STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675678	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care Choice of Boerne	200 E Ryan St Boerne, TX 78006

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to protect the confidentiality of personal and medical records for two (2) of three (3) staff (LPN A and LPN B) observed for confidentiality of records. 1. The facility failed to ensure LPN A locked the computer on the 100-Hall medication cart, which exposed 100-Hall resident names and room numbers, so the residents' information could be seen and/or accessed by someone walking by on 05/27/2026 at 09:39 a.m. 2. The facility failed to ensure LPN B locked the computer on the 200-Hall medication cart, which exposed Resident #3's medication list, so the resident's information could be seen and/or accessed by someone walking by on 05/27/2026 at 10:18 a.m. This failure could place residents at risk of having medical information exposed to others and cause residents to feel uncomfortable and disrespected.The findings included: 1. During an observation on 100-Hall on 05/27/2026 at 09:35 a.m., revealed a computer screen on a medication cart (located outside room [ROOM NUMBER], three rooms away from the dining room) was unlocked and unsupervised with 100-Hall resident information, including resident names and room numbers. There were no residents or visitors in the immediate area. LPN A was observed to walk down the hall from the vicinity of the nurses' desk within 30 seconds of the observation and locked the computer. During an interview on 05/27/2026 at 09:39 a.m., LPN A stated the expectation for nursing staff was to usually lock the computer prior to leaving it. She stated, that was me, regarding leaving the computer unlocked. She stated she did not realize she did not lock the computer after she had entered vitals for a resident, noticed she needed to obtain a catheterization tray for an order, and prior to leaving the cart. She stated she had only left the computer and cart unattended during the time it took her to walk from the cart to obtain the catheterization tray and then return. 2. During a medication administration observation on 05/27/2026 from 10:17 a.m. to 10:28 a.m., LPN B was observed to review Resident #3's ordered medications, outside Resident #3's room, 211; and grab a blood pressure cuff from her cart. At 10:18 a.m., she left her computer unlocked and entered Resident #3's room to obtain Resident #3's blood pressure. Resident #3's electronic Medication Administration Record was observed to have been left open and unattended during the time LPN B was in Resident #3's room obtaining Resident #3's blood pressure; approximately 3 minutes. Upon returning to the computer, there were no observed residents or visitors in the immediate area. LPN B was observed to immediately document Resident #3's blood pressure and pulse values in the computer. During an interview on 05/27/2026 at 10:28 a.m., LPN B stated when she entered a resident's room, she would usually hide (lock) the screen. She stated she did not realize she had not locked the computer screen. She stated it was important to hide the screen for HIPAA and to ensure she maintained the residents' privacy. She stated the impact of not hiding the computer screen was that the residents' records would be open, and everyone could see what the resident gets (medications). During an interview on 05/28/2026 at 04:11 p.m., the ADMIN stated his expectation for nursing staff was that the computer should be secured when they were not right in front of the computer. He stated the impact of not locking the computer was that it could be a HIPAA concern, and there was the risk of someone finding out information about the person on the screen that they should not have access to. During an interview on 05/28/2026 at 04:40 p.m., the DON stated (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care Choice of Boerne	200 E Ryan St Boerne, TX 78006

