

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675815	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Kingsville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3130 S Brahma Blvd Kingsville, TX 78363	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure residents were free from any significant medication errors for one of five residents (Resident #1) reviewed for medication errors. The facility failed to hold Resident #1's carvedilol (blood pressure medication) when Resident #1's blood pressure was outside of physician's parameters on December 12th and 22nd of 2025. This failure could place residents at risk for complications such as increased blood pressure, exacerbation of symptoms, and potential hospitalization. The findings include: Record review of Resident #1's face sheet, dated 01/07/26, reflected a [AGE] year-old male with an original admission date of 10/29/25 and a current admission date of 01/04/26. Resident #1's pertinent diagnosis included essential hypertension (high blood pressure with no single identifiable cause, developing gradually from a mix of genetics, age, and lifestyle factors like poor diet, obesity, inactivity, and stress). Record review of Resident #1's Comprehensive MDS Assessment, dated 11/20/25, reflected a BIMS score of 8 which indicated moderate impairment. Record review of Resident #1's comprehensive care plan, dated 01/07/26, reflected the focus The resident has hypertension (HTN) [related to] lifestyle choices. initiated on 11/06/25 and revised on 11/24/25. An intervention listed for the focus included Give anti hypertensive medication. as ordered initiated on 11/06/25 and revised on 11/07/25. Record review of Resident #1's order summary reflected a discontinued order for Carvedilol Oral Tablet 6.25 MG. Give 1 tablet by mouth two times a day for HTN hold if BP is less than 120/60 and pulse less than 60 initiated on 12/09/25 and discontinued on 12/29/25. Record review of Resident #1's MAR for December 2025 reflected carvedilol was administered by LVN A on 12/12/25 and 12/22/25 with blood pressures 115/65 and 112/67 mm/hg respectively. In an interview with LVN A at 4:09 PM on 01/07/26, LVN A stated she signed the MAR on 12/12/25 and 12/22/25 indicating she administered carvedilol to Resident #1 on those days. LVN A stated she was not supposed to administer blood pressure medications outside of specified parameters unless given specific instructions by a physician or nurse practitioner. LVN A stated administering blood pressure medications outside of parameters could cause the resident fatigue, headache, or make them faint. In an interview with the DON at 4:21 PM on 01/07/25, the DON stated, based on the MAR, it appeared LVN A administered carvedilol to Resident #1 on 12/12/25 and 12/22/25 despite his blood pressure being outside of the stated parameters for the medication. The DON stated LVN A should not have administered carvedilol on those days. The DON stated administering blood pressure medications outside of parameters could cause low blood pressure leading to dizziness, fainting, confusion. Record review of the facility's policy Medication Administration, dated 10/24/22, reflected the following policies: .8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  675815	Facility ID:  675815  If continuation sheet Page 1 of 1