

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/29/2024
NAME OF PROVIDER OR SUPPLIER  Orchard Park Post Acute Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 721 Airport Dr Weslaco, TX 78596	

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 - Some</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**</b> 40872</p> <p>Resident #47</p> <p>FTag Initiation</p> <p>41761</p> <p>Based on interview, and record review, the facility failed to inform residents in advance of the risks and benefits of proposed care and treatment for 3 of 4 residents (Resident #36, Resident #7, and Resident #38) reviewed for resident rights, in that:</p> <ol style="list-style-type: none"> <li>1. Resident #36 did not have a signed (by RP), dated consent for psychotropic medications (Risperdal, clonazepam, buspirone, fluvoxamine, or Wellbutrin XL ER) he received.</li> <li>2. Resident #7 did not have signed (by RP), dated consents for psychotropic medications (clonazepam, buspirone, Seroquel, Paxil, and Trazadone) she received.</li> <li>3.) The facility failed to ensure consent forms were properly completed or signed by a responsible party prior to administration of antipsychotic and anti-depressant medication for Resident #38.</li> </ol> <p>This failure could place residents who received psychoactive medications without informed consents and placed 33 additional residents who received psychoactive medications at risk of receiving treatments without informed consent.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Record review of Resident #36's Admission Record dated 03/27/24, revealed a [AGE] year old male, admitted to facility on 01/15/24. His diagnosis included: Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions), Dementia (a general term for a group of diseases that cause a loss of cognitive functioning, such as thinking, remembering, and reasoning, to the point that it interferes with daily life), cerebral infarction (stroke), hypertension (high blood pressure), anxiety disorder, heart disease, and obsessive-compulsive disorder (a personality disorder characterized by excessive orderliness, perfectionism, attention to details, and a need for control in relating to others).</li> </ol> <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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #36's quarterly MDS dated [DATE] revealed a BIMS score of 09, indicating moderately impaired cognition.</p> <p>Record review of Resident #36's Care Plan dated 01/22/24, revealed</p> <p>FOCUS: I receive antidepressant medication (fluvoxamine) r/t OCD. Date initiated: 01/27/2024</p> <p>INTERVENTIONS/TASKS: - administer antidepressant medications as ordered by physician. Monitor/document side effects and effectiveness q shift. Date initiated: 01/27/24 - Monitor/document/report PRN adverse reactions to antidepressant therapy: change in behavior/mood/cognition, hallucinations/delusions, social isolation, suicidal thoughts, , withdrawal, decline in ADL ability, continence, no voiding, constipation, fecal impaction, diarrhea, gait changes, rigid muscles, balance probs, movement problems, tremors, muscle cramps, falls, dizziness/vertigo, fatigue, insomnia, appetite loss, weight loss, n/v (nausea/vomiting), dry mouth, dry eyes. Date initiated: 01/27/24 - Monitor/record occurrence of for target behavior symptoms and document per facility protocol. Date initiated: 01/27/24</p> <p>FOCUS: I received antipsychotic medications (Risperdal) r/t vascular dementia. Date initiated: 01/27/24</p> <p>INTERVENTIONS/TASKS: - Monitor behaviors. Notify MD of new or worsening behaviors. Date initiated: 01/27/24 - Monitor/document/report PRN any adverse reactions of antipsychotic medications: unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps, nausea, vomiting, behavior symptoms not usual to the person. Date initiated: 01/27/24 - Monitor/record occurrence of for target behavior symptoms and document per facility protocol. Date initiated: 01/27/24 - Pharmacy consultant to monitor medications at least monthly. Date initiated: 01/27/24.</p> <p>FOCUS: I receive anti-anxiety medications (clonazepam, buspirone) r/t anxiety. Date initiated: 01/27/24</p> <p>INTERVENTIONS/TASKS: Black box warning for clonazepam. -Monitor the resident for safety. The resident is taking anti-anxiety meds which are associated with an increased risk of confusion, amnesia, loss of balance and cognitive impairment that looks like dementia and increases risk of falls, broken hips, and legs. Date initiated: 01/27/24 - Monitor/document/report PRN any adverse reactions to anti-anxiety therapy: drowsiness, lack of energy, clumsiness, slow reflexes, slurred speech, confusion and disorientation, depression, dizziness, lightheadedness, impaired thinking and judgement, memory loss, forgetfulness, nausea, stomach upset, blurred or double vision. Unexpected side effects: Mania, hostility, rage, aggressive or impulsive behavior, hallucinations. Date initiated: 01/27/24 - Monitor/record occurrence of for target behavior symptoms and document per facility protocol. Date initiated: 01/27/24.</p> <p>Record review of Resident #36's Order Summary dated 03/29/24 revealed, Resident #36 had the following orders:</p> <p>-Start date: 01/16/24 Fluvoxamine Maleate Oral Tablet 100mg (Fluvoxamine Maleate) Give 1 tablet by mouth one time a day for OCD (Fluvoxamine Maleate is a Selective Serotonin Uptake Inhibitor [SSRI] antidepressant).</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Start date: 02/06/24</p> <p>Buspirone HCl oral tablet 5mg (Buspirone HCl) Give 1 tablet by mouth two times a day for anxiety obsessive compulsive disorder (Buspirone is an anxiolytic for treatment of anxiety).</p> <p>Start date: 03/14/24</p> <p>Clonazepam Oral tablet 0.5mg (Clonazepam) Give 1 tablet by mouth two times a day for anxiety/restlessness (Clonazepam is a benzodiazepine - sedative - that can treat seizures, panic disorder, and anxiety).</p> <p>Start date: 03/14/24</p> <p>Risperdal Oral Tablet 0.5mg (Risperidone) Give 1 tablet by mouth two times a day for vascular dementia. (Risperidone is an antipsychotic used to treat schizophrenia, bipolar disorder, and irritability caused by autism).</p> <p>Start date: 03/14/24</p> <p>Wellbutrin XL Oral Tablet Extended Release 24 Hour 150mg (Bupropion HCl) Give 1 tablet by mouth two times a day for smoking cessation aid. (Wellbutrin is an antidepressant and smoking cessation aid).</p> <p>Start date: 03/14/24</p> <p>Memantine HCl Oral Tablet 10mg (Memantine HCl) Give 1 tablet two times a day for dementia. (Memantine HCl is used to treat moderate to severe confusion [dementia] related to Alzheimer's Disease).</p> <p>Record review of 02/01/2024 to 02/29/2024 Pharmacy Recommendations revealed, on 02/29/24 Pharmacist wrote under Resident #36,</p> <p>Please ensure the state required standardized informed consent for antipsychotics is placed on residents chart for risperidone.</p> <p>No consents for Fluvoxamine, Bupropion HCl, Clonazepam or Wellbutrin.</p> <p>Consent for Risperdal was signed by resident and not RP. Consent was not dated.</p> <p>Record review of Resident #36's February 2024 MAR and March 2024 MAR revealed:</p> <p>Fluvoxamine 100mg tablet was administered one time a day from 02/01/24 - 02/29/24, and 03/01/24 - 03/29/24.</p> <p>Buspirone HCl 5mg tablet was administered twice a day from 02/01/24 - 02/29/24, and 03/01/24 - 03/29/24. MAR was printed the morning of 03/29/24 so only the morning dose shows as given on 03/29/24.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Clonazepam 0.5mg tablet was administered twice a day 02/01/24 - 02/16/24. Morning dose on 02/17/24 was administered. The evening dose on 02/17/24 was not checked off. Clonazepam 0.5mg tablet was administered 03/18/24 - morning dose on 03/29/24.</p> <p>Risperdal 0.5mg tablet was administered twice a day from 02/01/24 through the morning dose on 03/29/24.</p> <p>Wellbutrin XL Extended Release 24 Hour 150mg tablet was administered twice a day from 02/01/24 through the morning dose on 03/29/24.