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	her expectation for nursing staff was that they should lock the personal health information before stepping away from their computer. She stated the impact was that other people could see health information that they should not have access to. Record review of the facility's policy titled, Resident Rights, dated revised 2016, revealed, Policy Interpretation and Implementation1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: . t. privacy and confidentiality; .3. The unauthorized release, access, or disclosure of resident information is prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy of information issues. All inquiries concerning the release of resident information should be directed to the HIPAA Compliance Officer.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that it was free of a medication error rate below 5 percent (%) or greater. The facility had a medication error rate of 100% based on 25 out of 25 opportunities which involved four (4) of four (4) residents (Resident #1, Resident #2, Resident #3, and Resident #4) and three (3) of three (3) staff (LPN A, LPN B, and LPN C) observed for medication administration errors. 1. LPN A administered Namenda (a drug used to treat moderate-to-severe dementia, the impaired ability to remember, think, or make decisions) and Pataday (an eyedrop used to treat eye itching caused by allergies) to Resident #1 on 05/27/2026 at 09:44 a.m., 44 minutes after the scheduled administration window, 07:00 a.m. to 09:00 a.m. 2. LPN B administered Escitalopram Oxalate (a drug used to treat depression and anxiety disorders), Glipizide (a drug used to control high blood sugar in adults), and Metformin HCl (a drug used to manage high blood sugar levels) to Resident #2 on 05/27/2026 at 10:17 a.m., one (1) hour and 17 minutes after the scheduled administration window, 07:00 a.m. to 09:00 a.m. 3. LPN B administered Acetaminophen (a drug used for the short-term relief of minor aches and pains), Allopurinol (a drug used to treat gout, a type of arthritis caused by high levels of uric acid in the blood), Amlodipine Besylate (a drug used to lower blood pressure), Jardiance (a drug used to manage blood sugar levels), Lidoderm (a patch used to relieve nerve pain), Metformin HCl, MiraLax (a drug used to treat occasional constipation, infrequent bowel movements or difficulty passing stool), Pregabalin (a drug used to treat pain), and Senna (a drug used for short-term treatment of constipation) to Resident #3 on 05/27/2026 at 10:28 a.m., one (1) hour and 28 minutes after the scheduled administration window, 07:00 a.m. to 09:00 a.m. 4. LPN C administered Folic Acid (a vitamin B9 supplement used to treat low blood levels of folate), Pepcid (a drug used to reduce stomach acid), Allopurinol, Iron (an iron supplement used to treat low iron levels in the blood), a Multiple Vitamins-Minerals tablet (a supplement used to provide essential vitamins and minerals that are not taken in through the diet), Thiamine (a vitamin B1 supplement used to increase vitamin B1 levels in the blood), Lexapro (a drug used for the treatment of Major Depressive Disorder, a mood disorder that causes a persistent feeling of sadness and loss of interest), Metformin HCl, Magnesium Oxide (a magnesium supplement used to treat low magnesium levels in the blood), Metoprolol Tartrate (a drug used to lower blood pressure), and Zinc (a supplement used to increase zinc levels that are not taken in through the diet) to Resident #4 on 05/27/2026 at 10:18 a.m., 18 minutes after the scheduled administration window, 08:00 a.m. to 10:00 a.m. These failures could place residents at risk of not receiving therapeutic effects of the medications and possible adverse reactions. The findings included: 1. Record review of Resident #1's admission Record, dated 05/27/2026, reflected a [AGE] year-old female. She was admitted on [DATE]. Record review of Resident #1's Medical Diagnosis tab, undated and accessed on 05/27/2026 at 03:39 p.m., reflected diagnoses included unspecified dementia, adjustment disorder with mixed anxiety and depressed mood (a stress-related mental health condition where stressors trigger excessive worry or feelings of fear or dread and sadness or loss of interest), and constipation. Record review of Resident #1's Modification of Quarterly MDS Assessment, dated 04/09/2026, reflected the resident had a BIMS score of 11, which indicated she was moderately cognitively intact. She did not receive pain medications in the last five (5) days, did not receive injections in the last seven (7) days, and received high-risk medications classified as an antidepressant in the last seven (7) days. Record review of Resident #1's Care Plan Report, undated and accessed 05/27/2026 at 03:43 p.m., reflected the following focus and interventions: - Focus: [Resident #1] has dry eyes., date initiated 04/24/2026. - Intervention: [Resident #1] will be administered eye drops as ordered. Notify MD of concerns, date initiated 04/24/2026. - Focus: [Resident #1] has alteration in cognitive status due to Dx of Dementia, date initiated and revised 04/24/2026. - Intervention: Medications as ordered, date initiated 04/24/2026. Record review of Resident #1's Order Summary Report, printed 05/27/2026 with (continued on next page)

