1 had started to get agitated more frequently and had started to refuse care, which staff was able to address through redirection. The DON stated that through review of Resident #1's notes, the record seemed to indicate that Resident #1's behaviors had started to increase again. The DON stated that it was important to notify resident representatives about treatment changes because families might know about some aspect of the residents' medication history such as prior medication or behavioral reaction. The DON stated that that she wasn't sure if a change in dosage needed a notification, but she guessed that if you were going to change anything in general, it was better to just inform the resident representative and document that you contacted them. The DON revealed families may also have access to the facility's system, which she believed would allow them to view the resident's medications. During an interview on 05/13/2024 at 04:18 p.m., NP D revealed the increase in Lexapro was ordered by NP I, Resident #1's psychiatric nurse practitioner. NP D revealed she believed NP I was supposed to notify the family of any changes in dosages but was not sure if that was the rule. NP D revealed when she had seen Resident #1 more recently, he had been more somnolent (sleepy or drowsy). She stated that may have been due to the time of day because the next time she saw him was after lunch and he was alert. Record review of the facility's policy titled Psychotropic Drugs with a revised date of 10/25/2017 revealed A psychotropic consent explains the risks and benefits of psychotropic medication. The resident or their representative must provide consent prior to administration of a newly ordered psychotropic medication. Any resident admitted or readmitted to the facility with an order for a psychotropic medication; consent must be obtained within 7 days. If needed, consent can be obtained by telephone from the resident's representative for Antidepressants . Consent for antipsychotics must be in written form. Phone or verbal consent is not allowed. Record review of the facility provided document from Social Services Manual 2023, noted as revised 11/28/2016, and titled Resident Rights revealed under Planning and implementing care, 4. The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment alternatives or treatment options and to choose the alternative or option he or she prefers. and under Information and communication., 10. Notification of changes. A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s).