</p> <p>2.Record review of Resident #7's Admission Record dated 03/26/24, revealed a [AGE] year old female, admitted to facility on 12/22/22. Her diagnosis included: Chronic obstructive pulmonary disease (COPD - a group of lung diseases that cause breathing difficulties and airflow blockage. COPD is a progressive disease that damages the lungs or airways, making it hard to breathe), respiratory failure (a condition in which your blood does not have enough oxygen or has too much carbon dioxide), hypertension (high blood pressure), chronic kidney disease (longstanding disease of the kidneys leading to renal failure), schizophrenia (a serious mental condition of a type involving a breakdown in the relation between thought, emotion, and behavior, leading to faulty perception, inappropriate actions and feelings,, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation), type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), and epilepsy (a chronic brain disease that causes recurrent seizures, which are brief episodes of involuntary movement. Seizures are caused by excessive electrical activity in the brain which can affect how it works temporarily).</p> <p>Record review of Resident #7's quarterly MDS dated [DATE] revealed a BIMS score of 09, indicating moderately impaired cognition.</p> <p>Record review of Resident #7's Care Plan dated 03/22/24, revealed,</p> <p>FOCUS: I am receiving anti-anxiety medication (clonazepam, buspirone) r/t anxiety disorder.</p> <p>INTERVENTIONS/TASKS: Black box warning for clonazepam. -Administer anti-anxiety medications as ordered by physician. Monitor for side effects and effectiveness q shift. Date initiated: 01/10/23. -Monitor the resident for safety. The resident is taking anti-anxiety meds which are associated with an increased risk of confusion, amnesia, loss of balance and cognitive impairment that looks like dementia and increases risk of falls, broken hips, and legs. Date initiated: 01/10/23 - Monitor/document/report PRN any adverse reactions to anti-anxiety therapy: drowsiness, lack of energy, clumsiness, slow reflexes, slurred speech, confusion and disorientation, depression, dizziness, lightheadedness, impaired thinking and judgement, memory loss, forgetfulness, nausea, stomach upset, blurred or double vision. Unexpected side effects: Mania, hostility, rage, aggressive or impulsive behavior, hallucinations. Date initiated: 01/10/23 - Monitor/record occurrence of for target behavior symptoms and document per facility protocol. Date initiated: 01/10/23.</p> <p>FOCUS: I am receiving antidepressant medication (trazadone) r/t insomnia. Date initiated: 01/10/23.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>INTERVENTIONS/TASKS: Black box warning trazadone. -Administer medications as ordered by physician. Monitor for side effects and effectiveness q shift. Date initiated: 01/10/23. -Evaluate other factors potentially causing insomnia, for example, environment (excessive heat, cold or noise), lighting, inadequate physical activity, facility routines, caffeine/medications. Attempt to modify and control these external factors before initiating hypnotic therapy. Date initiated: 01/10/23. -Monitor/document/report PRN for following adverse effects of sedative/hypnotic therapy: daytime drowsiness, confusion, loss of appetite in the morning, increased risk for falls and fractures, dizziness. Date initiated: 01/10/23. -Precede or accompany hypnotic use by other interventions to try to improve sleep. Date initiated: 01/10/23.</p> <p>FOCUS: I have major depression and I am receiving antidepressant medication (Paxil). Date initiated: 11/29/23.</p> <p>INTERVENTIONS/TASKS: - administer antidepressant medications as ordered by physician. Monitor/document side effects and effectiveness q shift. Date initiated: 11/29/23 -educate resident/family/caregivers about risks, benefits and side effects and/or toxic symptoms as needed. Date initiated: 11/29/23 - Monitor/document/report PRN adverse reactions to antidepressant therapy: change in behavior/mood/cognition, hallucinations/delusions, social isolation, suicidal thoughts, , withdrawal, decline in ADL ability, continence, no voiding, constipation, fecal impaction, diarrhea, gait changes, rigid muscles, balance probs, movement problems, tremors, muscle cramps, falls, dizziness/vertigo, fatigue, insomnia, appetite loss, weight loss, n/v (nausea/vomiting), dry mouth, dry eyes. Date initiated: 11/29/23.</p> <p>FOCUS: I am receiving antipsychotic medication (Seroquel) r/t schizophrenia. Date initiated: 01/10/23.</p> <p>INTERVENTIONS/TASKS: Black box warning. -Discuss side effects of medications with resident/RP as needed. Date initiated: 01/10/23. -Monitor behaviors. Notify MD of new or worsening behaviors. Date initiated: 01/10/23. -Monitor vital signs as ordered by MD and PRN. Date initiated: 01/10/23.</p> <p>FOCUS: I am at risk for respiratory distress due to sleep apnea, COPD, history of hypoxia/SOB. Date initiated: 01/10/23.</p> <p>INTERVENTIONS/TASKS: Black box warning (morphine). -Give medications as ordered by physician. Monitor/document side effects and effectiveness. Atropine sulfate (for excessive secretions), albuterol, Formoterol, Budesonide, ipratropium-albuterol, morphine (see pain care plan for black box warning) Date initiated: 09/28/23. -May suction secretions pre use of Yanker PRN Date initiated: 09/28/23. -Monitor for s/sx of respiratory distress and report to MD PRN: respirations, pulse oximetry, increased heart rate (tachycardia), restlessness, diaphoresis (sweating), headaches, lethargy, confusion, atelectasis (partial or complete collapse of lung or section of a lung), hemoptysis (coughing up of blood or blood-tinged sputum from the lungs or tracheobronchial tree), cough, pleuritic (chest) pain, accessory muscle usage, skin color. -Oxygen/CPAP use as ordered. - Promote lung expansion and improve air exchange by positioning with proper body alignment. Date initiated: 09/28/23</p> <p>Record review of Resident #7's Order Summary dated 03/26/24 revealed, Resident #7 had the following orders:</p> <p>-Start date: 03/26/23</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Buspirone HCl oral tablet 10mg (Buspirone HCl) Give 1 tablet by mouth three times a day related to anxiety disorder (Buspirone is an anxiolytic for treatment of anxiety).</p> <p>-Start date: 09/26/23</p> <p>Clonazepam Oral tablet 0.5mg (Clonazepam) Give 1 tablet by mouth every 8 hours related to anxiety disorder (Clonazepam is a benzodiazepine - sedative - that can treat seizures, panic disorder, and anxiety).</p> <p>-Start date: 10/06/23</p> <p>Seroquel Oral Tablet 100mg (Quetiapine Fumarate) Give 1 tablet three times a day related to anxiety disorder (Seroquel is an antipsychotic medication)</p> <p>-Start date: 11/28/23</p> <p>Paxil Oral Tablet 20mg (Paroxetine HCl) Give 1 tablet by mouth one time a day related to major depressive disorder, single episode, anxiety disorder. (Paxil is used to treat depression and anxiety. It is a SSRI.)</p> <p>-Start date: 12/14/23</p> <p>Trazadone HCl Oral Tablet 100mg (Trazadone HCl) Give 1 tablet by mouth three times a day related to anxiety disorder (Trazadone is an antidepressant and sedative)</p> <p>-Start date: 03/25/24</p> <p>Oxygen at 2 LPM via NC (nasal cannula) continuously while in bed r/t hypoxia.</p> <p>Record review of Resident #7's February 2024 MAR and March 2024 MAR revealed:</p> <p>-Buspirone HCl 10mg tablet was administered three times a day from 02/01/24 - 03/29/24. MAR was printed the morning of 03/29/24 so only the morning dose shows as given on 03/29/24.</p> <p>-Clonazepam 0.5mg tablet was administered every 8 hours 02/01/24 - 03/28/24 at midnight, 08:00 a.m., and 04:00 p.m. Clonazepam 0.5mg tablet was administered at midnight and 08:00 a.m. on 03/29/24.</p> <p>- Seroquel 100mg tablet was administered three times a day from 02/01/24 - 02/28/24. On 03/29/24, Resident #7 received the first two administrations of Seroquel 100mg tablet.</p> <p>- Paxil 20mg tablet was administered one time a day from 02/01/24 - 03/29/24.</p> <p>-Trazadone HCl 100mg tablet was administered three times a day from 02/01/24 - 03/28/24. Trazadone HCl 100mg was administered at midnight and 08:00 a.m. on 03/29/24, pending the 05:00 p.m. dose.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of psychotropic consent forms for Buspirone HCL 10mg tablet, Clonazepam 0.5mg tablet, Seroquel 100mg tablet, Paxil 20mg tablet, and Trazadone HCl 100mg tablet were signed by Resident #7 and not by Resident #7's RP and consents were undated. There was no consent form for clonazepam 0.5mg tablet.