

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2026
NAME OF PROVIDER OR SUPPLIER Kirkwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2590 Loop 337 N New Braunfels, TX 78130	

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** Based on interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 5 residents (Resident #1) reviewed for accurate administration of medications. The facility failed to ensure Resident #1's medication order of cloNIDine HCl (a medication used to treat blood pressure and/or heart rate) was entered as prescribed by a physician. This failure could place residents at risk of not receiving their prescribed medications correctly and a decreased quality of life. The findings include: Record review of Resident #1's face sheet dated 3/30/2026 reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included essential (primary) hypertension (high blood pressure), heart failure, unspecified (heart is not pumping effectively), and unspecified atrial fibrillation (irregular heart rhythm). Record review of Resident #1's BIMS assessment dated [DATE] reflected a BIMS score of 6 out of 15 indicating severe cognitive impairment. Record review of Resident #1's Order Summary Report dated 3/30/2026 reflected the following: cloNIDine HCl Oral Tablet 0.1 MG (Clonidine HCl) Give 1 tablet by mouth two times a day for HTN hold is systolic BP is less than 110, pulse or diastolic less than 60 with a start date of 3/26/2026 Record review of Resident #1's MAR for March 2026 reflected the following for cloNIDine HCl: medication administration of cloNIDine HCl on 3/26/2026 with Resident #1's blood pressure as 142/52 and pulse 58. Record review of Resident #1's hospital paperwork dated 3/25/2026, used to admit Resident #1 to the facility, revealed cloNIDine 0.1 MG tablet Take 0.1 mg by mouth 2 (two) times daily as needed (HTN). During an interview on 3/30/2026 at 3:30 p.m., CMA C stated she gave Resident #1 all her prescribed blood pressure medications on 3/26/2026 as ordered but could not remember the names of them. CMA C stated there were no parameters on the medication order. CMA C stated she was not aware at the time of a PRN blood pressure medication. During an interview on 3/30/2026 at 4:37 p.m., RN A stated she was the nurse who admitted Resident #1 to the facility. RN A stated she sent the list of medications received from the hospital to the NP who then approved the medications. RN A stated she then put those medication orders into Resident #1's electronic record. RN A stated when she returned to work, on a different day, she was told a medication was placed into the electronic record incorrectly and that it was put in as scheduled when it should have been PRN. RN A stated the risk of entering a medication incorrectly could be a medication error and pain to the resident if it was given. During an interview on 3/31/2026 at 9:02 a.m., the NP stated she was familiar with Resident #1 and was Resident #1's NP. The NP stated she approved the medication list sent to her by the facility when Resident #1 admitted to the facility. NP stated the cloNIDine HCl should have been a PRN medication and not entered as scheduled medication. NP stated it should be entered as PRN due to the option of it being held or staggered dependent on the resident's blood pressure/pulse readings. During an interview on 3/31/2026 at 4:16 p.m., the DON stated the nurse who admitted the resident should validate their medication orders with the doctor to see if the doctor wants the resident to continue or change any medications. The DON stated the risk of not inputting orders accurately as prescribed from the doctor could be a resident (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: 455732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2026
NAME OF PROVIDER OR SUPPLIER Kirkwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2590 Loop 337 N New Braunfels, TX 78130	
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>having a change in condition. During an interview on 3/31/2026 at 4:40 p.m., Resident #1 stated they usually take a lot of blood pressure medications but could not remember which medications they received on 3/26/2026. Record review of the facility document titled Administration of Medication, revised in 2022, reflected: Policy:It is the policy of this facility that medications shall be administered as prescribed by the attending physician.</p>		