

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/03/2025
NAME OF PROVIDER OR SUPPLIER  Heritage Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1009 Clyde St Amarillo, TX 79106	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure residents were free from misappropriation of property from 1 of 1 (LVN A) nurses reviewed.</p> <p>The facility did not prevent LVN A from taking narcotics from multiple unidentified residents.</p> <p>This failure could place residents at risk of continued misappropriation of property, increased pain, and lost trust in facility staff.</p> <p>Findings include:</p> <p>Resident #1</p> <p>Record review of Resident #1's face sheet, dated 06/03/2025, revealed a [AGE] year-old male who was admitted to facility on 07/07/2023 with, but not limited to the following diagnosis: unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (signs and symptoms of dementia and has a dementia diagnosis, but they lack any symptoms of behavioral disturbances), end stage renal disease (the final, permanent stage of chronic kidney disease, where kidney function has declined to the point that the kidneys can no longer function on their own), infarction without residual deficits (a condition where a patient experiences a stroke due to a lack of blood flow to the brain (ischaemia) but does not exhibit any lasting neurological deficits after the event), depression, unspecified, essential (primary) hypertension (elevated blood pressure), dependence on renal dialysis.</p> <p>Record review of Resident #1's MDS, dated [DATE], revealed that Resident #1 had a BIMS of 14 and a functional capacity of total dependency upon staff in all care areas.</p> <p>Record review of MAR dated May 1-31, 2025, revealed no discrepancies noted.</p> <p>During an interview on 06/03/2025 at 1:02 PM with Resident #1 stated I am supposed to get hydrocodone at midnight and 6am and when that one nurse was still here she (LVN A) would say that she gave them to me, but I know that she did not. Because I know what I take. Resident #1 was able to name off all of his medications and what time he takes them. Resident #1 stated I take medication for my neuropathy in my hands and feet. Resident #1 stated since that one-night nurse (LVN A) had been let go she he had been receiving his medications and doing much better.</p> <p>Resident #2</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #2's face sheet revealed a [AGE] year-old male who was admitted to facility on 01/23/2025 with, but not limited to the following diagnosis: Type 2 diabetes mellitus with ketoacidosis without coma (where a lack of insulin causes harmful substances called ketones to build up in the blood), depression, essential (primary) hypertension (elevated blood pressure), chronic obstructive pulmonary disease (a common lung disease causing restricted airflow and breathing problems), acute kidney failure with tubular necrosis (a common lung disease causing restricted airflow and breathing problems).</p> <p>Record review of Resident #2's MDS, dated [DATE], revealed that Resident #3 had a BIMS of 14 and a functionality of maximal and moderate assistance is required in all care areas.</p> <p>Record review of Resident #2's MARs dated May1-31, 2025 revealed no discrepancies noted.</p> <p>During an interview on 06/03/2025 at 2:30PM Resident #2 stated that he has never gone without pain medication. When he requests it, he receives it. Resident #2 did not have any concerns at time of interview and stated that the staff was very good to him.</p> <p>Resident #3</p> <p>Record review of Resident #3's face sheet revealed a [AGE] year-old female who was admitted to facility on 07/12/2024 with, but not limited to the following diagnosis: Type 2 diabetes mellitus without complications (where a lack of insulin causes harmful substances called ketones to build up in the blood), mild cognitive impairment of uncertain or unknown etiology (when a person starts to have problems with their memory or thinking), right heart failure due to left heart failure. (LVN A)</p> <p>Record review of Resident #3's MDS, dated [DATE], revealed that Resident #3 had a BIMS of 13 and a functionality of maximal assistance needed in most care areas.</p> <p>Record review of Resident #3's MARs dated May1-31, 2025 revealed no discrepancies noted.</p> <p>During an interview on 06/03/2025 at 2:39PM Resident #3 stated I only get my pain medication when I really, really need it. It is not a scheduled medication, and I don't need it all of the time. Resident #3 stated I can request the medication when I need it. There was one nurse that came into my room and told me that I had asked for it, but I never did, I wasn't sure what she was talking about.