</p> <p>3.) Record review of Resident #38's face sheet dated 3/28/2024 reflected a [AGE] year-old male with an admitted [DATE]. Diagnoses included bi-polar disorder (mental illness characterized by extreme mood swings), and major depressive disorder (mental disorder characterized by pervasive low mood, low self-esteem, and loss of interest in normal enjoyable activities).</p> <p>Record Review of Resident #38's physician orders indicated:</p> <p>1.) Olanzapine Oral Tablet 2.5 MG</p> <p>Give 1 tablet by mouth two times a day for bipolar disorder.</p> <p>Dated:1/26/2024</p> <p>2.) Zoloft Oral Tablet 50 MG (Sertraline HCl)</p> <p>Give 1 tablet by mouth at bedtime for depression.</p> <p>Dated: 1/26/2024 21:00</p> <p>Record review of Resident #38's care plan dated 11/04/2023 reflected Resident #38 may be physically and verbally aggressive at times due to multiple problems including dementia, bipolar disorder, and major depression. Resident #38 was to be administered medications Olanzapine as ordered. Monitor/document for side effects and effectiveness. Resident #38 did receive antidepressant medication Zoloft r/t s/s of major depressive disorder anxiety.</p> <p>Record review of Resident #38's MDS dated [DATE] indicated a BIM score of 00 (severe cognitive impairment) and the use of antipsychotic and antidepressant medications. No behaviors were indicated.</p> <p>Record review of Resident #38's clinical record revealed there was no consent form for the medication Zoloft and the consent form for Olanzapine did not have the medication name on the form, was not dated, and was signed by the resident who had a responsible party and was cognitively unable to sign the consent form.</p> <p>In an interview on 03/28/24 at 12:00 p.m., the DON stated there was a binder at the nurse's station with the consents. The DON stated they were not on PCC (electronic charting system) under miscellaneous.</p> <p>(continued on next page)</p>

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 03/28/24 at 01:30 p.m., revealed 35 residents consents undated and some were not signed by the RP. Resident #36 and Resident #7 signed their consent even though they had an RP and were not their own RP. Resident #7 did not have a consent for Clonazepam. Resident #36 did not have a consent for Fluvoxamine, Bupropion HCl, Clonazepam or Wellbutrin. Resident #38 did not have a consent form for the medication Zoloft and the consent form for Olanzapine did not have the medication name on the form, was not dated, and was signed by the resident who had a responsible party and was cognitively unable to sign the consent form.</p> <p>In a phone interview on 03/28/24 at 02:35 p.m., Resident #38's RP stated she could not remember if she signed a consent form for Resident #38's antipsychotic or anti-depressant but does not believe she signed anything for medications. The RP stated she knew Resident #38 did display mood swings and figured he would be taking some kind of medication for the mood swings but could not remember if she signed anything giving consent.</p> <p>In an interview on 03/29/24 at 02:05 p.m., LVN B stated the nurse who gets the order for psychotropics or antipsychotics, was the person who would get the consent (signed and dated), notified the RP and would get their approval (consent) for the medication. LVN B stated RPs gave consent or they do not. LVN B stated the consent form was always dated. LVN B stated she made a progress note concerning getting approval for the medication and then she would put the consent in the tray at the nurse's station for MDS to scan into PCC under miscellaneous.</p> <p>In an interview on 03/29/24 at 02:14 PM the DON stated, yes there is supposed to be a consent form for appropriate usage for the medication. The DON stated the consent form could have been overlooked or misplaced for the medication Zoloft for Resident #38, but could not confirm. The DON stated consent form audits were conducted monthly by herself and the ADON but was now going to be started weekly. The DON stated if a resident was cognitively aware, that resident was able to sign his or her consent form. The DON stated that if a resident does have a responsible party, then the responsible party should have been the one to sign the consent form. The DON stated that possible negative outcomes could be the resident could have symptoms from the medication and the family or RP being unaware of what medications that resident was being administered. The DON stated there was no policy for consent forms.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41761</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure that a resident who needs respiratory care was provided with professional standards of practice for 1 of 3 residents (Resident #1) reviewed for oxygen in that:</p> <p>Resident #7's oxygen was administered at 4.0 Lpm instead of 2 Lpm via nasal cannula as ordered by physician.</p> <p>This failure could place residents who receive respiratory care at risk of developing respiratory complications and a decreased quality of care.</p> <p>The findings included:</p> <p>Record review of Resident #7's Admission Record dated 03/26/24, revealed a [AGE] year old female, admitted to facility on 12/22/22. Her diagnosis included: Chronic obstructive pulmonary disease (COPD - a group of lung diseases that cause breathing difficulties and airflow blockage. COPD is a progressive disease that damages the lungs or airways, making it hard to breathe), and respiratory failure (a condition in which your blood does not have enough oxygen or has too much carbon dioxide).</p> <p>Record review of Resident #7's quarterly MDS dated [DATE] revealed a BIMS score of 09, indicating moderately impaired cognition. MDS Section O Special Treatments, Procedures, and Programs Respiratory Treatments was blank.</p> <p>Record review of Resident #7's Care Plan dated 03/22/24, revealed,</p> <p>FOCUS: I am at risk for respiratory distress due to sleep apnea, COPD, history of hypoxia/SOB. Date initiated: 01/10/23.</p> <p>INTERVENTIONS/TASKS: Black box warning (morphine). -Give medications as ordered by physician. Monitor/document side effects and effectiveness. Atropine sulfate (for excessive secretions), albuterol, Formoterol, Budesonide, ipratropium-albuterol, morphine (see pain care plan for black box warning) Date initiated: 09/28/23. -May suction secretions pre use of Yanker PRN Date initiated: 09/28/23. -Monitor for s/sx of respiratory distress and report to MD PRN: respirations, pulse oximetry, increased heart rate (tachycardia), restlessness, diaphoresis (sweating), headaches, lethargy, confusion, atelectasis (partial or complete collapse of lung or section of a lung), hemoptysis (coughing up of blood or blood-tinged sputum from the lungs or tracheobronchial tree), cough, pleuritic (chest) pain, accessory muscle usage, skin color. -Oxygen/CPAP use as ordered. -Promote lung expansion and improve air exchange by positioning with proper body alignment. Date initiated: 09/28/23 .</p> <p>Record review of Resident #7's Order Summary dated 03/26/24 revealed:</p> <p>-Start date: 03/25/24</p> <p>Oxygen at 2 LPM via NC (nasal cannula) continuously while in bed r/t hypoxia.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Orchard Park Post Acute Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  721 Airport Dr Weslaco, TX 78596	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 03/26/24 at 10:49 a.m., the signage on Resident #7's door read Oxygen In Use and the resident's O2 concentrator was set at 4 Lpm.</p> <p>In an interview on 03/26/24 at 11:19 a.m., LVN G, the day nurse for Resident #7, went into Resident #7's room and reset Resident #7's oxygen machine to 2 Lpm. LVN G stated when she checked the O2 setting earlier that morning (03/26/24), it was set on 2 Lpm. LVN G stated Resident #7 sometimes resets the O2 so they (the nurses) were continually monitoring it. LVN G stated it was not good for Resident #7 to be on 4 Lpm when the order was for 2 Lpm. She said the resident would be receiving too much oxygen if she were getting 4 Lpm and would become more short of breath.