STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675361	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wharton Nursing and Rehabilitation Center	1220 Sunny Lane Wharton, TX 77488

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47358 Based on observations, interviews and record reviews, the facility failed to immediately consult with the residents' Physician; and notify her authority, the resident' representative when there was need to alter treatment for 1 of 1 resident (Resident # 1)reviewed for notification . The facility failed to notify Resident #1's physician and Relative # 1 when Resident # 1 experienced a change of condition including low blood sugar on 6/23/2024. This failure placed residents experiencing a delay in medical treatment and worsening of condition symptoms. Findings include: Record review of Resident # 1's face sheet, dated 12/7/2021, revealed she was [AGE] year-old female who was admitted to the facility on [DATE]. She was diagnosed with End Stage Renal Disease (a medical condition in which kidneys cease functioning on a permanent basis), Essential (Primary) Hypertension (high blood pressure), Type 2 Diabetes Mellitus with Hyperglycemia (high blood sugar levels), Dependence on Renal Dialysis (someone's kidneys are no longer working properly and they need regular dialysis to survive), Hyperglyceridemia (too much cholesterol), Shortness of Breath (difficult breathing), and Schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly). Record review of Resident # 1's MDS, dated [DATE], revealed she a BIMS score of 5 (severe cognitive Impairment); Resident # 1 had difficulty focusing attention and altered level of consciousness. Resident # 1 required limited assistance from at least one staff for transfers and bed mobility. Insulin injections were received during the last 7 days. Record review of Resident # 1's care plan, revised 11/30/2023 revealed the following care areas: o Resident # 1 has Diabetes Mellitus and was at risk for unstable blood glucose levels. Goals include resident will be free from any s/sx of hyperglycemia. Resident # 1 will have no complications related to diabetes. Resident # 1 will be from any s/sx hypoglycemia. Intervention include administer medication as ordered per MD, monitor/document /report PRN any s/sx of hypoglycemia (low blood sugar), Sweating, Tremor, Increased heart rate (Tachycardia) Pallor (loss of skin color) , Nervousness, Confusion, slurred speech, lack of coordination, staggering gait(unsteady walking pattern). (continued on next page)

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	o Resident # 1 was on hemodialysis related to end stage renal disease on Monday, Wednesday and Friday at 11:30 am. Days may vary based on holidays and dialysis center schedule. Goals include intervention should any s/sx of complication from dialysis occurs. Interventions incudes monitor vital signs and notify MD of significant. Record review of Resident #1's progress note dated 6/23/2023 at 12:10 pm, LVN A wrote Resident with BGS of 47, this nurse provided snack and drink to resident and stayed at bedside. Rechecked BGS approximately 10 minutes later and sugar was 157. No hypoglycemic symptoms displayed during this episode. Record review of Resident # 1's Blood Sugar Summary for June 2024 revealed: o 6/23/2024 at 7:53 am blood sugar was 167 mg/dl o 6/23/2024 at 11:47 am blood sugar was 47 mg/dl o 6/23/2024 at 6:28 pm blood sugar was 226 mg/dl o 6/23/2024 at 10:01 pm blood sugar was 122 mg/dl Record review of Resident # 1's reviewed on 5/28/2024 revealed: o Novolog injection solution 100 unit/ml-insulin aspart (an insulin analog indicated to improve glycemic control in patients with diabetes mellitus). Directions: inject 10 unit subcutaneous; start date 6/3/2024. End date: open ended o Give a peanut butter and jelly sandwich. Directions: at bedtime for Diabetes Mellitus; start date 5/1/2024. End date: open ended o Ozempic (0.25 or 0.5 mg/dose) Subcutaneous solution pen injector 2mg/3/ml (Semaglutide). Direction: Inject 0.5 mg subcutaneous; start date 4/29/2024. End date: open ended o Novolog Injection Solution 100 unit/ml (insulin aspart). Directions: Inject as per sliding scale; start date 3/27/2024. End date: open ended o ACCUCHECKS before meals and at bedtime. Directions: before meals and at bedtime; start date 6/22/2023. End date: open ended o Glucan emergency injection kit 1 mg (Glucagon rDNA). Directions: Inject 1 dose intramuscular; start date 6/21/2023. End date: open ended (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with Relative # 1 on 6/27/2024 at 10:30 am she stated that Resident # 1 was a diabetic. She stated that on 6/23/2024 Resident # 1's sugar was 47. She stated that no one from the