STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676125	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Atrium	1814 Atrium Place Harlingen, TX 78550

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Pharmacist reported any drug regimen irregularities to the attending physician, the facility's medical director and the Director of Nurses, for 1 (Resident #1) of 6 residents reviewed for pharmacy services. The facility failed to detect and/or report drug regimen irregularities related to drug-to-drug interaction between Ibuprofen and Prozac which had a severe risk of gastrointestinal bleed. This facility failure could place residents at risk for harm related to drug-to-drug interactions that could place them at risk for adverse consequences related to medication therapy, and impact residents' ability to achieve or maintain their highest practicable level of physical, mental, and psychosocial well-being.The findings included: A record review of Resident #1's face sheet dated 05/04/2026 reflected a [AGE] year-old male admitted on [DATE] with diagnoses of dementia (a decline in mental ability - such as memory, thinking, and reasoning - severe enough to interfere with daily life), unspecified severity, without behavioral disturbance, psychotic disturbance (a collection of symptoms where an individual temporarily loses touch with reality), mood disturbance (a mental health condition characterized by a persistent and severe disruption I a person's emotional state), and anxiety (an emotion characterized by feelings of tension, worried thoughts, and physical changes like a rapid heartbeat), heart failure (a chronic condition where the heart muscle cannot pump enough blood to meet the body's needs for blood and oxygen), and atrial fibrillation (the most common type of treated heart arrhythmia, characterized by a rapid irregular, and often chaotic heart rhythm). A record review of Resident #1's admission MDS assessment dated [DATE] reflected a BIMS score of 10, which indicated moderate cognitive impairment. This MDS assessment medications antianxiety, antidepressants, anticoagulants, antibiotics, diuretics, and hypoglycemics (including insulin) were received on a routine basis. There were no potential indicators of psychosis (hallucinations or delusions). There were no behavioral symptoms. Resident #1 had Non-Alzheimer's Dementia, anxiety disorder and depression. He did not have psychotic disorder (other than schizophrenia). A record review of Resident #1's physician's order dated 02/19/2026 revealed an active order for Apixaban Oral Tablet 5 mg (Eliquis an anticoagulant). Give 1 tablet by mouth two times a day for AFIB. A record review of Resident #1's physician's order dated 02/23/2026 revealed an active order for Ibuprofen Oral Tablet 200 MG (Ibuprofen)Give 2 tablet by mouth every 8 hours as needed for pain. Ibuprofen had a Drug-to-Drug Interactions warning attached with the following: PROzac (FLUoxetine HCl) Oral Capsule 40 MG Severe Toxic effects may be increased with concurrent administration of ibuprofen and FLUoxetine HCl (Prozac) Oral Capsule 40 MG, and PROzac Oral Capsule 40 MG. The risk of upper gastrointestinal bleeding may be increased. Patients taking both drugs concurrently should be educated about the signs and symptoms of GI bleeding. A record review of Resident #1's February 2026 MAR revealed Resident #1 received Apixaban 5 mg tablet twice a day from 02/19/2026 at 06:00 pm through 02/29/2026 at 06:00 pm. A record review of Resident #1's physician's order dated 03/07/2026 revealed an active order for PROzac Oral Capsule 40 MG (Fluoxetine HCl)Give 1 capsule by mouth one time a day for Antidepressant. Prozac 40mg capsule had a Drug-to-Drug Interactions warning: (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

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Drug-to-Drug Interaction:Order: PROzac Oral Capsule 40 MGIbuprofen Oral Tablet 200 MG Severe Toxic effects may be increased with concurrent administration of ibuprofen and PROzac Oral Capsule 40 MG. The risk of upper gastrointestinal bleeding may be increased. Patients taking both drugs concurrently should be educated about the signs and symptoms of GI bleeding. A record review of Resident #1's Progress Notes for medication order entered by LVN F on 03/08/2026 at 08:46 pm revealed, The order you have entered PROzac Oral Capsule 40 MG (Fluoxetine HCl) Give 1 capsule by mouth one time a day for Antidepressant Has triggered the following drug protocol alerts/warning(s): Drug to Drug Interaction ---------- The system has