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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455812 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/01/2025 |
| NAME OF PROVIDER OR SUPPLIER Paradigm at First Colony | | STREET ADDRESS, CITY, STATE, ZIP CODE 4710 Lexington Blvd Missouri City, TX 77459 | |
| 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 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 biological's) to meet the needs of each resident, for 1 of 1 Resident (Resident #1) reviewed for medication administration.</p> <p>MA-A did not pull down on the lower eye lid prior to instilling medicated eye drops to Resident #1.</p> <p>MA-A placed the medication cap for the eye drops on an unclean surface, with the inside facing down then replaced the cap onto the bottle after administering the medication to Resident #1.</p> <p>These failures could affect residents who received medication and place them at risk of not receiving the appropriate amount of medication and could result in an adverse reaction, infection, or a decline in health.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet dated 06/01/25 revealed an [AGE] year-old female admitted to the facility on [DATE] and initially admitted on [DATE]. Her diagnoses included heart failure, fainting and collapse; glaucoma (condition that damages the optic nerves) and elevated blood pressure.</p> <p>Record review of Resident #1's quarterly MDS dated [DATE] revealed a BIMS score of 6 out of 15 indicating severe cognitive impairment. She had impairment to one side of the lower extremity. She was dependent on staff assistance for some ADLs and others she required only substantial assistance.</p> <p>Record review of Resident #1's undated care plan revealed Focus - Resident #1 had impaired visual functioning and was at risk for decreased in ADLs due to Glaucoma. Interventions did not include to administer medications as MD ordered.</p> <p>Record review of Resident #1's physician order dated 1/19/25 indicated an order for Latanoprost 0.005%, instill one (1) drop in both eyes in the evening for treatment.</p> <p>Record review of Resident #1's MAR dated 6/1/25 at 3:51 PM, indicated an order for Latanoprost 0.005%, instill one (1) drop in both eyes in the evening for treatment and scheduled for 7:00 PM.</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.

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| 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 observation on 06/01/25 at 6:20 PM, MA-A performed hand sanitization, put on clean gloves, positioned Resident #1 to receive eye drops then removed the medication cap of the Latanoprost eye drops and placed the cap inside facing down on top the nightstand. The nightstand was not disinfected prior to the procedure. MA- A instructed Resident #1 to open her eyes wide. Resident #1 slightly opened her eyes. MA-A held the bottle over Resident #1's right eye and instilled one drop. MA-A instructed Resident #1 to close her eyes. Resident #1 had her eyes closed for three seconds. MA-A instructed Resident #1 to open her eyes and attempted to instill a drop into the left eye, resident blinked, and the solution did not enter into the eye. MA-A attempted again, and 2 drops entered the eye. Resident #1 closed both eyes, MA-A wiped excess solution using a clean tissue. MA-A replaced the medication cap onto the bottle, removed gloves and sanitized hands.</p> <p>In an interview on 06/01/25 at 6:53 PM, MA-A stated Resident #1's eye drop order was one drop per eye. MA-A stated Resident #1 was receiving Latanoprost eye drops because she does not see clearly. MA-A stated she was taught to drop medication into the inside of the eye by the medication aides who had been working at the facility for a long time. MA-A stated she received training during orientation in February 2025. MA-A stated normally she would put the medication cap in a way it would stay clean, but she was nervous.</p> <p>In an interview on 6/01/25 at 7:12 PM, LVN-B stated when administering eye drops she would wash hands, put on clean gloves, pull lower eye lid down, administer eye drop into the lower portion of the eye then have the resident close their eye and massage the lower lid or ask the resident to close eyes and move eye ball around in order to better absorb and spread the medication. LVN-B stated Resident #1 needs the Lantanoprost eye medication for glaucoma and if not instilled correctly her vision could worsen. LVN-B stated she would ensure the tip of the dropper stays clean by putting the medication cap on a clean surface upside down on a clean surface so the inside of the cap remains clean otherwise if the cap is placed facing down it could contaminate the tip of the dropper when the cap is replaced, and this could possibly cause an eye infection. LVN-B stated she will follow up and re-educate MA-A and notify the DON so a new bottle can get ordered and the old bottle should not be used again.</p> <p>In an interview on 6/1/25 at 8:20 PM the DON stated she expected nurses and medication aides to put on clean gloves, pull down on the lower eye lid and instill the ordered number of eye drops into the lower lid area. Then have the resident close their eyes. The DON stated if the facility policy and procedure was not followed the resident may not receive the full dose. The DON stated Resident #1 receives Latanoprost for glaucoma or cataracts. The DON stated it was important to ensure the tip of eye dropper stays clean to reduce chance of infection. The DON states she would hold the medication cap in the palm of her hand and would not put the cap down on a surface as it could potentially cross-contaminate the tip of the dropper and cause eye infection. The DON stated she would conduct in-service with MA-A on proper administration of eye drops.</p> <p>Record review of MA-A's Medication Aide-Medication pass competency check list dated 2/30/25, indicated the performance criteria was met for eye drop administration including to gently pull down the lower eyelid to form a pouch while instructing the resident to look up. Further review indicated MA-A signed the checklist and was evaluated by the Lead MA.</p> <p>(continued on next page)</p> | | |

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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>Record review of the facility policy and procedure for Medication Administration and Management revised on June 2019, read in part: It is the policy of this facility that the facility will implement an Medication management Program that incorporates systems with established goals to meet each resident's needs as well as regulatory requirements .9. The authorized licensed or certified/permitted medication aide or by state regulatory guidelines staff member administers eye medications as follows: A. Administer according to pharmacy/manufacture specifications .G. Use the index finger to pull down the lower lid. H. Instruct the resident to look up. I. Steady your hand holding the dispenser against the resident's forehead, and instill the drop inside the lower lid L. Release the eyelid, instruct resident to close eyes slowly, and gently wipe off excess medication with a clean tissue from the inside to the outside .O. If indicated, it may be necessary to apply pressure to the tear duct (inner canthus) following the instillation of a specific eye drop for one (1) minute or per manufacturer's specifications .</p> |