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 06/03/2025 at 12:13pm revealed video evidence dated 05/23/2025, of LVN A opening the medication cart for Hall 400. LVN A opened the narcotic drawer and started to pop out medications out of random residents bubble packs. LVN A popped out what appeared to be approximately 14 pills. In the video it was unclear who the medications belonged to. LVN A then proceeded to take the medications in her hand and then place them in her mouth and consumed them. In the 2nd video dated 05/17/2025 LVN A went to the medication cart for 400 Hall and opened the medication cart and was seen getting in to the Narcotic drawer, LVN A took a medication cup and started to pop out medications from multiple different residents bubble packs. LVN A then placed the medications in her hand and went to speak to an unidentified CNA. LVN A and CNA spoke for an extended amount of time and during that time LVN A placed the medication in her right pocket. When a 2nd unidentified CNA came into view, LVN A proceeded to walk back towards the medication cart, pulled out her cell phone, placed it on the medication cart, and then walked behind a wall that concealed her from the CNA's but not the camera and she proceeded to take the handful of medications and walked to the back side of the nurses station desk while taking a drink from her personal drink.</p> <p>During an interview on 06/03/2025 at 12:13pm ADM stated she did not have any suspicion until it was brought to her attention that Resident #1 was having pain and was not receiving medication for it. ADM stated that is when she started to review video footage and discovered LVN A was taking medications from the residents at the beginning of every shift that she worked. ADM stated that the narcotic counts were never wrong, and she (LVN A) never acted off. ADM stated that the police were called on the day LVN A was interviewed, and a police report was made and provided the incident #25-507802. ADM stated a Narcotic Detective came to the facility on the day of interview and while LVN A was being interviewed a UA drug panel was ran. LVN A came back positive for 12 out of the 15 drugs tested. LVN A was positive for amphetamine, barbiturates, benzodiazepines, buprenorphine, cocaine, marijuana, methadone, methamphetamine, ecstasy, oxycodone, phencyclidine, propoxyphene.</p> <p>During an interview on 06/03/2025 at 12:34pm LVN B stated she had suspicion on missing medications, due to when change of shift narcotic count was performed there were a lot of dropped or wasted medications with no second signature present of a witness nurse or MA. LVN B stated she noticed that residents were running out of medications more often and reported this to the DON. LVN B stated she had received re-education on ANE just in the past couple of days. LVN B stated the negative outcome for the residents not receiving their medication was an increase in pain for the resident and then not being able to provide medications due to it being documented that it had already been given when it had not been.</p> <p>During an observation on 06/03/2025 at 12:48pm of Hall 400 Narcotic log book revealed multiple choked, refused, and dropped narcotics with no 2nd signature for these wastes of medications. LVN A signature was the only signature present at time of incidents.</p> <p>During an interview on 06/03/2025 at 3:53pm ADON stated that LVN A never exhibited any behavior that would spike suspicion. ADON stated she and LVN A had worked the floor together and there was nothing that would have made the ADON suspicious. ADON stated she (ADON) is a part of the hiring process, and nothing came back on any background checks that were performed.</p> <p>On 06/03/2025 at 5:34pm attempted phone interview with Narcotic Detective, had to leave a voicemail with the State investigators phone number for officer to call back. No return call received.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/03/2025 at 5:46pm attempted phone interview with alleged perpetrator (LVN A), had to leave a voicemail with the State investigators contact information to call back. No return call received.</p> <p>During an interview on 06/03/2025 at 6:34pm LVN C stated she started noticing that she was having to order narcotics more frequently and thought that it was weird that these residents were going through meds so quickly. LVN C stated the negative outcome for residents was that the residents were complaining of pain and LVN C could not provide any pain medication due to it appearing to have been given already.</p> <p>During an interview on 06/04/2025 at 10:30am DON stated the negative outcome for residents would be that they would have an increase in pain, and lack of trust for the nursing staff. DON did state she was still performing re-education with nursing staff as they come in for their shifts. Inservices were stated on 05/29/2025, inservices included ANE, Quality of Care, signing out narcotics, medication administration, HIPPA, medicaid/medicare fraud, pharmacy.</p> <p>Record review of facility provided policy, titled, Abuse/Neglect, revised 11/15/2016, revealed the following:</p> <p>.9. Misappropriation of resident property: means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.</p>		