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Care Choice of Boerne	200 E Ryan St Boerne, TX 78006

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	active orders as of 05/27/2026, reflected the following order summaries with order status, order date, start date, and end date if available: - Namenda Oral Tablet 10 MG (Memantine HCl) Give 1 tablet by mouth two times a day related to UNSPECIFIED DEMENTIA., order status Active, order date 01/24/2026, start date 01/29/2026, and no end date. - Pataday Ophthalmic Solution 0.7% (Olopatadine HCl) Instill 1 drop in both eyes one time a day for dry eyes, order status Active, order date 03/26/2026, start date 03/28/2026, and no end date. Record review of Resident #1's 05/01/2026 - 05/31/2026 Medication Administration Record, printed 05/27/2026, reflected the following orders with scheduled administration time (Hours):- Namenda Oral Tablet 10 MG (Memantine HCl) Give 1 tablet by mouth two times a day related to UNSPECIFIED DEMENTIA., scheduled for administration at 0800 and 1700. - Pataday Ophthalmic Solution 0.7% (Olopatadine HCl) Instill 1 drop in both eyes one time a day for dry eyes, scheduled for administration at 0800. During an observation and interview of medication administration on 05/27/2026 from 09:40 a.m. to 09:44 a.m., LPN A was observed to start preparing Resident #1's medication administration at 09:40 a.m. On LPN A's electronic medication administration record screen, Resident #1's Namenda and Pataday were observed to be highlighted red and scheduled for administration at 08:00 a.m. LPN A was observed to administer Resident #1's medications at 09:44 a.m. LPN A stated Resident #1's medications were late. She stated Resident #1 would often not take her medications until after breakfast, which could result in the medications being administered late. She stated late administration could impact the resident if the medication was scheduled to be administered multiple times a day because it might result in the timeframe between medication administrations having been not far enough apart. She stated if the timeframes were too close, she would have to notify the resident's physician. 2. Record review of Resident #2's admission Record, dated 05/27/2026, reflected a [AGE] year-old female. She was admitted on [DATE]. Record review of Resident #2's Medical Diagnosis tab, undated and accessed on 05/27/2026 at 03:48 p.m., reflected diagnoses included type 2 diabetes mellitus (a condition that develops with the way the body regulates and uses sugar as fuel), anxiety disorder (a condition in which a person has excessive worry and feelings of fear, dread, and uneasiness), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). Record review of Resident #2's admission MDS Assessment, dated 04/23/2026, reflected the resident had a BIMS score of 12, which indicated she was moderately cognitively intact. She received scheduled pain medications in the last five (5) days, did not receive injections in the last seven (7) days, and received high-risk medications classified as antidepressant (used to relieve depression), hypoglycemic (used to lower blood sugar levels), and anticonvulsant (used to prevent seizures) in the last seven (7) days. Record review of Resident #2's Care Plan Report, undated and accessed 05/27/2026 at 03:51 p.m., reflected the following focus and interventions: - Focus: [Resident #2] has a dx of Diabetes Mellitus and receives daily medication and therapeutic diet to manage this. , date initiated and revised 04/29/2026. - Intervention: Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness., date initiated 04/29/2026. - Focus: [Resident #2] is taking antidepressant medication for a mood disorder.She is at risk for adverse effects., date initiated and revised 04/29/2026. - Intervention: Administer ANTIDEPRESSANT medications as ordered by physician. Monitor/document side effects and effectiveness Q-SHIFT, date initiated 04/29/2026. Record review of Resident #2's Order Summary Report, printed 05/27/2026 with active orders as of 05/27/2026, reflected the following order summaries with order status, order date, start date, and end date if available: - Escitalopram Oxalate Oral Tablet 10 MG (Escitalopram Oxalate) Give 1 tablet by mouth one time a day for Depression/Anxiety, order status Active, order date 04/15/2026, start date 04/16/2026, and no end date. - Glipizide Oral Tablet 5 MG (Glipizide) Give 0.5 tablet by mouth one time a day for DM2, order status Active, order date 04/15/2026, start date 04/16/2026, and no end date.