

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455970	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER River Valley Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1907 Refinery Rd Gainesville, TX 76240	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34399</p> <p>Based on interview and record review, the facility failed to ensure that residents were free of any significant medication errors for one (Resident #35) of five residents reviewed for pharmacy services.</p> <ol style="list-style-type: none"> 1. LVN C failed to hold medication as ordered by physician and administered Lantus insulin 20 units on 02/10/25, 02/16/25, 02/19/24, 02/20/24 when FSBS was below 150. 2. LVN D failed to document he withheld Lantus medication on 02/03/25 and 02/18/25. <p>These failures could place residents at risk of bleeding, result in an adverse reactions to medications, not being monitored for side effects to medications, and a decline in health.</p> <p>Findings included:</p> <p>Record Review of Resident #35's quarterly MDS dated [DATE] reflected Resident #35 was a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of acute and chronic respiratory failure, heart failure, hypertension and diabetes. Resident #35 had a BIMS score of 15 indicating she was cognitively intact. Resident #35 received daily insulin injections.</p> <p>Record Review of Resident #35 physician order dated 07/05/24 of Lantus Solostar U-100 Insulin (insulin glargine)</p> <p>insulin pen; 100 unit/mL (3 mL); amt: 20 units; subcutaneous Once A Day . Bedtime .Special Instructions: hold Lantus if FSBS <150 for diagnosis of Type 2 diabetes mellitus without complications.</p> <p>Record Review of Resident #35's [DATE] MAR reflected the following for physician order with start date of 07/05/24 Lantus Solostar U-100 Insulin (insulin glargine) insulin pen; 100 unit/mL (3 mL); Amount to Administer: 20 units; subcutaneous with frequency once a day with Special Instructions hold Lantus if FSBS <150 for diagnosis of Type 2 diabetes mellitus without complications</p> <p>02/03/25: FSBS 149 by LVN D - shows given 20 units, not held</p> <p>02/10/25: FSBS 132 by LVN C - shows given 20 units, not held</p> <p>02/16/25: FSBS 124 by LVN C - shows given 20 units, not held</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>02/18/25: FSBS 107 by LVN D - shows given 20 units, not held</p> <p>02/19/24: FSBS 128 by LVN C - shows given 20 units, not held</p> <p>02/20/24: FSBS 134 by LVN C - shows given 20 units, not held</p> <p>Interview on 02/25/25 at 12:36 PM with Resident #35 revealed she had no concerns with her medications including her insulin.</p> <p>Interview on 02/26/25 at 2:50 PM with LVN C revealed Resident #35 was administered Lantus when she worked in the evening and she was not aware of any stipulation or special instructions about holding Resident #35's Lantus medication if blood sugar was below a certain level. She stated Resident #35 had no special instructions so she did not hold the Lantus medication for Resident #35. She stated Resident #35's MAR did not show any special instructions for the Lantus medication.</p> <p>Interview on 02/26/25 at 2:58 PM with LVN D revealed he was aware there were special instructions for Resident #35's Lantus to be held if blood sugar was below a certain number. He stated the physician order and MAR showed special instructions to hold if blood sugar was below a certain level. He stated there were 2 occasions in February 2025 he held the Lantus insulin per physician order since blood sugar was too low and remembered most recently it was last week. He stated he thought he had documented on Resident #35's MAR it was not given, held per physician order. He stated he was expected to follow physician orders of medications and document as not given. He could not recall the other date in February 2025 he had not given it due to blood sugar too low to give.</p> <p>Interview on 02/27/25 at 9:13 AM with the DON revealed nurses should follow the physician order to hold FSBS below 150 for Resident #35's Lantus medication as ordered by the physician. She stated the risk to a resident was it could cause hypoglycemia (low blood sugar). She stated she expected nurses to hold medication as ordered and document it accurately on the MAR as held. She stated LVN C should have held the Lantus medication. She stated reviewing Resident #35's MAR reflected documentation shows the Lantus was given not held for blood sugars below 150. She stated Resident #35 had no negative impact of low blood sugars. She stated the nurses and her were responsible to review the physician orders. She stated she will have to in-service nursing on medication administration policy and documenting medication administration appropriately. She stated charge nurse contacted physician yesterday evening to clarify the physician order and the special instructions of when to hold the medication.</p> <p>Review of Medication Administration - General Guidelines policy reflected Medications are administered as prescribed in accordance with good nursing principles and practices . Under Administration, 2) Medications are administered in accordance with written orders of the prescriber. Under Documentation, 1) The individual who administers the medication dose records the administration on the resident's MAR/eMAR directly after the medication is given .6) If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time (e.g., the resident is not in the facility at scheduled dose time, or a starter dose of antibiotic is needed), the space provided on the front of the MAR for that dosage administration is [initialed and circled]. If electronic MAR is used, documentation of the unadministered dose is done as instructed by the procedures for use of the eMAR system. An explanatory note is entered on the reverse side of the record. If [XX consecutive doses] of a vital medication are withheld, refused, or not available the physician is notified. Nursing documents the notification and physician response.</p>		