STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675321	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paradigm at Faith Memorial	811 Garner Rd Pasadena, TX 77502

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure comprehensive care plans were reviewed and revised by the interdisciplinary team after each assessment for 1 of 19 residents (Resident # 11) reviewed for care plan revision. --Resident # 11's care plan was not revised for skin condition. This failure placed residents at risk of not receiving proper individualized care.Findings include: Record review of Resident # 11's admission record revealed admission date 12/5/25 with diagnoses including COPD (Chronic Obstructive pulmonary Disease with long-term airway obstruction), ataxic gait (uncoordinated, unsteady walking), Diabetes (high blood sugar levels), heart disease with heart failure (inability of the heart to pump blood efficiently), muscle weakness (muscles fail to contract normally causing loss of strength. Record review of the Quarterly MDS dated [DATE] revealed Resident # 11 was sometimes understood and sometimes understands, BIMS of 9, indicting impaired cognitive skills, supervision required for ADLs, risk of pressure sores with no unhealed pressure sores, no venous or arterial ulcers, no other ulcers, wounds or skin problems. Record review of Resident # 11's clinical physician orders dated 1/6/26 revealed conduct weekly skin evaluation, notify MD of any new skin condition. Record review of Resident # 11's skin evaluation dated 4/18/26 revealed skin intact, no new areas, no pressure sores or non-pressure areas. Record review of the care plan for skin condition initiated 12/9/25, revised 12/17/25 revealed Resident # 11 had non pressure/surgical skin condition, with interventions to assess the wound bed and surrounding skin for signs of infection or other complications. Observation of Resident #11 on 4/23/26 at 10:30am revealed he was ambulating down the hallway to the smoking area, at the scheduled smoking time. Interview with Resident #11 revealed the nurse checks him every week to see if he has any sores and every week she says he is ok. In an interview with LVN D on 4/23/26 at 10:30 am, she said she works with Resident # 11, and she said he does not have any skin condition. She said he has a skin assessment every week, and there has never been any skin breakdown reported. She said he walks around without assistance and is a smoker. In an interview with LVN E, wound care nurse, on 4/23/26 at 10:45am, she said Resident # 11 does not have any skin conditions. She said he has a skin assessment every week and there has never been any skin breakdown so she does not do wound care for him. In an interview with MDS nurse on 4/23/26 at 12:15pm revealed Resident #11's care plan would need to be corrected because he does not have any skin condition. She said he might have had a rash when he was admitted , but there is no skin condition now. She said the risk of not having an accurate care plan would be inaccurate care for the resident. In an interview with the DON on 4/23/26 at 12:40pm revealed Resident # 11 did not have any skin condition, and the care plan for skin condition would have to be revised to reflect that. She said the interdisciplinary team would contribute to the care plan, and the risk of not having an updated care plan would affect the care for the resident. Record review of the facility policy Care Plan Revisions, revised 5/2022, revealed, in part: care plans will be reviewed and revised every quarter, when a resident experiences a status change, or as deemed necessary.

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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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review the facility failed to ensure drugs and biologicals were stored in accordance with currently accepted professional principles for 1 of 1 medication fridges reviewed for storage of drugs.The facility failed to ensure that all medications were not expired. This failure could place residents at risk of receiving expired medications and not receiving the full therapeutic doses and effects of those medications. Observation on 4/21/2026 at 2:47 p.m. of the Station 1 Medication Room revealed one 25 mg Prochlorperazine suppository that expired 9/2024, six 650 mg Acetaminophen suppositories that expired 10/2025 and one Acetaminophen suppository that expired 9/2025. During interview on 4/21/2026 at 2:47 p.m., the DON answered correct when asked if medications were to be removed from the fridge when they expired. The DON said it was the nurse who checked the medication fridge temperature log's responsibility to check for expired medications in the medication fridge. The DON said the night shift nurses were responsible for checking the medication fridge temperature log. The DON said her and the ADON do rounds and checked the medication rooms and made sure the temperature log was completed and checked expiration dates on the insulins in the medication fridge. The DON said she was not sure what happened regarding the suppository medications being expired and not removed. Record review on 4/22/2026 at 2:20 p.m. of email from the Administrator that identified LVN C and RN A as the two regular night nurses who were at Station 1. On 4/22/2026 at 4:09 p.m. surveyor attempted to contact LVN C and left a message with the receptionist at the facility via phone to have LVN C call the surveyor. During interview on 4/22/2026 at 4:14 p.m., RN A said she usually worked Station 1 from 6 p.m. to 6 a.m. RN A said she usually checked the medication fridge at night and checked the temperature and made sure it was within range. RN A said she only checked the medication fridge's temperature and did not check for expired medications normally. RN A said if the medication fridge looked messy, she straightened it out or if she had to pull out an insulin she checked the expiration date. RN A said she did not know whose responsibility it was to check the medication fridge for expired medications. RN A said she did not recall seeing the container in the medication fridge that had the expired suppository medications. RN A said if she took medications out of the medication fridge, she always checked the expirations dates before administering the medications. When asked if she had any specific trainings/in-services regarding the medication fridge, RN A said that it was standard knowledge from her previous nursing experience and when she first started she was told to check the temperature on the fridge and keep the medication room neat. On 4/22/2026 at 4:27 p.m., surveyor contacted LVN C via phone in attempt to interview and LVN C answered and asked if she could call the surveyor back. During interview on 4/23/2026 at 8:33 a.m., the Consultant Pharmacist said there should not be any expired medications in the medication fridge as the medications should be removed and put in a separate area. The Consultant Pharmacist said she typically did spot checks of everything including the medication fridges and she did not see the container in the medication fridge that had the expired medications. The Consultant Pharmacist said she checked for expired medications or made sure the medications were in their designated places if the medications were discontinued. The Consultant Pharmacist said she was not sure who was responsible at the facility for removing expired medications from the medication fridge. The Consultant Pharmacist said regarding having expired medications in the medication fridge, that most medications do not have harmful effects past the expiration date, but the medication would not be as effective, and you would not know how much medication was being given as the resident might be only getting half the dose of the medication. The Consultant Pharmacist said she trained the facility staff to check the expiration date before giving medications so that expired medications should not be given to residents. During interview on 4/23/2026 at 10:37 a.m., the ADON said there should not be any expired medications in the medication room or medication fridge. The ADON said they try to catch everything, but things may (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	slip through the cracks. The ADON said if there were expired medications they call pharmacy and let them know and the pharmacy would send out a new batch. The ADON said the night shift was supposed to check the medication fridges for expired medications. The ADON said any medication that was expired were destroyed. The ADON said it was everybody's responsibility including hers to follow up regarding checking for expired medications in the medication fridges. The ADON said she tried to check the medication room and medication fridges every couple of days. The ADON said when nurses were first on the floor after orientation, they should have received education regarding expectations regarding the medication rooms and fridges. The ADON said regarding having expired medications in the medication fridge, if an expired medication was administered there could be potential harm to the resident and depending on their body mechanics. During interview on 4/23/2026 at 11:04 a.m., the DON said there should not be expired medications in the medication fridge and the medications should be discarded. The DON said she rounded on the medication rooms sporadically. The DON said when she checked the medication fridge, she checked the temperature log and did not check each individual medication. The DON said a possible effect on the residents regarding expired medications being in the medication fridge was that it could be accidentally given if the medication was not checked prior to administration and the medication would not be effective. Record review of facility's policy Medication Administration and Management revised 6/2019 revealed outdated medication is destroyed or returned to the pharmacy according to applicable state rules and regulations and a new supply obtained when necessary.