

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Castle Pines Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2414 W Frank Ave Lufkin, TX 75904	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure that residents were free of significant medication errors for 1 (Resident #1) of 3 residents reviewed for pharmacy services.</p> <p>The facility failed to ensure Resident #1 was free of significant medication errors when Resident #1 was administered another resident's medications, Glatiramer Acetate (medication to treat multiple sclerosis) by LVN A on 1/6/2025.</p> <p>The noncompliance was identified as PNC. The noncompliance began on 1/6/2025 and ended on 1/8/2025. The facility had corrected the noncompliance before the survey began.</p> <p>This failure could place residents at risk of adverse reaction related to taking medications not ordered by the physician.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission Record, dated 3/11/2025, reflected Resident #1 was a [AGE] year-old male. He was initially admitted on [DATE] and readmitted on [DATE]. He was noted to have diagnoses including symptoms and signs involving the musculoskeletal system, unspecified protein calorie malnutrition (lack of protein and calories), hypertension (high blood pressure), and dementia (decline in cognitive abilities such as memory and problem solving).</p> <p>Record review of Resident #1's admission MDS, dated [DATE], reflected Resident #1's BIMS score was 00 indicating Resident #1's cognition was severely impaired. His medication was documented to include anticoagulant (medication to treat and prevent blood clots), and antidepressant (medication to treat depression).</p> <p>Record review of Resident #1's Care Plan, dated 10/9/2024, reflected Resident #1 had impaired cognitive functional dementia or impaired thought processes with interventions that included: Administer medications as ordered. Resident #1 had hypertension with interventions that included: Give anti-hypertensive medications as ordered.</p> <p>Record review of Resident #1's Physician's orders dated 1/6/2025 indicated Resident #1 did not have an order to administer Glatiramer Acetate (medication used to treat multiple sclerosis).</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: 675960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Castle Pines Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2414 W Frank Ave Lufkin, TX 75904	
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>Record review of Resident #1's nursing progress notes dated 1/6/2025 at 10:00am written by LVN B indicated Resident #1's family member was concerned about medication for multiple sclerosis being given to Resident #1 because she was unaware that he had that diagnosis. Upon investigation of this concern, it was determined that a medication error had occurred. Resident #1's physician was notified and an order to monitor residents' vital signs and assess for side effects of the medication was received.</p> <p>Record review of Resident #1's nursing progress notes dated 1/6/2025 at 12:47pm written by LVN A indicated Resident #1 was transferred to the hospital related to Resident #1 received the wrong medication and Resident #1's requested the transfer for further monitoring.</p> <p>Record review of Resident #1's nursing progress notes dated 1/6/2025 at 12:57pm written by LVN A indicated Resident #1 received the wrong medication (glatiramer acetate 40mg/ml) that morning at 8:00am. Resident #1 had been monitored since and had shown no adverse reactions. Resident #1's vital signs were blood pressure 104/57 (normal is less than 120/80), pulse 71 (normal 60-100), temperature 97.7 (normal 97-99). Resident #1's lungs were clear on both sides, rise and fall of chest was equal. Injection site showed no signs of redness or irritation. Resident #1's pupils were equal and reactive. Resident #1 was conscious and responsive. Resident #1's strength was equal to upper and lower extremities. Resident #1's requested Resident #1 be sent to the hospital .</p> <p>Record review of Event Nurses' Note dated 1/6/2025 written by LVN B indicated . 5. Nursing description of the event: was concerned about medication for multiple sclerosis being given to Resident #1 because she was unaware that he had that diagnosis. Upon investigation of this concern, it was determined that a medication error had occurred. 17. One on one in servicing with nurse for medication error, Monitoring of the patient, all nursing staff in serviced on medication administration.</p> <p>Record review of Discharge -Summary V4 dated 1/6/2025 at 3:00pm indicated: A. Reason for discharge: Resident went to the hospital and chose to go to another facility after discharge from the hospital.</p> <p>Record review of hospital paperwork dated 1/6/2025 indicated No likely effect from Glatiramer Acetate use.</p> <p>During an interview on 3:10pm at 2:54pm LVN A said she had been off of work for a couple of weeks and when she came back to work there were 2 residents with similar names that were next door to each other. She said she went to give Resident #1 the injection he lifted his shirt as if he had always received the medication so she administered the medication. She said Resident #1's was there and asked what she had given him and when she told the said she was not aware that Resident #1 was diagnosed with multiple sclerosis. She said upon investigation of the diagnosis of multiple sclerosis it was determined that a medication error had occurred. She said she notified the DON, and ADON immediately. LVN A said Resident #1's requested Resident #1 be sent to the hospital for monitoring. She said after the incident she was in serviced regarding medication administration and was put with a preceptor for a few days following the incident.</p> <p>Record review of facility Licensed Nurse Proficiency Audit dated 11/19/2024 indicated: LVN A had shown to be satisfactory with administering medications properly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Castle Pines Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2414 W Frank Ave Lufkin, TX 75904	
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>Record review of facility policy Medication Administration Procedures revised 10/25/2017 indicated: 4. Before administering the dose, the nurse must make certain to correctly identify the resident to whom the medication is being administered.</p> <p>Record review of Ad Hoc QAPI dated 1/6/2025 regarding medication error with attendees that included: Administrator, DON, ADON, Medical Director, Social Services, Regional Clinical Nurse, and the Area Director of Operations.</p> <p>Record review of Inservice titled Medication Administration dated 1/6/2025 and 1/7/2025 signed by LVN A.</p> <p>Record review of Inservice titled Resident Rights dated 1/7/2025 signed by LVN A.</p> <p>Record review of Inservice titled Medication Not Available dated 1/7/2025 signed by LVN A.</p> <p>Record review of Inservice titled 7 Rights of Medication dated 1/7/2025 signed by LVN A.</p> <p>Record review of Inservice titled Medication Error dated 1/7/2025 signed by LVN A.</p> <p>Record review of Inservice titled Abuse/Neglect dated 1/7/2025 signed by LVN A.</p> <p>Record review of Inservice titled Resident Rights dated 1/7/2025 signed by all staff.</p> <p>Record review of Inservice titled Abuse/Neglect dated 1/7/2025 signed by all staff.</p> <p>Record review of Inservice titled Medication Administration dated 1/7/2025 signed by nurses and medication aides.</p> <p>Record review of Inservice titled Medication Not Available dated 1/7/2025 signed by nurses and medication aides.</p> <p>Record review of Inservice titled Medication Error dated 1/7/2025 signed by nurses and medication aides.</p> <p>Record review of Inservice titled 7 Rights of Medication dated 1/7/2025 signed by nurses and medication aides.</p> <p>Record review of Licensed Nurse Proficiency Audit prior to the incident dated 11/19/2024 and after the incident dated 1/7/2025.</p> <p>During interviews 3/10/2025 at 3:13 pm through 3/11/2025 10:06am the following nurses and medication aides were able to properly describe the medication administration procedure and the 7 rights of medication administration, what to do if medication is not available, what to do in case of a medication error, and abuse and neglect: LVN A, LVN B, LVN C, LVN D, LVN E, LVN F, MA G, MA H, MA J, LVN K, RN L, LVN M, LVN O.</p> <p>The noncompliance was identified as PNC. The noncompliance began on 1/6/2025 and ended on 1/8/2025. The facility had corrected the noncompliance before the survey began.</p>		