identified a possible drug interaction with the following orders: Ibuprofen Oral Tablet 200 MG Give 2 tablet by mouth every 8 hours as needed for pain Severity: Severe Interaction: Toxic effects may be increased with concurrent administration of ibuprofen and PROzac Oral Capsule 40 MG. The risk of upper gastrointestinal bleeding may be increased. Patients taking both drugs concurrently should be educated about the signs and symptoms of GI bleeding. Apixaban Oral Tablet 5 MG Give 1 tablet by mouth two times a day for AFIB Severity: Moderate Interaction: Antidepressants with antiplatelet effects (eg, PROzac Oral Capsule 40 MG) may enhance the anticoagulant effect of direct oral anticoagulants (eg, Apixaban Oral Tablet 5 MG and Eliquis Oral Tablet 5 MG). Apixaban Oral Tablet 5 MG Give 1 tablet by mouth two times a day for AFIB Severity: Moderate Interaction: Antidepressants with antiplatelet effects (eg, PROzac Oral Capsule 40 MG) may enhance the anticoagulant effect of direct oral anticoagulants (eg, Apixaban Oral Tablet 5 MG and Eliquis Oral Tablet 5 MG). A record review of Resident #1's physician's order dated 03/17/2026 revealed an active order for Ibuprofen Oral Tablet 200 MG (Ibuprofen)Give 2 tablet by mouth every 8 hours for pain. Ibuprofen had a Drug-to-Drug Interactions warning: PROzac (FLUoxetine HCl) Oral Capsule 40 MG Discontinued Severe Toxic effects may be increased with concurrent administration of ibuprofen, FLUoxetine HCl (Prozac) Oral Capsule 40 MG, and PROzac Oral Capsule 40 MG. The risk of upper gastrointestinal bleeding may be increased. Patients taking both drugs concurrently should be educated about the signs and symptoms of GI bleeding. A record review of Resident #1's March 2026 MAR revealed Resident #1 received:- Apixaban 5 mg tablet twice a day from 02/19/2026 at 06:00 pm through 02/29/2026 at 06:00 pm.-Prozac 40 mg at 06:00 am daily 03/09/2026 through 03/19/2026. - Ibuprofen 400 mg on 03/18/2026 at 06:00 am, 03:00 pm, and 11:00 pm and on 03/19/2026 at 06:00 am and 03:00 pm. A record review of Resident #1's Progress Note written by LVN A on 03/19/2026 at 12:07 pm revealed resident observed with blood clots present in stool during care. [NP B] notified of findings, received new orders to hold Eliquis for 3 days and [NP B] will be rounding later today. A record review of Resident #1's Change of Condition Progress Note written by RN C on 03/19/2026 at 12:15 pm revealed, The change in condition, symptoms, or signs to report: Multiple Blood clots noted in LG amount of soft brown stool, altered mental status. This started on: 03/19/2026. A record review of Resident #1's Doctor - MD Progress Note written by NP B on 03/19/2026 at 12:44 pm revealed Upon evaluation today, the patient is found to be lethargic and laying in bed. Nursing staff informed me that the patient was having bright red blood clots coming from rectum, earlier today. Eliquis was placed on hold. Patient did not look well, during my assignment. He was very restless. Patient to be sent to ED. A record review of Resident #1's Progress Note written by RN C on 03/19/2026 at 02:00 pm revealed [NP B] with [Doctor D] rounded in facility assessed pt d/t AMS and report of GI bleed. As per [NP B] send to ER for eval of GI bleed. A record review of Resident #1's Progress Note written by RN C on 03/19/2026 at 07:40 pm revealed [Resident #1] admitted to [hospital] DX AKI, AMS, GI bleed, and Elevated troponin Level (indicated the heart muscle was stressed or damaged). During an interview on 05/07/2026 at 02:50 pm, the DON stated when medications were given, there would be a window that popped up on the electronic medical record's Medication Administration that would show there was a drug-to-drug interaction. She said the nurse was required to click the boxes for her response (notify doctor, etc). She said that drug-to-drug interactions would also come out on the 24-hour report which she reviewed daily. She said pharmacy would email her if there was a drug-to-drug interaction (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that was severe and needed immediate response. She said the doctor would also be notified. During an interview on 05/07/2026 at 04:43 pm, Pharmacist E stated he reviewed the preliminary medications within a week of admission for a new resident. He said the pharmacy that fulfilled the prescriptions were the ones who would see the alert for interactions when new medications were ordered. He said he reviewed medications for established residents once a month. He said if he saw a drug-to-drug interaction while