

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675915	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Park Place Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Fm 971 Georgetown, TX 78626	

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 - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949</p> <p>Based on interviews and record review, the facility failed to ensure residents/resident representatives were informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment, and treatment alternatives or treatment options, and to choose the alternative or option he or she prefers for one (Resident #1) of three residents reviewed for consents.</p> <p>The facility failed to obtain a written consent from Residents #1's Representative (RP) before administering her Xanax (a medicine used to treat the symptoms of anxiety).</p> <p>This failure could place residents at risk of not having their preferred responsible party represent them in medical and care decisions.</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including dementia, major depressive disorder, generalized anxiety disorder, and mild cognitive impairment.</p> <p>Review of Resident #1's quarterly MDS assessment, dated 06/27/24, reflected a BIMS score of 13, indicating a moderate cognitive impairment. Section D (Mood) reflected she had been feeling down, depressed, or hopeless for several days. Section E (Behavior) reflected she had not had any hallucinations, delusions, or physical or verbal altercations directed towards others.</p> <p>Review of Resident #1's quarterly care plan, dated 04/23/24, reflected she was at risk for wandering due to being disoriented to place and having impaired safety awareness with an intervention of distracting her by offering pleasant diversions.</p> <p>Review of Resident #1's physician order, dated 05/28/24, reflected an order for Xanax Oral Tablet 0.5 MG - Give 1 tablet by mouth every 24 hours as needed (PRN) for Anxiety.</p> <p>Review of Resident #1's EMR , on 07/12/24, reflected no signed consent form for Xanax.</p> <p>Review of Resident #1's MAR, May of 2024, reflected she was administered Xanax on four occasions - 05/09/24, 05/11/24, 05/12/24, and 05/14/24.</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
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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's MAR, June of 2024, reflected she was administered Xanax on three occasions - 06/01/24, 06/02/24, and 06/04/24 .</p> <p>During an interview on 07/12/24 at 1:37 PM, the DON stated a consent for a psychotropic medication must be obtained when the doctor gives an order and before it was administered. She stated the charge nurses were responsible for obtaining the consents. She stated consents were extremely important especially for psychotropic medications to prevent a chemical restraint. She stated a residents' RP was responsible for their care and they had the right to make the decision regarding their medications. She stated a resident may have been prescribed a medication in the past and had a negative reaction to it and the family would be able to inform the staff it would not be the right medication for them.</p> <p>Review of an in-service entitled Psychotropic Meds Consent, dated 06/05/24, reflected nurses were reeducated by the DON and ADON on obtaining consents for psychotropic medications.</p> <p>Review of the facility's Psychotropic Drugs Policy, revised 10/25/17, reflected the following:</p> <p>A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: Anti-psychotic, anti-depressant, anti-anxiety, and hypnotic.</p> <p>Consent:</p> <p>A psychotropic consent form explains the risks and benefits of psychotropic medication. The resident or their representative must provide documented consent prior to administration of a newly ordered psychotropic medication.</p> <p>If needed, consent can be obtained by telephone from the resident's representative .</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949</p> <p>Based on interviews and record review, the facility failed to ensure PRN orders for psychotropic drugs were limited to 14 days unless the attending physician or prescribing practitioner believed that it was appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record, and indicate the duration for the PRN order for one (Resident #1) of three residents reviewed for pharmacy services.</p> <p>The facility failed to ensure Resident #1 had a stop date for PRN Xanax (a medicine used to treat the symptoms of anxiety).</p> <p>This failure could place residents at risk of being overmedicated or receiving unnecessary medications.</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including dementia, major depressive disorder, generalized anxiety disorder, and mild cognitive impairment.</p> <p>Review of Resident #1's quarterly MDS assessment, dated 06/27/24, reflected a BIMS of 13, indicating a moderate cognitive impairment. Section D (Mood) reflected she had been feeling down, depressed, or hopeless for several days. Section E (Behavior) reflected she had not had any hallucinations, delusions, or physical or verbal altercations directed towards others.</p> <p>Review of Resident #1's quarterly care plan, dated 04/23/24, reflected she was at risk for wandering due to being disoriented to place and having impaired safety awareness with an intervention of distracting her by offering pleasant diversions.</p> <p>Review of Resident #1's physician order, dated 05/28/24, reflected an order for Xanax Oral Tablet 0.5 MG - Give 1 tablet by mouth every 24 hours as needed (PRN) for Anxiety. There was no stop/discontinued date.</p> <p>Review of Resident #1's MAR, May of 2024, reflected she was administered Xanax on four occasions - 05/09/24, 05/11/24, 05/12/24, and 05/14/24.</p> <p>Review of Resident #1's MAR, June of 2024, reflected she was administered Xanax on three occasions - 06/01/24, 06/02/24, and 06/04/24 .</p> <p>During an interview on 07/12/24 at 1:37 PM, the DON stated any order for a PRN psychotropic medication could not be open-ended. She stated it needed to be short-term and no longer than 14 days. She stated it was important so nursing staff could assess if the medication was working or not or to determine if the resident still needed it. She stated a negative outcome could be over-medicated or sedation which could result in a chemical restraint.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's Psychotropic Drugs Policy, revised 10/25/17, reflected the following:</p> <p>A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: Anti-psychotic, anti-depressant, anti-anxiety, and hypnotic.</p> <p>The facility must ensure that -</p> <p>.4. PRN orders for psychotropic drugs are limited to 14 days.</p>