</p> <p>In an interview on 03/29/24 at 02:05 p.m., LVN B, 2-10 shift nurse for Resident #7, went into Resident #7's room and checked the O2 setting. LVN B stated she had caught Resident #7 moving the O2 level yesterday (03/28/24), setting it on 4 Lpm. LVN B stated she informed hospice and hospice stated it was ok for her to have it at 4 Lpm and they gave an order for 4 Lpm. LVN B stated the nurses check O2 setting against the doctor's order at the beginning of shift and she checks the O2 settings 2-3 times during her shift. She said yesterday (03/28/24) when she was checking O2 settings on her shift, is when she saw Resident #7 moving her O2 setting and she notified hospice.</p> <p>In an interview on 03/29/24 at 02:15 p.m., the DON stated O2 settings are checked by nurses every shift at least once a shift against the physician's order. The DON stated too little oxygen could cause hypoxia or the resident could become short of breath. The DON stated too much oxygen can over inflate the lungs.</p> <p>The facility did not provide a policy on Oxygen Administration.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46038</p> <p>Resident #38</p> <p>FTag Initiation</p> <p>03/29/24 09:42 AM</p> <p>Care Plan:</p> <p>I receive antidepressant medication (Zoloft) r/t s/s of major depressive disorder- anxietyH</p> <p>I will be free from discomfort or adverse reactions related to antidepressant therapy through the review date.</p> <p>Administer ANTIDEPRESSANT medications as ordered by physician. Monitor/document side effects and effectiveness Q-SHIFT.</p> <p>Black Box Warning Zoloft</p> <p>Warning:</p> <p>Suicidality and antidepressant drugs</p> <p>Antidepressants increased the risk of suicidal thoughts and behavior in pediatric and young adult patients in short-term studies. Closely monitor all antidepressant-treated patients for clinical worsening, and for emergence of suicidal thoughts and behaviors.</p> <p>Black Box Warning: Zoloft</p> <p>Warning:</p> <p>Suicidality and antidepressant drugs</p> <p>Antidepressants increased the risk of suicidal thoughts and behavior in pediatric and young adult patients in short-term studies. Closely monitor all antidepressant-treated patients for clinical worsening, and for emergence of suicidal thoughts and behaviors.</p> <p>Monitor/document/report PRN adverse reactions to ANTIDEPRESSANT therapy: change in behavior/mood/cognition; hallucinations/delusions; social isolation, suicidal thoughts, withdrawal; decline in ADL ability, continence, no voiding; constipation, fecal impaction, diarrhea; gait changes, rigid muscles, balance probs, movement problems, tremors, muscle cramps, falls; dizziness/vertigo; fatigue, insomnia; appetite loss, wt loss, n/v, dry mouth, dry eyes</p> <p>I receive antipsychotic medications (olanzapine) r/t</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>history of bipolar disorder.</p> <p>I will zero to minimal side effects of medication usage</p> <p>Black Box Warning: olanzapine</p> <p>Warning:</p> <p>Increased mortality in elderly patients with dementia-related psychosis</p> <p>Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of 17 placebo-controlled trials (modal duration, 10 weeks), largely in patients taking atypical antipsychotic drugs, revealed a risk of death in drug-treated patients between 1.6 and 1.7 times the risk of death in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was approximately 4.5%, compared with a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (eg, heart failure, sudden death) or infectious (eg, pneumonia) in nature. Observational studies suggest that, similar to atypical antipsychotic drugs, treatment with conventional antipsychotic drugs may increase mortality. The extent to which the findings of increased mortality in observational studies may be attributed to the antipsychotic drug as opposed to some characteristic(s) of the patient is not clear. Olanzapine is not approved for treatment of patients with dementia-related psychosis.</p> <p>Monitor behaviors. Notify MD of new or worsening behaviors</p> <p>Monitor/document/report PRN any adverse reactions of antipsychotic medications: unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps nausea, vomiting, behavior symptoms not usual to the person.</p> <p>Obtain lab work as ordered and notify MD of results</p> <p>Pharmacy consultant to review medications per policy</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41761</b></p> <p>Based on observation, interview and record review the facility failed to ensure each resident's drug regimen was free from unnecessary drugs for 1 Resident (Resident #36) of 6 residents reviewed for medications in that:</p> <p>Resident #36 was administered Risperdal (antipsychotic medication) twice daily for vascular dementia.</p> <p>This failure could place residents on psychoactive medications at risk for adverse consequences such as impairment or decline of an individual's mental or physical condition.</p> <p>The findings were:</p> <p>Record review of Resident #36's Admission Record dated 03/27/24, revealed a [AGE] year old male, admitted to facility on 01/15/24. His diagnosis included: Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions), and dementia (a general term for a group of diseases that cause a loss of cognitive functioning, such as thinking, remembering, and reasoning, to the point that it interferes with daily life).</p> <p>Record review of Resident #36's quarterly MDS dated [DATE] revealed a BIMS score of 09, indicating moderately impaired cognition.</p> <p>Record review of Resident #36's Care Plan dated 01/22/24, revealed,</p> <p>FOCUS: I received antipsychotic medications (Risperdal) r/t vascular dementia. Date initiated: 01/27/24.</p> <p>INTERVENTIONS/TASKS: - Monitor behaviors. Notify MD of new or worsening behaviors. Date initiated: 01/27/24 - Monitor/document/report PRN any adverse reactions of antipsychotic medications: unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps, nausea, vomiting, behavior symptoms not usual to the person. Date initiated: 01/27/24 - Monitor/record occurrence of for target behavior symptoms and document per facility protocol. Date initiated: 01/27/24 - Pharmacy consultant to monitor medications at least monthly. Date initiated: 01/27/24.</p> <p>Record review of Resident #36's Order Summary dated 03/29/24 revealed, Resident #36 had the following orders:</p> <p>Start date: 03/14/24</p> <p>Risperdal Oral Tablet 0.5mg (Risperidone) Give 1 tablet by mouth two times a day for vascular dementia. (Risperidone is an antipsychotic used to treat schizophrenia, bipolar disorder, and irritability caused by autism)</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #36's February 2024 and March 2024 MAR (Medication Administration Record) revealed, Risperdal 0.5mg tablet was administered twice a day from 02/01/24 through the morning dose on 03/29/24.</p> <p>In an interview on 03/29/24 at 02:05 p.m., LVN B stated there was not supposed to be an indication of Alzheimer's or Dementia for antipsychotics orders. She said there was usually a black box warning on the antipsychotic for Alzheimer's or Dementia residents receiving it. LVN B stated if she saw that (Alzheimer's or Dementia indication) on an order, she would call the physician or NP to clarify and notify of the order.</p> <p>In an interview on 03/29/24 at 02:15 p.m., the DON stated antipsychotics with a diagnosis of Alzheimer's or dementia was an improper diagnosis to put on an order with an antipsychotic.</p> <p>Attempted telephone interview on 03/29/24 at 04:07 p.m., with NP D, who prescribed Risperdal for Resident #36, related to dementia. Message stated office was closed for the holiday (Good Friday). No voicemail left.</p> <p>Attempted telephone interview on 03/29/24 at 04:08 p.m., with MD E concerning Risperdal 0.5mg tab twice daily prescribed to Resident #36 with an indication of vascular dementia. No answer. Voicemail left. No return call received.</p> <p>Record review of facility's policy Psychotropic Medication, date implemented 08/15/22, revealed,</p> <p>Policy</p> <p>Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s).</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46038</p> <p>Based on interview and record review, the facility failed to maintain clinical records in accordance with accepted professional standards and practices that are complete and accurately documented for 3 of 10 residents (Resident #38, Resident #36, and Resident #7) reviewed for pharmacy services.</p> <p>1.) The facility failed to ensure consent forms were properly completed or signed by a responsible party prior to administration of antipsychotic and anti-depressant medication.