- Metformin HCl Oral Tablet 1000 MG (Metformin HCl) Give 1 tablet by mouth two times a day for DM2, order status Active, order and start date 04/15/2026, and no end date. Record review of Resident #2's 05/01/2026 (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 05/31/2026 Medication Administration Record, printed 05/27/2026, reflected the following orders with scheduled administration time (Hours):- Escitalopram Oxalate Oral Tablet 10 MG (Escitalopram Oxalate) Give 1 tablet by mouth one time a day for Depression/Anxiety, scheduled for administration at 0800. - Glipizide Oral Tablet 5 MG (Glipizide) Give 0.5 tablet by mouth one time a day for DM2, scheduled for administration at 0800. - Metformin HCl Oral Tablet 1000 MG (Metformin HCl) Give 1 tablet by mouth two times a day for DM2, scheduled for administration at 0800 and 1700. During an observation of medication administration on 05/27/2026 from 10:11 a.m. to 10:17 a.m., LPN B was observed to start preparing Resident #2's medication administration at 10:11 a.m. On LPN A's electronic medication administration record screen, Resident #2's Escitalopram Oxalate, Glipizide, and Metformin HCl were observed to be highlighted red and scheduled for administration at 08:00 a.m. LPN A was observed to administer Resident #2's medications at 10:17 a.m. 3. Record review of Resident #3's admission Record, dated 05/27/2026, reflected a [AGE] year-old female. She was admitted on [DATE]. Record review of Resident #3's Medical Diagnosis tab, undated and accessed on 05/27/2026 at 03:53 p.m., reflected diagnoses included constipation, type 2 diabetes mellitus, hypertension (condition of high pressure in the vessels that carry blood from the heart to the rest of the body), and gout (inflammatory arthritis caused by the buildup of uric acid and can lead to sudden and severe attacks of pain). Record review of Resident #3's Quarterly MDS Assessment, dated 05/08/2026, reflected the resident had a BIMS score of 4, which indicated she was severely cognitively impaired. She received scheduled and as needed pain medications in the last five (5) days, did not receive injections in the last seven (7) days, and received high-risk medications classified as an opioid (used to relieve moderate to severe pain), hypoglycemic, and an anticonvulsant in the last seven (7) days. Record review of Resident #3's Care Plan Report, undated and accessed 05/27/2026 at 04:01 p.m., reflected the following focus and interventions: - Focus: [Resident #3] has the potential for complications r/t Hypertension., date initiated and revised 11/12/2025. - Intervention: Adm medication as ordered observing for effectiveness &/or side effects. Notify physician as needed., date initiated and revised 11/12/2025. - Focus: [Resident #3] has the potential for complications r/t Diabetes, date initiated and revised 11/12/2025. - Intervention: Adm related medication as ordered observing for effectiveness &/or side effects. Notify physician as needed., date initiated 11/12/2025. - Focus: [Resident #3] has Dx of Constipation, date initiated and revised 11/12/2025. - Intervention: Monitor for potential side effects of medication and report to MD, date initiated 11/12/2025. - Focus: [Resident #3] has Dx of Gout, date initiated and revised 11/12/2025. - Intervention: Administer medications as ordered and monitor of [sic] effectiveness, date initiated 11/12/2025. - Focus: [Resident #3] is experiencing the presence of frequent pain due to generalized chronic pain., date initiated 01/22/2026 and revised 02/26/2026. - Intervention: Administer pain medication as ordered observing for effectiveness &/or side effects. Notify physician if no relief with use of pain medication &/or side effects noted., date initiated 01/22/2026. Record review of Resident #3's Order Summary Report, printed 05/27/2026 with active orders as of 05/27/2026, reflected the following order summaries with order status, order date, start date, and end date if available: - Acetaminophen Oral Tablet 325 MG (Acetaminophen) Give 2 tablet by mouth three times a day for pain (2 tabs= 650mg), order status Active, order and start date 10/31/2025, and no end date. - Allopurinol Oral Tablet 300 MG (Allopurinol) Give 1 tablet by mouth one time a day for Gout, order status Active, order date 10/31/2025, start date 11/01/2025, and no end date.