STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455608	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hacienda Oaks at Beeville	4713 Business 181 N Beeville, TX 78102

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were free from any significant medication errors for one of five residents (Resident #1) reviewed for medication errors. The facility failed to hold Resident #1's valsartan (blood pressure medication) when Resident #1's blood pressure was outside of physician's parameters on May 8th, 2026. This failure could place residents at risk for complications such as low blood pressure, exacerbation of symptoms, and potential hospitalization.The findings include:Record review of Resident #1's face sheet dated 05/19/26 revealed a [AGE] year-old male with an admission date of 05/04/26. Resident #1's pertinent diagnosis included essential primary hypertension (chronically elevated blood pressure that lacks a single, identifiable medical cause). Record review of Resident #1's comprehensive MDS assessment dated [DATE] revealed a BIMS score of 10 indicating moderate cognitive impairment. Record review of Resident #1's comprehensive care plan dated 05/19/26 revealed the focus Potential for altered tissue perfusion r/t HTN initiated on 05/14/26. An intervention listed for the focus included Administer medications as ordered by physician initiated on 05/14/26. Record review of Resident #1's order summary on 05/19/26 revealed an active order for valsartan 40 MG Give 1 tablet by mouth in the morning for htn hold for sbp (top number) less than 110 initiated on 05/05/26. Record review of Resident #1's MAR for May 2026 revealed valsartan was administered by LVN A in the morning of 05/08/26 when Resident #1's blood pressure was measured at 105/59. In an interview with LVN A at 8:40 AM on 05/19/26, LVN A stated she always checked a resident's blood pressure before administering any blood pressure altering medication. LVN A stated she always measured it because blood pressure medications had physician parameters on them, and administering a medication outside of those parameters may harm the resident. LVN A stated she did not remember the specific instance of administering valsartan to Resident #1 on 05/08/26. LVN A stated it appeared on the MAR that she administered valsartan to Resident #1 on 05/08/26 outside of the physician's parameters. LVN A stated administering blood pressure medications to residents when their blood pressure was already low may lead to dizziness and cause the resident to fall. In an interview with the DON at 8:50 AM on 05/19/26, the DON stated based on the MAR, it appeared LVN A administered valsartan to Resident #1 on 05/08/26 outside of the physician's parameters. The DON stated the valsartan should not have been administered to Resident #1 at that time. The DON stated it was important to follow physician's parameters because dropping a resident's blood pressure too far could lead to dizziness and ultimately a fall. Record review of the facility's policy Medication Administration dated 05/09/25 revealed the following policy: .8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters.

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