</p> <p>This failure could affect all residents who require a consent form for medications at risk for lack of proper assessment when their medications are administered.</p> <p>Findings included:</p> <p>1. Record review of Resident #38's face sheet dated 3/28/2024 reflected a [AGE] year-old male with an admitted [DATE]. Diagnoses included bi-polar disorder (mental illness characterized by extreme mood swings), ) and major depressive disorder (mental disorder characterized by pervasive low mood, low self-esteem, and loss of interest in normal enjoyable activities), transient ischemic attack (mini stroke caused by a brief blockage of blood flow to the brain), and cerebral infarction (stroke caused by blood supply to the brain is blocked or reduced causing death to the brain tissue.).</p> <p>Record review of Resident #38's MDS dated [DATE] reflected a BIM score of 00 (severe cognitive impairment).</p> <p>Record Review of Resident #38's physician orders indicated:</p> <p>1.) Olanzapine Oral Tablet 2.5 MG</p> <p>Give 1 tablet by mouth two times a day for bipolar disorder.</p> <p>Dated: 1/26/2024</p> <p>2.) Zoloft Oral Tablet 50 MG (Sertraline HCl)</p> <p>Give 1 tablet by mouth at bedtime for depression.</p> <p>Dated: 1/26/2024 21:00</p> <p>Record review of Resident #38's care plan dated 11/04/2023 reflected Resident #38 may be physically and verbally aggressive at times due to multiple problems including dementia, bipolar disorder, and major depression. Resident #38 was to be administered medications Olanzapine as ordered. Monitor/document for side effects and effectiveness. Resident #38 did receive antidepressant medication Zoloft r/t s/s of major depressive disorder anxiety.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #38's MDS dated [DATE] reflected a BIM score of 00 (severe cognitive impairment).</p> <p>Record review on 3/28/24 at 1:15pm of Resident #38's clinical record revealed there was no consent form for the medication Zoloft. The and the consent form for Olanzapine did not have the medication name on the form, was not dated, and was signed by the resident who has had a responsible party and was cognitively unable to sign the consent form.</p> <p>2. Record review of Resident #36's Admission Record dated 03/27/24, revealed a [AGE] year old male, admitted to facility on 01/15/24. His diagnosis included: Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions), Dementia (a general term for a group of diseases that cause a loss of cognitive functioning, such as thinking, remembering, and reasoning, to the point that it interferes with daily life), cerebral infarction (stroke), hypertension (high blood pressure), anxiety disorder, heart disease, and obsessive-compulsive disorder (a personality disorder characterized by excessive orderliness, perfectionism, attention to details, and a need for control in relating to others).</p> <p>Record review of Resident #36's quarterly MDS dated [DATE] revealed a BIMS score of 09, indicating moderately impaired cognition.</p> <p>Record review of Resident #36's Care Plan dated 01/22/24, revealed</p> <p>FOCUS: I receive antidepressant medication (fluvoxamine) r/t OCD. Date initiated: 01/27/2024</p> <p>INTERVENTIONS/TASKS: - administer antidepressant medications as ordered by physician. Monitor/document side effects and effectiveness q shift. Date initiated: 01/27/24 - Monitor/document/report PRN adverse reactions to antidepressant therapy: change in behavior/mood/cognition, hallucinations/delusions, social isolation, suicidal thoughts, , withdrawal, decline in ADL ability, continence, no voiding, constipation, fecal impaction, diarrhea, gait changes, rigid muscles, balance probs, movement problems, tremors, muscle cramps, falls, dizziness/vertigo, fatigue, insomnia, appetite loss, weight loss, n/v (nausea/vomiting), dry mouth, dry eyes. Date initiated: 01/27/24 - Monitor/record occurrence of for target behavior symptoms and document per facility protocol. Date initiated: 01/27/24</p> <p>FOCUS: I received antipsychotic medications (Risperdal) r/t vascular dementia. Date initiated: 01/27/24</p> <p>INTERVENTIONS/TASKS: - Monitor behaviors. Notify MD of new or worsening behaviors. Date initiated: 01/27/24 - Monitor/document/report PRN any adverse reactions of antipsychotic medications: unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps, nausea, vomiting, behavior symptoms not usual to the person. Date initiated: 01/27/24 - Monitor/record occurrence of for target behavior symptoms and document per facility protocol. Date initiated: 01/27/24 - Pharmacy consultant to monitor medications at least monthly. Date initiated: 01/27/24.</p> <p>FOCUS: I receive anti-anxiety medications (clonazepam, buspirone) r/t anxiety. Date initiated: 01/27/24</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>INTERVENTIONS/TASKS: Black box warning for clonazepam. -Monitor the resident for safety. The resident is taking anti-anxiety meds which are associated with an increased risk of confusion, amnesia, loss of balance and cognitive impairment that looks like dementia and increases risk of falls, broken hips, and legs. Date initiated: 01/27/24 - Monitor/document/report PRN any adverse reactions to anti-anxiety therapy: drowsiness, lack of energy, clumsiness, slow reflexes, slurred speech, confusion and disorientation, depression, dizziness, lightheadedness, impaired thinking and judgement, memory loss, forgetfulness, nausea, stomach upset, blurred or double vision. Unexpected side effects: Mania, hostility, rage, aggressive or impulsive behavior, hallucinations. Date initiated: 01/27/24 - Monitor/record occurrence of for target behavior symptoms and document per facility protocol. Date initiated: 01/27/24.</p> <p>Record review of Resident #36's Order Summary dated 03/29/24 revealed, Resident #36 had the following orders:</p> <p>-Start date: 01/16/24 Fluvoxamine Maleate Oral Tablet 100mg (Fluvoxamine Maleate) Give 1 tablet by mouth one time a day for OCD (Fluvoxamine Maleate is a Selective Serotonin Uptake Inhibitor [SSRI] antidepressant).</p> <p>-Start date: 02/06/24</p> <p>Buspirone HCl oral tablet 5mg (Buspirone HCl) Give 1 tablet by mouth two times a day for anxiety obsessive compulsive disorder (Buspirone is an anxiolytic for treatment of anxiety).</p> <p>Start date: 03/14/24</p> <p>Clonazepam Oral tablet 0.5mg (Clonazepam) Give 1 tablet by mouth two times a day for anxiety/restlessness (Clonazepam is a benzodiazepine - sedative - that can treat seizures, panic disorder, and anxiety).</p> <p>Start date: 03/14/24</p> <p>Risperdal Oral Tablet 0.5mg (Risperidone) Give 1 tablet by mouth two times a day for vascular dementia. (Risperidone is an antipsychotic used to treat schizophrenia, bipolar disorder, and irritability caused by autism).</p> <p>Start date: 03/14/24</p> <p>Wellbutrin XL Oral Tablet Extended Release 24 Hour 150mg (Bupropion HCl) Give 1 tablet by mouth two times a day for smoking cessation aid. (Wellbutrin is an antidepressant and smoking cessation aid).</p> <p>Start date: 03/14/24</p> <p>Memantine HCl Oral Tablet 10mg (Memantine HCl) Give 1 tablet two times a day for dementia. (Memantine HCl is used to treat moderate to severe confusion [dementia] related to Alzheimer's Disease).</p> <p>Record review of 02/01/2024 to 02/29/2024 Pharmacy Recommendations revealed, on 02/29/24 Pharmacist wrote under Resident #36,</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Please ensure the state required standardized informed consent for antipsychotics is placed on residents chart for risperidone.</p> <p>No consents for Fluvoxamine, Bupropion HCl, Clonazepam or Wellbutrin.</p> <p>Consent for Risperdal was signed by resident and not RP. Consent was not dated.</p> <p>Record review of Resident #36's February 2024 MAR and March 2024 MAR revealed:</p> <p>Fluvoxamine 100mg tablet was administered one time a day from 02/01/24 - 02/29/24, and 03/01/24 - 03/29/24.</p> <p>Buspirone HCl 5mg tablet was administered twice a day from 02/01/24 - 02/29/24, and 03/01/24 - 03/29/24. MAR was printed the morning of 03/29/24 so only the morning dose shows as given on 03/29/24.</p> <p>Clonazepam 0.5mg tablet was administered twice a day 02/01/24 - 02/16/24. Morning dose on 02/17/24 was administered. The evening dose on 02/17/24 was not checked off. Clonazepam 0.5mg tablet was administered 03/18/24 - morning dose on 03/29/24.