STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455763	A. Building B. Wing	06/18/2024

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43791 Based on interview and record review, the facility failed to ensure medical records, in accordance with accepted professional standards and practices, were complete and accurate for 4 (Residents # 1, #2, #3, and #4) of 10 resident records reviewed. The facility failed to ensure the MAR for Residents #1, #2, #3, and #4 from 06/01/24 to 06/18/24 accurately reflected the administration of pain medications. This failure could cause residents to receive additional dosages and provide an inaccurate picture of the resident's helath to the physician. Findings included: Review of Resident #1's undated Admission Record reflected the resident was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included osteoarthritis (most commont type of athritis which causes joint pain, stiffness, and swelling) of the right shoulder with removal of the joint replacement, diabetes, and high blood pressure. Review of Resident #1's admission MDS, dated [DATE], reflected a BIMS score of 15, indicating she was cognitively intact. Review of her Pain Assessment indicated the resident had taken pain medications but was not currently having any pain. Review of Resident #1's care plan, dated 05/02/24, reflected she had a surgical wound from removal of hardware from her right shoulder. She was not at risk of pain related to the surgery. Interview on 06/18/24 at 11:20 AM with Resident #1 revealed her pain was well controlled. She stated she required pain medication once or twice a day. Review comparison of Resident #1's NAR to her MAR reflected on 06/13/24, 06/14/24, and 06/18/24 Tylenol with Codeine had been removed but not documented on her MAR as being given to the resident. Review of Resident #2's undated Admission Record reflected the resident was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included kidney failure, heart failure, asthma, and emphysema (a lung condition that causes shortness of breath and reduces the amount of oxygen in the blood). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455763	A. Building B. Wing	06/18/2024

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #2's quarterly MDS, dated [DATE], reflected a BIMS score of 15 indicating she was cognitively intact. Her Pain Assessment indicated she required the regular use of pain medications. Review of Resident #2's care plan, dated 04/11/24, reflected she was at risk for pain related to her leg wounds. Interview on 06/18/24 at 10:00 AM with Resident #2 revealed she required pain medication 2-3 times a day due to dressing changes that are quite painful. Resident #2 had a diary indicating times she had taken pain meds, when dressing changes were done, when she was provided peri care, et cetera. Resident #2 stated she knew when she could have pain medication, and she kept track of it. She stated her pain was well controlled. Review comparison of Resident #2's NAR to her MAR reflected on 06/14/24 at 1:30 PM and on 06/15/24 at 9:50 PM hydrocodone 10/325 were removed but not documented in her MAR as being given to the resident. Review of Resident #3's undated Admission Record reflected the resident was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included MRSA skin infection (a type of staph infection that is resistant to some antibiotics) to both lower legs, bone infection to left foot, diabetes, and emphysema. Review of Resident #3's quarterly MDS, dated [DATE], reflected a BIMS score of 14 indicating he was cognitively intact. His Pain Assessment indicated he frequently used pain medication. Review of Resident #3's care plan, dated 04/11/24, reflected he was at risk for pain related to his left hip fracture and surgical repair. Review comparison of Resident #3's NAR to his MAR reflected on 06/11/24 at 7:00 PM, 06/13/24 at 8:00 AM, 06/14/24 at 11:00 AM, and 06/15/24 at 4:00 PM Hydrocodone 10/325 mg was removed but not documented on his MAR as being given to the resident. Review of Resident #4's undated Admission Record reflected the resident was an [AGE] year-old male admitted to the facility on [DATE] with diagnoses including fracture of right thigh bone, history of falls, and emphysema. Review of Resident #4's admission MDS, dated [DATE], reflected a BIMS score of 13, indicating he was cognitively intact. His Pain Assessment indicated he was not having pain. Resident #4's comprehensive care plan had not been completed yet. Review comparison of Resident #4's NAR to his MAR revealed on 06/16/24 three doses of hydrocodone 7.5/325 mg had been removed but had not been documented in her MAR as being administered to the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455763	A. Building B. Wing	06/18/2024

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 06/18/24 at 2:45 PM with the DON revealed her expectation was the nurse to sign the medication out of the NAR and document it in the MAR as soon as the medication was given. She stated filing to accurately document medications in the MAR could cause the resident to be double dosed and give the physician a false picture of the resident's care. She stated if the physician sees the resident is not using pain medications very often he might discontinue the medication, or change it to something less effective. Review of the facility's Medication Administration policy, dated February 2023, reflected: .17. Sign MAR after administration . 18. If the medication is a controlled substance, sign the narcotic book