- Amlodipine Besylate Oral Tablet 5 MG (Amlodipine Besylate) Give 1 tablet by mouth two times a day for HTN *HOLD if SBP < 110 or pulse <60, order status Active, order and start date 10/31/2025, and no end date.- Jardiance Oral Tablet 25 MG (Empagliflozin) Give 1 tablet by mouth one time a day related to Type 2 Diabetes Mellitus with Hyperglycemia, order status Active, order date 11/06/2025, start date 11/07/2025, and no end date.- Lidoderm External Patch 5% (Lidocaine) Apply to Right Hip topically [to the skin] one time a day for pain and remove per schedule, order status Active, order date 10/31/2025, start date 11/01/2025, and no end date.- Metformin HCl Oral Tablet 1000 MG (Metformin HCl) Give 1 tablet by mouth two (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	times a day for DM, order status Active, order and start date 10/31/2025, and no end date.- MiraLax Oral Powder 17 GM/SCOOP (Polyethylene Glycol 3350) Give 1 scoop by mouth two times a day for constipation, order status Active, order and start date 10/31/2025, and no end date.- Pregabalin Oral Capsule 75 MG (Pregabalin) Give 1 capsule by mouth two times a day for pain, order status Active, order and start date 10/31/2025, and no end date.- Senna Oral Tablet 8.6 MG (Sennosides) Give 1 tablet by mouth two times a day for constipation, order status Active, order and start date 10/31/2025, and no end date. Record review of Resident #3's 05/01/2026 - 05/31/2026 Medication Administration Record, printed 05/27/2026, reflected the following orders with scheduled administration time (Hours):- Acetaminophen Oral Tablet 325 MG (Acetaminophen) Give 2 tablet by mouth three times a day for pain (2 tabs= 650mg), scheduled for administration at 0800, 1400, and 2000. - Allopurinol Oral Tablet 300 MG (Allopurinol) Give 1 tablet by mouth one time a day for Gout, scheduled for administration at 0800. - Amlodipine Besylate Oral Tablet 5 MG (Amlodipine Besylate) Give 1 tablet by mouth two times a day for HTN *HOLD if SBP < 110 or pulse <60, scheduled for administration at 0800 and 1700. - Jardiance Oral Tablet 25 MG (Empagliflozin) Give 1 tablet by mouth one time a day related to Type 2 Diabetes Mellitus with Hyperglycemia, scheduled for administration at 0800. - Lidoderm External Patch 5% (Lidocaine) Apply to Right Hip topically [to the skin] one time a day for pain and remove per schedule, scheduled for administration at Apply 0800 and Remove 2000. - Metformin HCl Oral Tablet 1000 MG (Metformin HCl) Give 1 tablet by mouth two times a day for DM, scheduled for administration at 0800 and 1700. - MiraLax Oral Powder 17 GM/SCOOP (Polyethylene Glycol 3350) Give 1 scoop by mouth two times a day for constipation, scheduled for administration at 0800 and 1700. - Pregabalin Oral Capsule 75 MG (Pregabalin) Give 1 capsule by mouth two times a day for pain, scheduled for administration at 0800 and 1700. - Senna Oral Tablet 8.6 MG (Sennosides) Give 1 tablet by mouth two times a day for constipation, scheduled for administration at 0800 and 1700. During an observation of medication administration on 05/27/2026 from 10:17 a.m. to 10:28 a.m., LPN B was observed to start preparing Resident #3's medication administration at 10:17 a.m. On LPN A's electronic medication administration record screen, Resident #3's acetaminophen, allopurinol, amlodipine besylate, Jardiance, Lidoderm patch, metformin HCl, MiraLax, pregabalin, and senna were observed to be highlighted red and scheduled for administration at 08:00 a.m. LPN A was observed to administer Resident #3's medications at 10:28 a.m. During an interview on 05/27/2026 at 10:28 a.m., LPN B stated most of the residents' medications were scheduled at 08:00 a.m. She stated the nurses had an hour before and after the scheduled time to administer medications. She stated she would start administering some medications at 07:00 a.m., but would then have to stop for breakfast, which she stated took a chunk out of the administration time. She stated she prioritized certain medications that were scheduled to be