

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455675	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Amarillo Rehabilitation and Nursing Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 Plum Creek Dr Amarillo, TX 79124	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48491</p> <p>Based on interview and record review, the facility failed to provide pharmaceutical services to include the accurate dispensing and administering of drugs to meet the needs for 1 of 7 residents (Resident #1) reviewed for physician orders.</p> <p>The facility failed to accurately enter physician orders for Lamotrigine (a medication that is used to treat epilepsy and bipolar disorder) for Resident #1.</p> <p>The deficient practice could affect residents in the facility resulting in not receiving needed care to maintain optimum health and placing them at risk for injury and/or deterioration in their condition.</p> <p>Findings included:</p> <p>Record Review of Resident #1's face sheet dated 02/27/2025 revealed a [AGE] year-old female admitted to the facility from the hospital on 02/05/2025 and was sent back to the hospital on 02/08/2025 and readmitted to the facility on [DATE] with diagnosis to include but not limited to other specified local infections of the skin and subcutaneous tissue, other seizures, mild cognitive impairment of uncertain or unknown etiology, laceration without foreign body of scalp, subsequent encounter, epilepsy (disorder that causes abnormal brain function, seizures) unspecified, abrasion of scalp, altered mental status (change in brain function), unspecified, and polyneuropathy (malfunction of many peripheral nerves throughout the body). The face sheet also revealed that Resident #1 was her own responsible party.</p> <p>Record Review of Resident #1's last completed Admission MDS assessment dated [DATE] revealed Resident #1 had a BIMS score of 15 out of 15 indicating that her cognition was intact. Resident #1's functionality was independent from sitting to lying down and eating, set up assistance for oral hygiene, toileting, and upper body dressing and was supervision or touching assistance for showering, lower body dressing, sit to stand, chair/bed-to-chair transfer, and toilet transfers. Supervision or touching assistance was also needed for walking 10 feet and walking 50 feet with two turns. Resident #1 was continent of bowel and bladder.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455675	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Amarillo Rehabilitation and Nursing Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 Plum Creek Dr Amarillo, TX 79124	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record Review of Resident #1's care plan start date 02/05/2025 revised on 02/18/2025 revealed that Resident #1 had a history of a seizure disorder with interventions to give seizure medication as ordered by doctor. Also, to monitor/document side effects and effectiveness as well as a precaution to not leave resident alone during a seizure.</p> <p>Record review of Resident #1's orders listed as Active orders entered on 02/14/2025 revealed the following:</p> <p>lamoTRlgine Oral Tablet 100 MG-Give 2.5 tablet by mouth one time a day related to other seizures.</p> <p>lamoTRlgine Oral Tablet 150 MG-Give 2 tablet by mouth one time a day related to other seizures.</p> <p>Record review of Resident #1's Medication Administration Record dated 02/1/2025-02/28/2025 revealed that Resident #1 was ordered lamoTRlgine Oral Tablet 200 mg. Give 2.5 tablet by mouth one time a day. Resident #1 was given that medication dosage on 02/05/25, 02/06/25, 02/07/25, & 02/08/25 in the morning. The MAR further revealed that the order was discontinued on 02/14/25. The MAR indicated that Resident #1 was given lamoTRlgine Oral Tablet 100 mg, 2.5 tablet by mouth one time a day on dates 02/15/25-02/27/25 in the morning. The MAR also revealed Resident #1 was given lamoTRlgine Oral Tablet 150 mg-Give 2 tablet by mouth one time a day on 02/05/25-02/07/25 in the evenings and that dosage was given on dates 02/15-02/26 in the evenings.</p> <p>Record review of Resident #1's Lab result from the hospital dated 02/08/25 stated Lamotrigine Level (abnormal). Specimen: Blood. Result: 21.1 2.0-20.0 ug/mL normal range</p> <p>During an interview on 02/27/25 at 10:32 AM, Resident #1 stated that she had only been living in the facility a brief time and had no concerns with her care whatsoever. She stated she recently moved into the facility after leaving the hospital because of difficulties with her seizures.</p> <p>During an interview on 02/27/25 at 10:43 AM, the ADON stated that the charge nurses were responsible for putting new orders in for new admissions, but that she helped put them in and the DON would review them. ADON stated that on, 02/05/25 when Resident #1 was admitted to the facility, she put her admission medications into PCC and they were correct as follows: Lamotrigine 250 mg every morning and Lamotrigine 300 mg every night. The ADON stated because that medication only came in 100 or 200 mg tabs, the pharmacy called and wanted her to put in the order for the morning dose as 100 mg, 2.5 tabs. She stated that she made a mistake by not changing the dosage to 100 mg, she left it at 200 mg in the MAR, so Resident #1 had gotten a 500 mg dose for her morning dosage on dates 02/05/25, 02/06/25, 02/07/25, and 02/08/25. The ADON stated that Resident #1 was sent back to the hospital on 02/08/25 because her head wound had started bleeding again. She stated that she was not sure what reaction a person could experience by having too much Lamotrigine, so she looked it up on the internet and stated that it could make someone have a rash or be lethargic. The ADON stated that a possible negative outcome for giving a wrong dosage to a resident could be that it could make them lethargic or have a rash.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455675	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Amarillo Rehabilitation and Nursing Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 Plum Creek Dr Amarillo, TX 79124	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 02/27/25 at 11:15 AM, the Pharmacist for the facility stated that if a resident had 250 mg more Lamotrigine daily than was ordered, it could not cause a resident to be hospitalized . She stated that that drug would not build up in the system but excretes in urine with a rapid peak of 1-5 hours. The Pharmacist went on to state that the amount given could cause a skin rash in extreme cases, or nausea. She stated it could not cause bleeding. The Pharmacist stated that Lamotrigine, with the dosage being a little bit over would not cause any issues. The Pharmacist was told that Resident #1's Lamotrigine blood level was checked at the hospital and the lab came back one point above the normal range. She stated it would not cause any issues being that close to the normal range.</p> <p>During an interview on 02/27/25 at 1:15 PM, the DON stated that her expectations of medications being put in at admission was that either the charge nurse or the ADON would take discharge papers from hospital or orders from the PCP, wherever the resident was admitting from, and put the orders in correctly and timely. She stated that a possible negative outcome for putting medications in incorrectly, upon admission, could be a medication error. If the medication was the wrong dose, either too low or too high, the medication could be too effective or not effective enough.</p> <p>Record Review of the facility's policy titled, Receiving a New Medication Order, dated 2/2024 revealed in part, the following:</p> <p>. The nurse that receives a new medication order, should be responsible for the following:</p> <p>Order received is accurate and includes all necessary information.</p> <p>Order must be transcribed accurately to the MAR sheet unless electronic MAR's are used by the facility .</p>		