

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455771	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Hearthstone Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Oakwood Blvd Round Rock, TX 78681	

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** 42949</p> <p>Based on observation, interview, and record review, the facility did not provide pharmaceutical services to meet the needs of each resident for one (Resident #1) of four residents reviewed for pharmaceutical services, in that:</p> <p>The facility failed to ensure LVN A confirmed Resident #1 consumed her morning medication on 04/03/24 as she was witnessed spitting her medication into the trashcan.</p> <p>This deficient practice could place residents at risk of not receiving the intended therapeutic benefit of the medications and supplements or could result in worsening or exacerbation of chronic medical conditions.</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet reflected an [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including unspecified dementia, type II diabetes, major depressive disorder, acute kidney failure, and hypertension (high blood pressure).</p> <p>Review of Resident #1's annual MDS assessment, dated 01/31/24, reflected a BIMS of 3, indicating a severe cognitive impairment. Section K (Swallowing/Nutritional Status) reflected she did not have any swallowing disorders.</p> <p>Review of Resident #1's quarterly care plan, revised 02/05/24, reflected she had impaired cognitive function with an intervention of administering medications as ordered.</p> <p>Observation on 04/03/24 at 9:24 AM in the MCU, revealed Resident #1 wandering around the living area and walking over to a trash can and spitting out her medication. LVN A was by the medication cart and saw the incident.</p> <p>During an interview on 04/03/24 at 9:26 AM, LVN A confirmed she did see Resident #1 spit out her medication and was glad none of them were narcotics. When asked if she was supposed to ensure all residents consumed their medications after administering them, she stated it was her first day in the MCU and was not aware Resident #1 had a history of pocketing/spitting out her medication. She stated she had mixed her medications with apple sauce and maybe it was too tart, and she was going to try again with chocolate pudding.</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
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/03/24 at 11:45 AM, the DON from their sister facility stated her expectation during medication pass when a nurse or MA administered medication was that they wait with each resident to ensure they took them. She stated one negative outcome could be another resident could consume them, which could adversely affect them. She stated another negative outcome could be the resident who was supposed to be taking the medication might not get any therapeutic benefit. She stated there was also a concern of aspiration (choking) if a resident consumed their medication alone.</p> <p>Review if the facility's undated Medication and Preparation Administration Policy reflected the following:</p> <p>During medication administration, the facility staff should . confirm resident consumption of the medication.</p>		