facility contact her about Resident # 1's change of condition. She stated that on 6/24/2024 LVN A told informed her that Resident # 1's sugar was low on 6/23/2024. She stated that LVN A stated that Resident # 1's sugar was 47 and she gave Resident# 1 cookie and juice. She stated that LVN A rechecked Resident # 1's sugar and Resident # 1's sugar was 150. She stated that LVN A did not contact Resident # 1's doctor or Relative # 1 because Resident # 1 did not have any signs of distress and Resident # 1 was talking to her and stated she was okay. She stated LVN A stated that she stayed by Resident # 1's side and she made certain Resident # 1 was not in distress and not having signs of Hypoglycemia. Relative # 1 stated that she spoke with the Administrator about Resident # 1's sugar levels. She stated that the Administrator stated that she did not know that Resident # 1's sugar dropped as LVN did not notify her, Resident # 1's doctor or the DON. Observation of Resident # 1 on 6/27/2024 at 2:20 pm. Resident # 1 was in a wheelchair and Relative # 1 was taking her out for fresh air. Resident # 1 was non-interview able as she had limited verbal skills. In an interview with LVNA on 6/27/2024 at 4:40 pm she stated she checked Resident #1's sugar on 6/23/2024 at 11:30 am and Resident # 1's sugar was 47. She stated that Resident # 1 had a can of sprite and cookies by her bed. She stated that she gave Resident # 1 sprite and cookies. She stated that Resident # 1 was talking to her and did not have any sign of distress. She stated that 10 minutes later she rechecked Resident # 1's sugar and it was 152. She stated she did not consider this a change of condition because Resident # 1 talking and was not altered. She stated Resident # 1's sugar was out of range. LVN A stated that she apologized to Resident # 1's family. LVN A stated that if a resident's sugar was at 47 the resident could go into a coma and lose consciousness. LVN stated that she did not contract Resident # 1's doctor or representative. LVN A stated that she did not contact the DON. LVN A stated that she in-serviced on change of conditions. In an interview on 6/27/2024 at 4:00 pm with the DON she stated she found out about Resident # 1's low blood sugar on 6/26/2024. She stated LVN A told her Resident # 1's blood sugar was 47 and Resident # 1 did not display hypoglycemia. The DON stated LVN A gave Resident # 1 snacks and rechecked Resident # 1's blood sugar and it was 157. She stated she told LVN A that since Resident # 1's blood sugar was below 60 she should have notified the NP and family. She stated that LVN A did not notify the NP and family because when LVN A rechecked Resident # 1's blood sugar it was within normal range. The DON stated that if a resident's blood sugar is low the resident may experience sweating, confusion, and tremors. She stated that LVN A has been in-serviced on change of condition. In an interview on 7/2/2024 at 8:20 pm with the ADON she stated that LVN A reported Resident # 1's low blood sugar after the fact. She stated that when she read the 24 hours report she noticed that Resident # 1's blood sugar was low. She stated LVN A checked Resident # 1's blood sugar and it was low. She stated LVN A gave Resident # 1 snack and later rechecked Resident # 1's blood sugar and it was within normal range. The ADON stated that she could not remember the sugar levels for Resident # 1. The ADON stated she expected the nurses to contact the residents Doctor/NP, family and DON. She stated that LVN A should have contacted the resident's doctor and received orders from the doctor. She stated that staff was in-serviced on change of condition on 6/27/2024. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Notification of Changes policy, dated 10/24/2024, revealed: The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician: and notifies consistent with his or her authority, the representative when there is a change requiring notification. Circumstances requiring notification include: 2) Significant change in resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status. This may include: a) Life-threatening conditions or b) Clinical complications Record review of In-service training report: Notification of Change, dated 4/6/2024, revealed For all changes of conditions, please call DON and/or Administrator. Texting is not acceptable. Signed by LVN A on 4/8/2024. Record review of In-Service training report: Notification of Change, dated 6/27/2024, revealed When a resident has any change of condition, the physician, or NP, RP, and DON must be notified. This should be documented in PCC on Change of Condition form and a progress note should be completed with any additional information. Signed by LVN A on 6/27/2024.