administered a second time, at 11:00 a.m., to give at 07:00 a.m. because those medications would be too closely administered if the scheduled 08:00 a.m. medication was administered late. She stated the facility was working on addressing the late medications but those observed that were red colored in the electronic administration record were administered late. 4. Record review of Resident #4's admission Record, dated 05/27/2026, reflected a [AGE] year-old female. She was admitted on [DATE]. Record review of Resident #4's Medical Diagnosis tab, undated and accessed on 05/27/2026 at 03:19 p.m., reflected diagnoses included type 2 diabetes mellitus, gout, anemia (low number of red blood cells), hypertension, gastro-esophageal reflux disease (also known as acid-reflux disease or GERD, when the stomach contents flow back into the esophagus and cause discomfort such as heartburn), major depressive disorder, and deficiency of other vitamins. Record review of Resident #4's Quarterly MDS Assessment, dated 05/06/2026, reflected the resident had a BIMS score of 14, which indicated she was cognitively intact. She did not receive pain medications in the last five (5) days, did receive injections in the last seven (7) days, and received high-risk medications classified as an antidepressant, diuretic (medication to help reduce excess fluid from the body which can lower blood pressure and relieve fluid retention), and hypoglycemic in the last seven (7) days. Record review of Resident #4's Care Plan Report, undated and accessed (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	05/27/2026 at 04:01 p.m., reflected the following focus and interventions: - Focus: [Resident #4] has the potential for complications r/t Diabetes type 2 mellitus with hyperglycemia [high blood sugar level], date initiated and revised 06/14/2021.- Focus: [Resident #4] has the potential for complications r/t Hypertension, date initiated and revised 06/14/2021. - Intervention: [Resident #4] to be administered anti-hypertensive medication as ordered r/t hypotension [low blood pressure], date initiated 06/14/2021 and revised 12/09/2024. - Focus: [Resident #4] has a diagnosis of GERD Digestive disorder, date initiated and revised 06/14/2021. - Intervention: [Resident #4] to be administered medications as ordered and monitor of [sic] effectiveness, date initiated 06/14/2021 and revised 12/09/2024. - Focus: [Resident #4] is at risk for side effects/complications from antidepressant use related to Dx: Depression, date initiated and revised 07/12/2023. - Intervention: [Resident #4] to be administered related medication as ordered observing for side effects &/or adverse reactions. Notify physician if noted &/or as needed., date initiated 07/12/2023 and revised 12/09/2024. - Focus: [Resident #4] has dx of gout, date initiated 12/09/2024. - Intervention: [Resident #4] to be administered medication r/t dx of gout., date initiated 12/09/2024. - Focus: [Resident #4] is at risk due to is prone to elevated Uric Acid levels, date initiated 01/22/2026. - Intervention: Administer medication as ordered, date initiated 01/22/2026. - Focus: [Resident #4] has Dx of anemia, date initiated 09/22/2025. - Intervention: Give medications as ordered, date initiated 09/22/2025 and revised 01/22/2026. Record review of Resident #4's Order Summary Report, printed 05/27/2026 with active orders as of 05/27/2026, reflected the following order summaries with order status, order date, start date, and end date if available: - Folic Acid Tablet 1 MG Give 1 tablet by mouth one time a day for supplement, order status Active, order date 05/11/2021, start date 05/12/2021, and no end date. - Pepcid Oral Tablet 20 MG (Famotidine) Give 1 tablet by mouth one time a day for Acid reflux, order status Active, order date 08/30/2023, start date 08/31/2023, and no end date.- Allopurinol Oral Tablet 100 MG (Allopurinol) Give 1 tablet by mouth one time a day for elevated uric acid level, order status Active, order date 07/05/2023, start date 07/07/2023, and no end date. - Iron (Ferrous Sulfate) Oral Tablet 325 (65 Fe) MG (Ferrous Sulfate) Give 1 tablet by mouth two times a day for supplement per [MD name] office, order status Active, order and start date 08/26/2024, and no end date.- Multiple Vitamins-Minerals Tablet Give 1 tablet by mouth one time a day for supplement, order date 05/11/2021, start date 05/12/2021, and no end date. - Thiamine HCl Tablet 100 MG Give 1 tablet by mouth one time a day for anemia, order status Active, order date 05/11/2021, start date 05/12/2021, and no end date.