

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675905	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2025
NAME OF PROVIDER OR SUPPLIER  Birchwood of Grapevine		STREET ADDRESS, CITY, STATE, ZIP CODE  1500 Autumn Drive Grapevine, TX 76051	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42859</p> <p>Based on observation, interview, and record review, the facility failed to provide pharmaceutical services including procedures that assure the accurate dispensing and administering of all drugs and biologicals to meet the needs of each resident for 1 of 1 resident (Resident #1) reviewed for pharmaceutical services.</p> <p>The facility failed to ensure MAs and nurses were following physician orders for administering Resident #1's Lidocaine Patch 4%, which was used for preventing pain, on 05/04/25.</p> <p>This failure could put residents at risk of not receiving their medications as ordered.</p> <p>Findings included:</p> <p>Record review of Resident #1's quarterly MDS assessment, dated 03/24/25, reflected the resident was an [AGE] year-old female admitted to the facility on [DATE], with diagnoses that included age-related osteoporosis without current pathological fracture (a condition where bone density and mass decrease significantly due to the natural aging process, increasing the risk of fractures). The resident's cognition was moderately impaired with a BIMS score of 8. The MDS reflected the resident received a scheduled pain medication regimen.</p> <p>Record review of Resident #1's care plan, dated 08/15/24, reflected Resident #1 has Acute Pain / Chronic Pain. Goal:-she Will Report Satisfactory Pain Control. Interventions:- Educate Resident / Representative on prescribed analgesics and / or anti-inflammatory medications</p> <p>Record review of Resident #1's May 2024 Physician Orders dated 1/24/2025 reflected the following: Lidocaine Pain Relieving External Patch 4% (Lidocaine). Apply to right hip 1 patch topically one time a day for PAIN and remove per schedule.</p> <p>Record review of Resident #1's May 2025 MAR revealed reflected LVN C worked on 05/04/25 and had signed on the MAR that he had removed the resident's patch at 5:59 PM.</p> <p>Observation on 05/06/25 at 11:40 AM revealed Resident #1 had two lidocaine external patches on her right hip, one was dated 05/04/25 and the other was dated 05/06/25. The resident's skin was intact.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675905	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2025
NAME OF PROVIDER OR SUPPLIER  Birchwood of Grapevine		STREET ADDRESS, CITY, STATE, ZIP CODE  1500 Autumn Drive Grapevine, TX 76051	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview with MA B on 05/06/25 at 11:50 AM revealed Resident #1 had two lidocaine patches on the right hip. MA B stated Resident #1s patch was supposed to be applied in the morning at 6:00 AM and then removed at 5:59 AM as per the order. She stated it was the responsibility of the nurse and herself to apply and remove the patch. She stated she worked on 05/04/25 and the patch was applied by the night shift nurse before she left after her shift and that evening she had left early. She expected the nurse to remove the patch because they use the same MAR and anytime the patch was due for application or removal it will pop on the electronic record showing as due. She stated she was the one that applied the patch on 05/05/25 and denied seeing the one dated 05/04/25. She stated failure to remove an old patch before applying a new could lead to overdose. She had done in-service on medication administration.</p> <p>An interview was attempted via telephone with LVN C on 05/06/25 at 2:20 PM; however, the attempt was not successful. A voicemail message was left without a return call back from LVN C.</p> <p>Interview with RN D on 05/06/25 at 2:57 PM revealed she was the one, who had removed the patch 05/05/25 in the evening, for Resident #1. She stated she did not see the old patch dated 05/04/25. RN D stated she was aware she was supposed to remove the old patch before administering the new one. She stated the risk of not removing the old patch was over medication and skin irritation. RN D stated she had done in-services on medication administration.</p> <p>Interview with the DON on 05/06/25 at 4:34 PM revealed his expectation was that nurses and MAs should remove the old patch before applying the new patch. He stated failure to remove the old patch would lead to overdose and skin irritation. He stated facility had done in-service on medication administration but not on patches removal.</p> <p>Record review of the facility medication administration in-service record, dated 04/23/25, reflected MA B, LVN C and RN D were in attendance.</p> <p>Record review of the facility's current Pharmacy Services policy, dated April 2019, reflected: .4.Medications are administered in accordance with prescriber orders, including any required time frame The policy did not address patch administration and removal. The DON stated they did not have a policy that addressed patch removal.</p>		