STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455450	A. Building B. Wing	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meridian Care Monte Vista	616 W Russell Pl San Antonio, TX 78212

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46447 Based on observations, interviews, and record review the facility failed to ensure its medication error rate was not 5% or greater. The facility had a medication error rate of 7.69%, based on 2 errors out of 26 opportunities, which involved 1 of 6 residents (Resident #1) reviewed for medication administration and medication errors. RN A administered Resident #1's medications: a 10 gram of carafate tablet (an anti-ulcer medication) and 30 milliliters of 10 gm/15mL enulose solution (a laxative used to treat constipation), scheduled at 04:00 p.m., at 05:29 p.m., one hour and twenty-nine minutes late. These deficient practices could place residents at risk for not receiving therapeutic effects of their medications and possible adverse reactions. The findings included: Record review of Resident #1's Admission Record, dated 01/17/2025, reflected Resident #1 was admitted initially on 11/14/2024 and readmitted on [DATE]. Resident #1 was noted to be [AGE] years old. Record review of Resident #1's Medical Diagnoses Report, undated, accessed 01/17/2025, reflected Resident #1 was diagnosed with biliary cirrhosis (a chronic and progressive liver disease caused by inflammation, obstruction, and damage within the liver), fibromyalgia (a disorder that affects muscle and soft tissue characterized by chronic muscle pain, tenderness, fatigue, and sleep disturbances), and gastro-esophageal reflex disease with esophagitis (a chronic digestive disorder where stomach acid or bile causes inflammation of the esophagus) without bleeding. Record review of the Quarterly MDS assessment, dated 12/02/2024 and signed as completed on 12/09/2024 by the DON, reflected Resident #1 had a BIMS score of 15, indicating she was cognitively intact. Resident #1 was coded as occasionally incontinent for urinary and bowel continence. Record review of Resident #1's Care Plan, undated, accessed 01/17/2025, reflected Resident #1 had the following focuses: 1. a focus area of .history of GERD with the following interventions: - Give my medications as ordered. Monitor/document my side effects and effectiveness. and (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

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Monitor/document/report to my MD PRN s/sx of GERD: Belching, coughing/choking when lying down, heartburn, dyspepsia, N/V, indigestion, regurgitation, increased salivation, swallowing problems, bitter taste in mouth, Dysphagia, substernal chest pain, increased gag response.; and a goal to remain free from discomfort, complications or s/sx related to dx of GERD through review date. Target date of goal noted as 03/04/2025. 2. a focus area of .history of constipation with an intervention to Monitor/document/report to my MD PRN s/sx of complications related to constipation: and a goal to have a normal bowel movement at least every 3 day through the review date. Target date of goal noted as 03/04/2025. Record review of Resident #1's Order Summary Report, dated as Active Orders As Of: 01/17/2025, reflected Resident #1 had the following active physician orders: - Carafate Tablet 1 GM (Sucralfate) Give 1 tablet by mouth two times a day for GERD BEFORE MEALS, noted as active order status, order date: 01/17/2025 and start date: 01/18/2025. No end date noted. - Carafate Tablet 1 GM (Sucralfate) Give 1 tablet by mouth two times a day for GERD BEFORE MEALS, noted as active order status, order date: 11/08/2024 and start date: 11/08/2024. No end date noted. - Enulose Solution 10 GM/15ML (Lactulose Encephalopathy) Give 30 ml by mouth three times a day for constipation, noted as active order status, order date: 11/08/2024 and start date: 11/08/2024. No end date noted. Record review of Resident #1's 1/1/2025 - 1/31/2025 Medication Administration Record, printed on 01/17/2024, reflected the schedule for Resident #1's carafate tablet 1 gm was scheduled for administration at 0700 (07:00 a.m.) and 1600 (04:00 p.m.) and her 30 milliliters of enulose solution 10 gm/15 mL was scheduled for 0800 (08:00 a.m.), 1200 (12:00 p.m.), and 1600 (04:00 p.m.). Resident #1's order for carafate tablet, started on 11/08/2024 was scheduled to be discontinued on 01/17/2025 at 05:51 p.m. and the order scheduled to start on 01/18/2024 was to start at 07:00 a.m. on 01/18/2025. During an observation on 01/17/2025 at 05:29 p.m., RN A was observed to administer the following medications to Resident #1: 1 tablet carafate tablet 1 gm and 30 milliliters of enulose solution 10 gm/15 mL. The carafate and enulose orders were observed to be highlighted in red on RN A's electronic medical record screen and noted to be scheduled for administration at 1600 (04:00 p.m.). The dinner meal tray was observed to be delivered to Resident #1 after the medication administration. During an interview on 01/17/2025 at 08:12 p.m., RN A confirmed the administration of the carafate tablet and enulose solution to Resident #1 at 05:29 p.m. were late. RN A stated the medication administration for Resident #1 was late due to this shift was his first time working on this side of the hall and he was not very familiar with the residents and their medications. RN A stated he was new to the facility and was still working on picking up his pace with the medication administration procedures. He stated he was trained during orientation on the facility procedures for medication administration and how to use and read the electronic medical record program. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/17/2025 at 08:15 p.m., the DON revealed she and the facility provide staff training on medication administration several times per year, often focusing on different topics that fall under the umbrella of medication administration. The DON confirmed RN A was a new staff member and his late medication administration was most likely due to his lack of familiarity with the residents and their medications he was administering. The DON stated she did not believe the carafate having been administered around an hour and 30 minutes late would have impacted Resident #1, if Resident #1 received it prior to her meal. The DON stated the late administration of the carafate may have only minimized its effectiveness in coating Resident #1's stomach prior to her meal. The DON stated the 30-minute late administration of the enulose would not have impacted Resident #1. Record review of facility policy, Administering Medications, date illegible, reflected under Policy Statement, Medications are administered in a safe and timely manner, and as prescribed., and under Policy Interpretation and Implementation, 5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: a. enhancing optimal therapeutic effect of the medication; b. preventing potential medication or food interactions; and c. honoring resident choices and preferences, consistent with his or her care plan. and 7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).