STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455763	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Bend Rehabilitation and Healthcare Center	301 Huguley Blvd Burleson, TX 76028

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35152 Based on observation, 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 one (Resident #1) of ten residents reviewed for medication administration. MA A failed to administer medications accurately. Medications were observed in a medication cup, at Resident #1's bedside and MA A signed the MAR as administered. These failures could place residents at risk of consuming unsafe medications. Findings included: Record review of Resident #1's Face Sheet, dated 03/30/2024 reflected he was a [AGE] year-old male admitted to the facility on [DATE] with diagnosis which included, unspecified dementia without behavioral disturbance (mild dementia), bipolar disorder (mental illness that causes unusual shifts in a person's mood, energy, activity level, and concentration), peripheral vascular disease (a slow progressive circulation disorder caused by narrowing or blockage of blood vessels), type 2 diabetes with hyperglycemia and diabetic neuropathy (high blood sugar which can lead to nerve and blood vessel damage), anemia (the body does not have enough red blood cells) and hyperlipidemia (elevated level of lipids [cholesterol] in the blood). Record review of Resident #1's quarterly MDS assessment, dated 01/26/2024 reflected a BIMS of 15, which indicated no cognitive impairment. Functional assessment reflected he was independent with eating, and oral hygiene. Record review of Resident #1's Care Plan, dated 01/31/2024 reflected, Anti-platelet aggregation/hemorrhage risk: [Resident #1] is receiving Plavix due to diagnosis of PVD and tubular necrosis and is at risk for abnormal bleeding, bruising or hemorrhage. Administer Anti-Platelet medications as ordered by physician. Monitor for side effects and effectiveness Q-shift. Anemia: [Resident #1] has a diagnosis or history of anemia and is at risk for further complications. Receives scheduled supplement. Give medications as ordered. Monitor for side effects, effectiveness. [Resident #1] has the diagnosis of Bipolar and is at risk for impaired mood. Medications as ordered and monitor for effectiveness. [Resident #1] has Dx of hyperlipidemia. Medication per MD orders. The care plan did not reflect medication self-administration. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455763	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2024
NAME OF PROVIDER OR SUPPLIER Park Bend Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Huguley Blvd Burleson, TX 76028	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's MAR dated 03/30/2024, reflected, MA A's initials indicating administration of the following morning medications: - Clopidogrel Bisulfate Tablet 75 MG, give 1 tablet by mouth one time a day for anti-coagulant related to Peripheral Vascular Disease. - Decubi-Vite Capsule (Multivitamin-Minerals), give 1 capsule by mouth one time a day for Wound Supplement, related to encounter for surgical aftercare following surgery on the skin and subcutaneous tissue. - Nifedipine ER Oral Tablet extended Release 24 Hour 30 MG, give 1 tablet by mouth one time a day for Hypertension. - Vitamin D Oral Tablet, give 5000 unit by mouth one time a day for Vitamin D deficiency. - Lyrica Capsule 50 MG, give 50 mg by mouth two times a day for Neuropathy. - Magnesium Glycinate Oral Capsule, give 1 capsule by mouth two times a day for Hypo magnesium. During an observation and interview on 03/30/2024 at 9:19 AM, Resident #1 and his roommate were in their beds. Resident #1 was reading, his bedside table was next to his bed. A medication cup that contained six pills was on the table beside a full glass of apple juice. Resident #1 said MA A left the medications on the bedside table earlier. He stated nursing staff often left his medications in his room to take when he wanted. He said he would take them now and swallowed the pills then drank the apple juice. In an interview on 03/30/2024 at 9:27 AM, LVN B said MA A had passed medications to Resident #1 earlier in the morning. She stated staff needed to watch all residents take their medications. She said medications should never be left unattended or for residents to take on their own. She stated other residents could consume the medications and there was no way to know if the prescribed medications were taken by the resident. In an interview on 03/30/2024 at 10:05 AM, the DON stated medications should not be left in rooms for residents to take on their own. She said she expected LVNs and MAs to witness residents take their medication to ensure they received their prescribed meds. She said unattended medications placed residents at risk of getting medication that were not prescribed to them. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 03/30/2024 at 10:20 AM, MA A stated she had dispensed and administered Resident #1's medications at about 8:00 AM. She said she did not recall the medications she gave him but did initial the MAR. She said Resident #1 took his medications with apple juice. She said she did not take the medication cup when she left the room. MA A denied she left Resident #1's medication in his room on the bedside table. She said she saw Resident #1 take the medications but Resident #1 must have spit them back into the medication cup after she left the room. She said she watched residents take their medications to ensure they did not choke. She said residents were placed at risk if medications were left in their rooms because anyone could get them, or the resident may not take them. She said she had been trained in medication administration but did not recall when. In an interview on 03/30/2024 at 11:45 AM, the Administrator said she expected staff to follow the facility policy and ensure they observe residents take their prescribed medications. She said if medications were left at bedside, other residents could consume them. Record review of the facility's policy titled, Administering medications, revised April 2019, reflected, Medications are administered in a safe and timely manner, and as prescribed .2. The Director of Nursing Services supervises and directs all personnel who administer medications and/or have related functions .22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones .26. