

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER McCullough Hall Nursing Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 603 S W 24th St San Antonio, TX 78207	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39075</p> <p>Based on interview and record review, the facility failed to ensure PRN orders for psychotropic drugs were limited to 14 days unless the attending physician or prescribing practitioner believed that it was appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record, and indicate the duration for the PRN order for 1 of 3 residents (Resident #1) reviewed for pharmacy services in that:</p> <p>The facility failed to ensure Resident #1 had a stop date for PRN Xanax (a medicine used to treat the symptoms of anxiety) and failed to obtain an updated and signed consent for Seroquel (an antipsychotic and psychoactive medication) the resident was administered.</p> <p>This failure could affect residents who received antipsychotic/psychoactive medications without informed consents, could place residents at risk of receiving unnecessary psychotropic medications, and placed them at risk of receiving treatments without informed consent.</p> <p>The findings included:</p> <p>Record review of Resident #1's face sheet, dated [DATE] revealed an [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included dementia with behavioral disturbance (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), psychotic disorder with hallucinations (severe mental disorders that cause abnormal thinking and perceptions), major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), schizoaffective disorder bipolar type (severe mental disorders that cause abnormal thinking and perceptions), and anxiety disorder (a normal reaction to stress in an intense, excessive, and persistent worry and fear about everyday situations).</p> <p>Record review of Resident #1's most recent comprehensive MDS assessment, dated [DATE] revealed the resident was moderately cognitively impaired for daily decision-making skills and was treated with anti-anxiety medications.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER McCullough Hall Nursing Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 603 S W 24th St San Antonio, TX 78207	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's comprehensive care plan with revision date [DATE] revealed the resident had a diagnosis of anxiety and was at risk for fluctuation in moods and took prescribed medication for management; received Xanax. Interventions on the comprehensive care plan included to administer medications as ordered. Further review of Resident #1's comprehensive care plan revealed the resident had been diagnosed with bipolar, schizophrenia, and psychotic disorder with hallucinations and was treated with antipsychotic medication with interventions that included to administer medications per order.</p> <p>Record review of Resident #1's Order Summary Report, dated [DATE] revealed the following:</p> <ul style="list-style-type: none"> - Xanax Oral Tablet 0.5 MG (Alprazolam) Give 1 tablet by mouth every 6 hours as needed for agitation/restlessness related to ANXIETY DISORDER. Benefits of PRN administration for periodic episodes of Anxiety, with start date [DATE] and no stop date. - Seroquel Oral Tablet 300 MG (Quetiapine Fumarate) Give 1 tablet by mouth two times a day for Mood disorder related to BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE, MOOD DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION WITH DEPRESSIVE FEATURES; SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE, with start date [DATE] and no stop date. <p>Record review of Resident #1's Medication Administration Record for [DATE] revealed the following:</p> <ul style="list-style-type: none"> - Xanax 0.5 mg was administered prn on [DATE]. - Seroquel 300 mg was administered from [DATE] to [DATE] twice daily. <p>Record review of Resident #1's Psychoactive Medication Consent Form, dated [DATE] revealed the resident was prescribed Xanax 0.25 mg by mouth every 8 hours as needed for 30 days, instead of the current dosage of 0.5 mg.</p> <p>Record review of Resident #1's Consent for Antipsychotic or Neuroleptic Medication Treatment Form 3713, dated [DATE] revealed the resident was prescribed Seroquel 400 mg nightly, instead of the current dosage of 300 mg twice daily.</p> <p>During an observation and interview on [DATE] at 4:04 p.m., Resident #1 was observed in bed awake and alert. Resident #1 stated she did not like to take medication but the staff would give her chocolate if she took the medication and she like that.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER McCullough Hall Nursing Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 603 S W 24th St San Antonio, TX 78207	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review and interview on [DATE] at 10:02 a.m., LVN A revealed she had administered Xanax to Resident #1 in the past to help with anxiety. LVN A stated, prn psychotropic medications, such as Xanax, required limited use, usually up to 14 days and once the 14 days were done, the nurse then needed to contact the physician to get a refill. LVN A state, I guess Resident #1 would have to have their medical condition re-evaluated and if the anxiety is resolved they would not have to have the medication any longer. LVN A revealed it was the responsibility of the nurse who obtained the order to ensure it was only prescribed for 14 days. LVN A revealed Resident #1's use of Seroquel and Xanax required a consent and stated it was the responsibility of the nurse who obtained the order to also get a consent. LVN A stated, it the consent form listed the medication by name but did not include a dosage, then the consent would be valid. After reviewing the consent for Resident #1's Seroquel and Xanax, LVN A stated, the consents were not valid because the dosage noted on the consent form did not match the current order. LVN A stated, If the dosage was put on the (consent) form and it (the dosage) changed, then a new consent form would need to be filled out, because it is not the same medication.</p> <p>During an interview on [DATE] at 10:46 a.m., LVN B revealed, Resident #1 was treated with Xanax prn but could only have the order for 14 days and then when the prescription expired, the nurse would have to call the doctor to get a new prescription. LVN B revealed the doctor needed to re-evaluate the resident to continue using the Xanax because the medication might cause more harm than good. LVN B revealed it was the nurse who obtained the physician's order for the Xanax and the Seroquel to obtain a consent at that time. LVN B stated, every time I run to the DON when related to the use of consent forms. LVN B revealed the facility used the Psychoactive Medication Consent Form and the Antipsychotic or Neuroleptic Medication Treatment Form 3713 but was not sure which consent form was used for which medication.</p> <p>During an interview and record review on [DATE] at 11:19 a.m., the DON revealed, Resident #1 required the use of Xanax as recommended by the physician and hospice due to the resident's condition. The DON stated, if the medication was taken all the time it could result in being overmedicated. The DON, after reviewing Resident #1's order summary confirmed there was no stop date on the order for prn Xanax. The DON revealed, the order summary justified the ongoing use of Xanax for Resident #1 because the order stated, Benefits of PRN administration for periodic episodes om (sic) Anxiety. The DON further stated it was the nurse's responsibility for obtaining consents for antipsychotic/psychoactive medications at the time the nurse received an order for the medication. The DON revealed, since the consent forms for Resident #1's Seroquel and Xanax did not currently match the physician's order then a new consent should have been obtained to reflect the new order and now the current consents were invalid.</p> <p>Record review of the facility policy and procedure titled, Policy and Procedure for Psychoactive Medication Consents, dated [DATE] revealed in part, .A person may not administer a psychoactive medication to a resident who does not consent to the prescription unless: (2) the person authorized by law to consent on behalf of the resident has consented to the prescription .(4) the consent is evidenced in the resident's clinical record by a signed form prescribed by the facility or by a statement of the person who prescribes the medication or that person's designee, that documents consent was given by the appropriate person and the circumstances under which the consent was obtained .treatment of the resident with the psychoactive medication must be provided in the manner, consistent with clinically appropriate medical care, least restrictive of the resident's personal liberty .</p>		