- Lexapro Oral Tablet 20 MG (Escitalopram Oxalate) Give 1 tablet by mouth one time a day for MDD, order status Active, order date 06/05/2024, start date 06/06/2024, and no end date. - Metformin HCl Tablet 1000 MG give 1 tablet by mouth two times a day for DM, order status Active, order date 09/16/2021, start date 09/17/2021, and no end date.- MagOx 400 Oral Tablet (Magnesium Oxide (Mg Supplement)) Give 1 tablet by mouth two times a day for Supplement, order status Active, order and start date 12/20/2023, and no end date. - Metoprolol Tartrate Tablet 25 MG Give 1 tablet by mouth two times a day for HTN *HOLD if SBP <110 or DBP <60 or HR <60, order status Active, order date 05/11/2021, start date 05/12/2021, and no end date.- Zinc Tablet 50 MG Give 1 tablet by mouth one time a day for supplement, order status Active, order date 05/11/2021, start date 05/12/2021, and no end date. Record review of Resident #4's 05/01/2026 - 05/31/2026 Medication Administration Record, printed 05/27/2026, reflected the following orders with scheduled administration time (Hours):- Folic Acid Tablet 1 MG Give 1 tablet by mouth one time a day for supplement, scheduled for administration at 0900. - Pepcid Oral Tablet 20 MG (Famotidine) Give 1 tablet by mouth one time a day for Acid reflux, scheduled for administration at 0900. - Allopurinol Oral Tablet 100 MG (Allopurinol) Give 1 tablet by mouth one time a day for elevated uric acid level, scheduled for administration at 0900. - Iron (Ferrous Sulfate) Oral Tablet 325 (65 Fe) MG (Ferrous Sulfate) Give 1 tablet by mouth two times a day for supplement per [MD name] office, scheduled for administration at 0900 and 1700. - Multiple Vitamins-Minerals Tablet Give 1 tablet by mouth one time a day for supplement, scheduled for administration at 0900. - Thiamine HCl Tablet 100 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675678	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care Choice of Boerne	200 E Ryan St Boerne, TX 78006

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	MG Give 1 tablet by mouth one time a day for anemia, scheduled for administration at 0900. - Lexapro Oral Tablet 20 MG (Escitalopram Oxalate) Give 1 tablet by mouth one time a day for MDD, scheduled for administration at 0900. - Metformin HCl Tablet 1000 MG give 1 tablet by mouth two times a day for DM, scheduled for administration at 0900 and 1700. - MagOx 400 Oral Tablet (Magnesium Oxide (Mg Supplement)) Give 1 tablet by mouth two times a day for Supplement, scheduled for administration at 0900 and 1700. - Metoprolol Tartrate Tablet 25 MG Give 1 tablet by mouth two times a day for HTN *HOLD if SBP <110 or DBP <60 or HR <60, scheduled for administration at 0900 and 1700. - Zinc Tablet 50 MG Give 1 tablet by mouth one time a day for supplement, scheduled for administration at 0900. During an observation and interview of medication administration on 05/27/2026 from 10:05 a.m. to 10:18 a.m., LPN A was observed to start preparing Resident #4's medication administration at 10:05 a.m. On LPN A's electronic medication administration record screen, Resident #4's folic acid, Pepcid, allopurinol, iron, multiple vitamin-mineral tablet, thiamine HCl, Lexapro, metformin HCl, magnesium oxide, metoprolol tartrate, and zinc were observed to be scheduled for administration at 09:00 a.m. LPN A was observed to administer Resident #4's medications at 10:18 a.m. LPN A stated she was familiar with the facility's medication administration policy. During an interview on 05/28/2026 at 04:11 p.m., the ADMIN stated, from his understanding, the time the staff had to administer a medication was they had an hour before and after the medication was scheduled, such as if the medication was scheduled at 08:00 a.m., they could administer the medication from 07:00 a.m. to 09:00 a.m. He stated that without knowing what the specific medication was for he could not determine the impact of a late medication administration, but if for example the medication was for pain, the late administration might result in experiencing pain before the pain was leveled off and the resident might become a little perturbed. During an interview on 05/28/2026 at 04:40 p.m., the DON stated the nursing staff had an hour before and after the scheduled administration time to administer a medication per facility