</p> <p>Risperdal 0.5mg tablet was administered twice a day from 02/01/24 through the morning dose on 03/29/24.</p> <p>Wellbutrin XL Extended Release 24 Hour 150mg tablet was administered twice a day from 02/01/24 through the morning dose on 03/29/24.</p> <p>3. Record review of Resident #7's Admission Record dated 03/26/24, revealed a [AGE] year old female, admitted to facility on 12/22/22. Her diagnosis included: Chronic obstructive pulmonary disease (COPD - a group of lung diseases that cause breathing difficulties and airflow blockage. COPD is a progressive disease that damages the lungs or airways, making it hard to breathe), respiratory failure (a condition in which your blood does not have enough oxygen or has too much carbon dioxide), hypertension (high blood pressure), chronic kidney disease (longstanding disease of the kidneys leading to renal failure), schizophrenia (a serious mental condition of a type involving a breakdown in the relation between thought, emotion, and behavior, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation), type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), and epilepsy (a chronic brain disease that causes recurrent seizures, which are brief episodes of involuntary movement. Seizures are caused by excessive electrical activity in the brain which can affect how it works temporarily).</p> <p>Record review of Resident #7's quarterly MDS dated [DATE] revealed a BIMS score of 09, indicating moderately impaired cognition.</p> <p>Record review of Resident #7's Care Plan dated 03/22/24, revealed,</p> <p>FOCUS: I am receiving anti-anxiety medication (clonazepam, buspirone) r/t anxiety disorder.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Orchard Park Post Acute Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  721 Airport Dr Weslaco, TX 78596	
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>INTERVENTIONS/TASKS: Black box warning for clonazepam. -Administer anti-anxiety medications as ordered by physician. Monitor for side effects and effectiveness q shift. Date initiated: 01/10/23. -Monitor the resident for safety. The resident is taking anti-anxiety meds which are associated with an increased risk of confusion, amnesia, loss of balance and cognitive impairment that looks like dementia and increases risk of falls, broken hips, and legs. Date initiated: 01/10/23 - Monitor/document/report PRN any adverse reactions to anti-anxiety therapy: drowsiness, lack of energy, clumsiness, slow reflexes, slurred speech, confusion and disorientation, depression, dizziness, lightheadedness, impaired thinking and judgement, memory loss, forgetfulness, nausea, stomach upset, blurred or double vision. Unexpected side effects: Mania, hostility, rage, aggressive or impulsive behavior, hallucinations. Date initiated: 01/10/23 - Monitor/record occurrence of for target behavior symptoms and document per facility protocol. Date initiated: 01/10/23.</p> <p>FOCUS: I am receiving antidepressant medication (trazadone) r/t insomnia. Date initiated: 01/10/23.</p> <p>INTERVENTIONS/TASKS: Black box warning trazadone. -Administer medications as ordered by physician. Monitor for side effects and effectiveness q shift. Date initiated: 01/10/23. -Evaluate other factors potentially causing insomnia, for example, environment (excessive heat, cold or noise), lighting, inadequate physical activity, facility routines, caffeine/medications. Attempt to modify and control these external factors before initiating hypnotic therapy. Date initiated: 01/10/23. -Monitor/document/report PRN for following adverse effects of sedative/hypnotic therapy: daytime drowsiness, confusion, loss of appetite in the morning, increased risk for falls and fractures, dizziness. Date initiated: 01/10/23. -Precede or accompany hypnotic use by other interventions to try to improve sleep. Date initiated: 01/10/23.</p> <p>FOCUS: I have major depression and I am receiving antidepressant medication (Paxil). Date initiated: 11/29/23.</p> <p>INTERVENTIONS/TASKS: - administer antidepressant medications as ordered by physician. Monitor/document side effects and effectiveness q shift. Date initiated: 11/29/23 -educate resident/family/caregivers about risks, benefits and side effects and/or toxic symptoms as needed. Date initiated: 11/29/23 - Monitor/document/report PRN adverse reactions to antidepressant therapy: change in behavior/mood/cognition, hallucinations/delusions, social isolation, suicidal thoughts, , withdrawal, decline in ADL ability, continence, no voiding, constipation, fecal impaction, diarrhea, gait changes, rigid muscles, balance probs, movement problems, tremors, muscle cramps, falls, dizziness/vertigo, fatigue, insomnia, appetite loss, weight loss, n/v (nausea/vomiting), dry mouth, dry eyes. Date initiated: 11/29/23.</p> <p>FOCUS: I am receiving antipsychotic medication (Seroquel) r/t schizophrenia. Date initiated: 01/10/23.</p> <p>INTERVENTIONS/TASKS: Black box warning. -Discuss side effects of medications with resident/RP as needed. Date initiated: 01/10/23. -Monitor behaviors. Notify MD of new or worsening behaviors. Date initiated: 01/10/23. -Monitor vital signs as ordered by MD and PRN. Date initiated: 01/10/23.</p> <p>FOCUS: I am at risk for respiratory distress due to sleep apnea, COPD, history of hypoxia/SOB. Date initiated: 01/10/23.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>INTERVENTIONS/TASKS: Black box warning (morphine). -Give medications as ordered by physician. Monitor/document side effects and effectiveness. Atropine sulfate (for excessive secretions), albuterol, Formoterol, Budesonide, ipratropium-albuterol, morphine (see pain care plan for black box warning) Date initiated: 09/28/23. -May suction secretions pre use of Yanker PRN Date initiated: 09/28/23. -Monitor for s/sx of respiratory distress and report to MD PRN: respirations, pulse oximetry, increased heart rate (tachycardia), restlessness, diaphoresis (sweating), headaches, lethargy, confusion, atelectasis (partial or complete collapse of lung or section of a lung), hemoptysis (coughing up of blood or blood-tinged sputum from the lungs or tracheobronchial tree), cough, pleuritic (chest) pain, accessory muscle usage, skin color. -Oxygen/CPAP use as ordered. - Promote lung expansion and improve air exchange by positioning with proper body alignment. Date initiated: 09/28/23</p> <p>Record review of Resident #7's Order Summary dated 03/26/24 revealed, Resident #7 had the following orders:</p> <p>-Start date: 03/26/23</p> <p>Buspirone HCl oral tablet 10mg (Buspirone HCl) Give 1 tablet by mouth three times a day related to anxiety disorder (Buspirone is an anxiolytic for treatment of anxiety).</p> <p>-Start date: 09/26/23</p> <p>Clonazepam Oral tablet 0.5mg (Clonazepam) Give 1 tablet by mouth every 8 hours related to anxiety disorder (Clonazepam is a benzodiazepine - sedative - that can treat seizures, panic disorder, and anxiety).</p> <p>-Start date: 10/06/23</p> <p>Seroquel Oral Tablet 100mg (Quetiapine Fumarate) Give 1 tablet three times a day related to anxiety disorder (Seroquel is an antipsychotic medication)</p> <p>-Start date: 11/28/23</p> <p>Paxil Oral Tablet 20mg (Paroxetine HCl) Give 1 tablet by mouth one time a day related to major depressive disorder, single episode, anxiety disorder. (Paxil is used to treat depression and anxiety. It is a SSRI.)</p> <p>-Start date: 12/14/23</p> <p>Trazadone HCl Oral Tablet 100mg (Trazadone HCl) Give 1 tablet by mouth three times a day related to anxiety disorder (Trazadone is an antidepressant and sedative)</p> <p>-Start date: 03/25/24</p> <p>Oxygen at 2 LPM via NC (nasal cannula) continuously while in bed r/t hypoxia.</p> <p>Record review of Resident #7's February 2024 MAR and March 2024 MAR revealed:</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Buspirone HCl 10mg tablet was administered three times a day from 02/01/24 - 03/29/24. MAR was printed the morning of 03/29/24 so only the morning dose shows as given on 03/29/24.</p> <p>-Clonazepam 0.5mg tablet was administered every 8 hours 02/01/24 - 03/28/24 at midnight, 08:00 a.m., and 04:00 p.m. Clonazepam 0.5mg tablet was administered at midnight and 08:00 a.m. on 03/29/24.</p> <p>- Seroquel 100mg tablet was administered three times a day from 02/01/24 - 02/28/24. On 03/29/24, Resident #7 received the first two administrations of Seroquel 100mg tablet.