

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Baywind Village Skilled Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  411 Alabama Ave League City, TX 77573	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26867</b></p> <p>Based on interviews and record reviews the facility failed to ensure the resident's had the right to be informed of the risks, and participate in, his or her treatment which included the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she preferred, for 1 of 18 residents (CR #1) reviewed for resident rights.</p> <p>The facility failed to obtain informed consent based on information of the benefits, risks, and options available from CR #1 prior to administering Zoloft, an antidepressant used to treat depression.</p> <p>This failure could place residents at risk of receiving medications without their prior knowledge or consent, or that of their responsible party.</p> <p>Findings include :</p> <p>Record review of CR #1's electronic face sheet revealed an [AGE] year-old male, admitted to the facility on [DATE]. His diagnoses included adjustment disorder with mixed anxiety and depressed mood, essential hypertension, type 2 diabetes, Respiratory failure, heart failure, and benign prostrate hyperplasia (A condition in which an overgrowth of prostate tissue pushes against the urethra and the bladder, blocking the flow of urine).</p> <p>Record review of CR #1's admission packet revealed he was his own responsible party.</p> <p>Record review of CR #1's Admission MDS dated [DATE] revealed a BIMS score of 15, which indicated he was cognitively intact .</p> <p>Record review of physician's orders dated 10/23/23 revealed an order for a referral to a local psychological service for depression.</p> <p>Record review of psychiatric evaluation dated 10/29/23 reflected in part Patient endorses current symptoms of sad moods and denies symptoms of loss of interest, fatigue, guilt, feelings of worthlessness, psychomotor agitation, psychomotor slowing, decreased concentration and suicidal ideation/intent/plan and appetite change. Patient endorses history of sad moods and denies a history of loss of interest, fatigue, guilt, feelings of worthlessness, psychomotor agitation .</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Recommended medication change Sertraline 25 milligram daily. Adjustment disorder with mixed anxiety and depressed mood will be treated with Sertraline 1 Tablet 25mg DAILY if accepted. Patient requested medications to manage current health condition, transition to new facility, and making multiple decisions.</p> <p>Record review of CR #1's clinical records revealed no evidence of signed consent for the use of psychotropicantidepressant medication. CR #1 was discharged from the facility three days later on 10/30/23.</p> <p>In an interview on 03/18/24 at 11:00AM, CR#1's family member said CR #1 was prescribed an antidepressant medication, Zoloft (sertraline) without consent from the family. She said CR#1 had an allergic reaction to the medication (Zoloft).</p> <p>Interview on 03/19/24 at t 11:35 AM, the DON stated CR #1 was his own responsible party and requested to see a psychiatric . She said CR #1 had signed inform consent and requested the antidepressant medication. She said CR #1 received the medication 3 days before being discharge home. She looked at CR #1's clinical record and said CR #1 did not sign any other consent. She further explained that, under normal circumstance, all residents were required to sign consent for psychotropicantidepressant medication.</p> <p>During an interview on 03/20/24 at 4:00PM, with the psychiatric NP that prescribed the antidepressant medication to CR #1, she said she does not have access to the CR#1's clinical record. She said she had to request the medical records from their office before commenting. She said normally after evaluating residents for signs and symptoms of depression, she would prescribe medication as required. She said she explained side effects of the medication to residents before prescribing and the nurses are encouraged to explain side effects of medications to residents and follow the facility's policy.</p> <p>The facility's policy on antipsychoticantidepressant medication was requested prior to exit on 03/20/24 at 4:00PM.</p> <p>Provided policy dated 2001 revised 2016 did not address the use of antidepressant medication.</p>		