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, and a self-administration assessment of medications has determined that they have the decision-making capacity to do so safely .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35152 Based on observation, interview, and record review the facility failed to ensure all drugs and biologicals were stored in accordance with State and Federal laws, in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys for one (Resident #1) of ten residents reviewed for medication administration. MA A failed to securely store Resident #1's medication; Resident #1's morning medications were observed in a medication cup on the bedside table. These failures could place residents at risk of consuming unsafe medications. Findings included: Record review of Resident #1's Face Sheet, dated 03/30/2024 reflected he was a [AGE] year-old male admitted to the facility on [DATE] with diagnosis which included, unspecified dementia without behavioral disturbance (mild dementia), bipolar disorder (mental illness that causes unusual shifts in a person's mood, energy, activity level, and concentration), peripheral vascular disease (a slow progressive circulation disorder caused by narrowing or blockage of blood vessels), type 2 diabetes with hyperglycemia and diabetic neuropathy (high blood sugar which can lead to nerve and blood vessel damage), anemia (the body does not have enough red blood cells) and hyperlipidemia (elevated level of lipids [cholesterol] in the blood). Record review of Resident #1's quarterly MDS assessment, dated 01/26/2024 reflected a BIMS of 15, which indicated no cognitive impairment. Functional assessment reflected he was independent with eating, and oral hygiene. Record review of Resident #1's Care Plan, dated 01/31/2024 reflected, Anti-platelet aggregation/hemorrhage risk: [Resident #1] is receiving Plavix due to diagnosis of PVD and tubular necrosis and is at risk for abnormal bleeding, bruising or hemorrhage. Administer Anti-Platelet medications as ordered by physician. Monitor for side effects and effectiveness Q-shift. Anemia: [Resident #1] has a diagnosis or history of anemia and is at risk for further complications. Receives scheduled supplement. Give medications as ordered. Monitor for side effects, effectiveness. [Resident #1] has the diagnosis of Bipolar and is at risk for impaired mood. Medications as ordered and monitor for effectiveness. [Resident #1] has Dx of hyperlipidemia. Medication per MD orders. The care plan did not reflect medication self-administration. Record review of Resident #1's MAR dated 03/30/2024, reflected, MA A's initials indicating administration of the following morning medications: - Clopidogrel Bisulfate Tablet 75 MG, give 1 tablet by mouth one time a day for anti-coagulant related to Peripheral Vascular Disease. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Decubi-Vite Capsule (Multivitamin-Minerals), give 1 capsule by mouth one time a day for Wound Supplement, related to encounter for surgical aftercare following surgery on the skin and subcutaneous tissue. - Nifedipine ER Oral Tablet extended Release 24 Hour 30 MG, give 1 tablet by mouth one time a day for Hypertension. - Vitamin D Oral Tablet, give 5000 unit by mouth one time a day for Vitamin D deficiency. - Lyrica Capsule 50 MG, give 50 mg by mouth two times a day for Neuropathy. - Magnesium Glycinate Oral Capsule, give 1 capsule by mouth two times a day for Hypo magnesium. During an observation and interview on 03/30/2024 at 9:19 AM, Resident #1 and his roommate were in their beds. Resident #1 was reading, his bedside table was next to his bed. A medication cup containing six pills was on the table beside a full glass of apple juice. Resident #1 said MA A left the medications on the bedside table earlier. He stated nursing staff often left his medications in his room to take when he wanted. He said he would take them now and swallowed the pills then drank the apple juice. In an interview on 03/30/2024 at 9:27 AM, LVN B said MA A had passed medications to Resident #1 earlier in the morning. She stated staff needed to watch all residents take their medications. She said medications should never be left unattended or for residents to take on their own. She stated other residents could consume the medications and there was no way to know if the prescribed medications were taken by the resident. In an interview on 03/30/2024 at 10:05 AM, the DON stated medications should not be left in rooms for residents to take on their own. She said she expected LVNs and MAs to witness residents take their medication to ensure they received their prescribed meds. She said unattended medications placed residents at risk of getting medication that were not prescribed to them. In an interview on 03/30/2024 at 10:20 AM, MA A stated she had dispensed and administered Resident #1's medications at about 8:00 AM. She said she did not recall the medications she gave him but did initial the MAR. She said Resident #1 took his medications with apple juice. She said she did not take the medication cup when she left the room. MA A denied she left Resident #1's medication in his room on the bedside table. She said she saw Resident #1 take the medications but Resident #1 must have spit them back into the medication cup after she left the room. She said she watched residents take their medications to ensure they did not choke. She said residents were placed at risk if medications were left in their rooms because anyone could get them, or the resident may not take them. She said she had been trained in medication administration but did not recall when. In an interview on 03/30/2024 at 11:45 AM, the Administrator said she expected staff to follow the facility policy and ensure they observe residents take their prescribed medications. She said if medications were left at bedside, other residents could consume them. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility's policy titled, Storage of Medications, revised November 2020, reflected, The facility stores all drugs and biologicals in a safe, secure, and orderly manner. 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications .3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner .6. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use. Unlocked medication carts are not left unattended .