</p> <p>- Paxil 20mg tablet was administered one time a day from 02/01/24 - 03/29/24.</p> <p>-Trazadone HCl 100mg tablet was administered three times a day from 02/01/24 - 03/28/24. Trazadone HCl 100mg was administered at midnight and 08:00 a.m. on 03/29/24, pending the 05:00 p.m. dose.</p> <p>Record review of psychotropic consent forms for Buspirone HCL 10mg tablet, Clonazepam 0.5mg tablet, Seroquel 100mg tablet, Paxil 20mg tablet, and Trazadone HCl 100mg tablet were signed by Resident #7 and not by Resident #7's RP and consents were undated. There was no consent form for clonazepam 0.5mg tablet.</p> <p>In a phone interview on 03/28/24 at 02:35 PM Resident #38s RP stated she could not remember if she signed a consent form for Resident #38's antipsychotic or anti-depressant but does not believe she signed anything for medications. The RP stated she knew Resident #38 did display mood swings and figured he would be taking some kind of medication for the mood swings but could not remember if she signed anything giving consent.</p> <p>In an interview on 03/29/24 at 02:14 PM the DON stated, yes there is supposed to be a consent form for appropriate usage for the medication. The DON stated the consent form could have been overlooked or misplaced for the medication Zoloft but could not confirm. The DON stated consent form audits were conducted monthly by herself and the ADON but was now going to be started weekly. The DON stated if a resident was cognitively aware, that resident was able to sign his or her consent form. The DON stated that if a resident does have a responsible party, then the responsible party should have been the one to sign the consent form. The DON stated that the RP for Resident #38 was made aware of the medications Resident #38 was taking but was only told verbally. The DON stated that possible negative outcomes could be the resident could have symptoms from the medication and the family or RP being unaware of what medications that resident was being administered. The DON stated there was no policy for consent forms.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41761</b></p> <p>Based on observation, record review, and interview, the facility failed to establish and maintain an infection prevention and control program, designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, for two of 10 Residents (Resident #219 and Resident #15) that were reviewed for infection control and transmission-based precautions policies and practices, in that:</p> <ol style="list-style-type: none"> <li>1. LVN A did not change gloves after cross-contamination by touching Resident #219's remote prior to glucose check and did not change gloves and perform hand prior to insulin administration.</li> <li>2. The facility did not place contact precautions signage outside Resident #15's when there was an order for Resident #15 to be in isolation due to an infection.</li> <li>3. Housekeeping C failed to don PPE (Personal Protection Equipment) before he entered Resident #15's room.</li> <li>4. The facility failed to have biohazard bin or soiled laundry bin in Resident #15's room to dispose of PPE and soiled linen before leaving room.</li> </ol> <p>These failures could place residents at risk for infection through cross-contamination of pathogens and infectious diseases.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Record review of Resident #219's face sheet date 03/2/24 reflected a [AGE] year-old-woman with an admitted [DATE]. Diagnosis included type two diabetes (insufficient insulin production of the body).</li> </ol> <p>Record review of Resident #219's MDS dated [DATE] reflected a BIM score of 4 (severe cognitive impairment).</p> <p>Record review of Resident #219's physician orders dated 03/26/24 indicated the resident received Novolog Injection Solution per Sliding scale.</p> <p>During a medication administration observation on 03/28/24 at 11:41 AM LVN A performed hand hygiene, put on gloves, grabbed Resident #219's remote with gloved hands, and proceeded to check Resident #219's blood sugar with the glucose monitor without removing contaminated gloves. LVN A then grabbed Resident #219's insulin and administered the medication with the same gloves used to touch Resident #219's remote and blood glucose check.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 03/28/24 at 11:41 AM LVNA stated after touching Resident #219's remote, she should have removed her gloves, performed hand hygiene, and put on new gloves prior to checking Resident #219's blood glucose. LVN A stated she was nervous and should have removed gloves, preformed hand hygiene, and put on new gloves prior to giving Resident #219's insulin injection. LVN A stated in-service on infection control was about two weeks ago. LVN A stated if the object touched by a gloved hand had bodily fluids or bacteria, it could lead to an infection by cross contamination.</p> <p>In an interview on 03/29/24 at 10:10 AM the DON stated changing gloves after glove contamination was done to prevent the spread of infection which could potentially cause cross harm to the resident. The DON stated LVN A should have changed gloves after touching Resident #219's remote and after checking Resident 219's blood glucose. The DON stated last in-service on infection control and hand hygiene was about two weeks ago but is ongoing as staff are reminded daily about hand hygiene.</p> <p>2. Record review of Resident #15's Admission Record dated 03/28/24, revealed a [AGE] year old male, admitted to facility on 07/03/23. His diagnoses included, urinary tract infection, brain cancer, dementia (general term for a group of diseases that cause a loss of cognitive functioning, such as thinking, remembering, and reasoning), hypertension (high blood pressure), type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), Parkinsonism (a disorder of the central nervous system that affects movement, often including tremors), heart failure, paraplegia (a chronic condition that causes partial or complete paralysis of the lower half of the body).</p> <p>Record review of Resident #15's 02/21/24 Significant Change of status MDS revealed BIMS 09 (moderate cognitive impairment).</p> <p>Record review of Resident #15's 02/27/24 Care Plan revealed:</p> <p>FOCUS: Resident has infection of the (specify). Date initiated: 03/21/24.</p> <p>INTERVENTIONS/TASKS: -Administer antibiotic as per MD orders. Date initiated: 03/21/24 -Administer antipyretic as per MD orders. Date initiated: 03/21/24 -Follow facility policy and procedures for line listing, summarizing, and reporting of infections. Date initiated: 03/21/24. -Maintain universal precautions when providing resident care. Date initiated: 03/21/24. -Provide independent or 1:1 activities as tolerated by the resident. Reduce exposure to other residents while infection is active. Date initiated: 03/21/24.</p> <p>Record review of Resident #15's Order Summary dated 03/28/24 revealed:</p> <p>Orders dated 03/21/24,</p> <p>Contact isolation due to ESBL urinary tract infection.</p> <p>Merrem Intravenous Solution Reconstituted 1 GM (Meropenem) Use 1 gram intravenously every 8 hours for ESBL of the urine for 14 days.</p> <p>Record review of Resident #15's March 2024 MAR revealed, Resident #15 received antibiotic every 8 hours starting 03/21/24 at 04:00 p.m. through 08:00 a.m. 03/29/24.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 03/26/24 at 02:48 p.m., Housekeeping C went into Resident #15's room that had PPE hanging on the door. Housekeeping C entered room without donning PPE. There was not a Contact Precaution signage on the door.</p> <p>In an interview on 03/26/24 at 02:57 p.m., LVN F stated the Resident #15 had ESBL to the urine and was on precautions. LVN F stated he was not sure whether Resident #15 was on droplet or contact precautions. LVN F stated everyone entering the room should be wearing mask, gloves, and gown. LVN F stated if someone did not wear the correct PPE, the infection could be spread to other residents.</p> <p>In an interview on 03/26/24 at 03:01 p.m., Housekeeping C stated he should have worn PPE going into Resident #15's room, but he forgot. Housekeeping C stated he had been working at the facility for about a month and did not know what could happen if he did not wear PPE in a room that was on precautions. Housekeeping C stated he would ask the floor nurse, LVN F, who was the nurse for that hall and that resident.