procedure. She stated there could be an interruption on the floor that might delay or interrupt administration, but she would usually expect the staff to administer within the two-hour window. She stated the impact of late medication administration would depend on the number of hours between the medications next administration and if the administration was late, it could result in the next administration issued too soon, which could affect the resident. Record review of the facility's policy titled, Administering Medications, dated revised April 2019, revealed, Policy StatementMedications are administered in a safe and timely manner, and as prescribed.Policy Interpretation and Implementation .4. Medications are administered in accordance with prescriber orders, including any required time frame.5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: a. Enhancing optimal therapeutic effect of the medication; b. Preventing potential medication or food interactions; and c. Honoring resident choices and preferences, consistent with his or her care plan.7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). Record review of the facility's policy titled, Adverse Consequences and Medication Errors, dated 2001 and revised June 2025, revealed, Medication Errors.2. Examples of medications [sic] errors include:. g. wrong time;.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675678	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care Choice of Boerne	200 E Ryan St Boerne, TX 78006

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews, and record review the facility failed to ensure all drugs and biologicals were locked in compartments under proper temperature controls and permitted only authorized personnel to have access to the keys, for 1 of 3 medication carts (200-Hall medication cart) reviewed for security. LPN B left the 200-Hall medication cart unsupervised, unattended, and unlocked during a medication administration for approximately two (2) minutes on 05/27/2026 at 10:26 a.m. This failure could place residents at risk for misappropriation of property and or not receiving the therapeutic effects of their medications.The findings included: During a medication administration observation on 05/27/2026 from 10:17 a.m. to 10:28 a.m., LPN B was observed to review and prepare Resident #3's medications for administration. At approximately 10:26 a.m., LPN B picked up Resident #3's prepared medications in a cup, left the 200-Hall cart in the 200-Hall next to Resident #3's room, facing out toward the hallway, and entered Resident #3's room. The 200-Hall medication cart was observed to be unlocked and unattended. There were no residents or visitors in the immediate area. LPN B was observed to administer Resident #3's medications at bedside and returned to the 200-Hall medication cart at 10:28 a.m. During an interview on 05/27/2026 at 10:28 a.m., LPN B stated when she entered a resident's room, she would usually lock the cart. She stated she did not realize she had not locked the cart. She stated the impact of not locking the cart was that if a patient came by, they could open it up. She stated the narcotics would have still been secured since they were locked separately and the punch cards that held most of the resident medications would have been difficult for the residents to get into. During an interview on 05/28/2026 at 04:11 p.m., the ADMIN stated, to his understanding, the medication cart should be secured as soon as the nursing staff pull away from the medication cart. He stated the impact of not locking a medication cart was the safety of someone if they get access to the content of the cart. During an interview on 05/28/2026 at 04:40 p.m., the DON stated her expectation for nursing staff was that they should lock the medication cart anytime they are walking away from the cart. She stated the impact of not locking a medication cart was that medications could be unsecure and potentially accessed by a resident or anyone that should not have access to those medications. Record review of the facility's policy titled, Administering Medications, dated revised April 2019, revealed, Policy StatementMedications are administered in a safe and timely manner, and as prescribed.Policy Interpretation and Implementation .19. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. It may be kept in the doorway of the resident's room, with open drawers facing inward and all other sides closed.