</p> <p>Observation on 03/27/24 at 09:10 a.m., Resident #15 had no bins for soiled laundry or biohazards to discard used PPE in his room.</p> <p>In an interview on 03/29/24 at 11:23 a.m., the Housekeeping Manager stated environmental was responsible for putting biohazard, linen, and trash cans in isolation rooms. She stated they had put one in Resident #15's room as soon as he was put on isolation. The Housekeeping Manager stated when surveyor went into room and there was no laundry bin or biohazards bin in Resident #15's room, someone must have taken it out to disinfect it.</p> <p>In an interview on 03/29/24 at 02:05 p.m., LVN B stated nurses put the Transmission Based Precaution (TBP) sign on the residents' doors if they have a contact precaution infection. LVN B stated ADONs would put the signage up on weekends. LVN B stated nurses, maintenance or housekeeping put the trash bins or soiled laundry bins in the resident's room, who is on TBP, to dispose of PPE or soiled linens or clothes. LVN B stated the nurses are the ones who notify maintenance or housekeeping of the TBP.</p> <p>In an interview on 03/29/24 at 02:15 p.m., the DON stated the ICP (Infection Control Preventionist) was responsible for putting TBP signage on the doors of residents with a transmission based precaution. The DON stated she is the ICP. The DON stated people entering a room on TBP without putting on PPE can become infected. The DON said housekeeping could either get or spread infection from entering the TBP room without PPE. The DON said specific bins in a TBP room for trash and linens are there to prevent cross-contamination or infection spread. The DON stated housekeeping was responsible for putting special bins in the TBP room.</p> <p>Review of facility's Infection Prevention and Control Program dated 5/13/23 stated:</p> <p>This facility has established and maintains an infection prevention and control program designed to provide safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease.</p> <p>4. Standard Precautions:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE.</p> <p>d. Licensed staff shall adhere to safe injection and medication administration practices, as described in relevant facility policies.</p> <p>5. Isolation protocol (Transmission-Based Precautions):</p> <p>a. A resident with an infection or communicable disease shall be placed on transmission-based precautions as recommended by current CDC guidelines.</p> <p>b. Residents will be placed on the least restrictive transmission-based precaution for the shortest duration possible under the circumstances.</p> <p>16. Staff Education</p> <p>a. All staff shall receive training, relevant to their specific roles and responsibilities, regarding the facility's infection prevention and control program, including policies and procedures related to their job function.</p> <p>b. All staff shall demonstrate competence in relevant infection control practices.</p> <p>c. Direct care staff shall demonstrate competence in resident care procedures established by our facility.</p> <p>46038</p>

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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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>40872</p> <p>Observation and interview revealed the facility failed to provide a safe and functional environment for residents, staff, and the public in 1 of 4 resident rooms, and in 1 of 1 patio smoking area, observed for environmental conditions.</p> <ol style="list-style-type: none"> <li>1. Cold water in Resident #38's bathroom was not functioning.</li> <li>2. The facility failed to ensure the designated smoking area was free from cigarette butt trash.</li> </ol> <p>These failures could affect residents by placing them at risk for diminished quality of life due to no running cold water, the lack of a well-kept environment that could place residents at risk, resulting in an environment that is not safe, sanitary, or comfortable for residents, staff, and visitors.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. During an observation on 03/26/24 at 03:25 PM Resident # 38 had no running cold water in his bathroom.</li> </ol> <p>In an interview on 03/28/24 at 01:42 PM the Maintenance Director stated the water in Resident #38's bathroom was shut off for trouble shooting approximately for a few days due to the sink being clogged. The Maintenance Director stated he removed one of the hoses in Resident #38's bathroom to unclog the drain and forgot to turn the valve on when he was done with the repairs. The Maintenance Director stated every morning an Ambassador (an administrator assigned to a hall) does a hall walk through and check for functionality of water, call lights, etc. The Maintenance Director stated Resident's cold water in the bathroom was fixed on Tuesday, 3/26/24 and the ADON was the Ambassador to check for functionality of water on Resident #38's hall.</p> <p>In an interview on 03/28/24 at 01:50 PM the ADON stated she was the Ambassador assigned to Resident #38's hall to make sure equipment and water were functioning. The ADON stated she informed the Maintenance Director on Tuesday 3/26/24, that the cold water in Resident #38's bathroom was not running but only told the Maintenance Director verbally and did not input the work order into the facility's work order system. The ADON stated on Wednesday 3/27/24 when she checked the water in Resident #38's bathroom, it was working but could not remember if she turned on the hot or cold water at that time. The ADON stated she did not check the water in Resident # 38's room on 3/28/24 but knows she was supposed to as part of making sure the water was functioning properly as it was part of the Ambassadors duties.</p> <p>In an interview on 03/28/24 at 01:55 PM Resident # 38 stated he does not use the restroom and did not notice there was no running cold water in his bathroom. Resident #38 stated it did not affect him in any way. Resident #38 noted with a Foley catheter and above knee left leg amputation.</p> <p>On 03/29/24 at 12:47 PM the Administrator stated there was no policy on environment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/29/2024
NAME OF PROVIDER OR SUPPLIER  Orchard Park Post Acute Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  721 Airport Dr Weslaco, TX 78596	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2.Observation on 03/29/24 at 1:42 p.m. revealed cigarette butts were found inside a trash can designated for trash only in the patio designated for smokers. The trash can did not have a functioning lid and was rusted on the inside as well as the outside. Several cigarette butts were also found in a planter pot.</p> <p>In an interview on 03/29/24 at 1:43 p.m. the Maintenance Director said the cigarette butts were not supposed to be thrown in either that trash can or the planter pot. He pointed towards the ashtray and trashcan that were designated for disposal of cigarette butts. The Maintenance Manager said that housekeeping was in charge of cleaning the patio.</p> <p>In an interview on 03/29/24 at 3:08 p.m. the Housekeeping Manager said her staff was responsible for cleaning the patio designated for resident who like to smoke. She said they clean the area every other day. She does not have a tracking log documented when it was cleaned or who cleaned the area, she said she designates a person to do the task. The Housekeeping Manager said the area should have been cleaned and does not know what happened, why it was not cleaned. She also said she would have it cleaned immediately and would have staff clean the area daily.</p> <p>In an interview on 03/29/24 at 4:19 p.m. the Administrator said cigarette butts should be thrown in the trashcans that are designated for cigarette butts. She said housekeeping staff is in charge of cleaning the designated smoking patio at least twice a week. She also said there is no check off list to document when it was done. The Administrator said t this issue was brought to her attention and that she is having the rusted trash can as well as the planter pot removed immediately.</p> <p>On 03/29/24 at 12:47 PM the Administrator stated there was no policy policy on environment.</p> <p>46038</p>		