he was reviewing medications and that reaction was severe, he would email the DON and doctor. He said for all other interactions, he would email the doctor and would leave it up to their discretion on how to proceed. He said severe interactions should be identified by the pharmacy fulfilling the order. He said he did not know there was a severe drug-to-drug reaction of GI bleed with concurrent administration of Ibuprofen and Prozac. During an interview on 05/08/2026 at 11:58 am, Doctor D stated that the signs / symptoms of a GI bleed could vary depending on where the bleed was coming from. He said that was a difficult question to answer. Doctor stated for a significant GI bleed, there would be a significant amount of blood in the stool, tachycardia (rapid heart rate), and low blood pressure along with anemia would be key indicators of a significant GI bleed. He said with a septic ulcer or diverticulitis (a common digestive condition in which small pouches or sacs form and push outward through weak spots in the walls of the large intestine), having large blood clots in the stool could be an acute (begins suddenly) GI bleed and occur immediately. He said he was not aware of a severe drug-to-drug interaction between Ibuprofen and Prozac being given concurrently. He said their prescribing software will show counterindications and interactions when prescribing the medications. He said that between an anticoagulant, Ibuprofen, and Prozac, he would lean more toward the anticoagulant given twice a day long term as the culprit for the GI bleed. He said it depended on the GI bleed as to how long it could occur before it turned into hemorrhagic shock (a life-threatening condition caused by severe blood loss). He said for large clots of blood from the rectum would indicate an upper GI bleed and it could take hours rather than days for hemorrhagic shock to occur. He said significant blood loss would be detectable within hours in the stool, and he would want to be notified immediately. He said he would send the resident out to the ER. He said it would probably be an ongoing bleed. He said bright red blood from the rectum would be an intermittent bleed or constant. He said small amounts of blood in the stool which would appear dark would indicate chronic and large clots indicated a much larger bleed. He said he assessed Resident #1 on 03/19/2026 and found him with altered mental status and the nurses reported large blood clots from the rectum. He stated he was suspicious of a GI bleed, so he had [Resident #1] sent to the ER. During an interview on 05/08/2026 at 06:50 pm, LVN F stated when administering medications and there was a black box warning or a drug interaction warning for a medication ordered she called and faxed that medication information with the black box warning or drug interaction, with the resident's name to the doctor and they would tell her to continue the medication or discontinue the medication. LVN F stated the warnings popped up when the order was first created, but they would not pop up after that even during medication administration. She said it would be on the side on the Orders section on PCC. During an interview on 05/08/2026 at 07:25 pm, RN C said she was the nurse who assessed Resident #1 when the CNA (she could not remember which CNA notified her) came to get her to show her the blood clots in Resident #1's stool. RN C stated she reported the blood clots in Resident #1's stool to [NP B]. RN C stated NP B assessed Resident #1 and sent him out to the ER for a GI bleed. RN C stated that was the first report of blood in the stool received from CNAs. She said that the off going shift did not have any report from CNAs of bloody stools for Resident #1. RN C stated when an order was initially put in PCC, the black box warning and the drug interaction warning would open and they would have to notify the doctor by telephone or if the doctor was at the facility she would tell them then of the black box warning or drug interaction warning for the medication they had ordered. RN C stated the doctor was the one who decided whether to start the medication or discontinue it if there was a black box warning or drug interaction warning for the medication ordered. A record review of the facility's policy titled, Consultant Pharmacist Services dated 10/01/2019, revealed, PolicyThe (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	consultant pharmacist performs a comprehensive review of each resident's medication regimen. (MRR) at least monthly. The MRR includes evaluating the resident's response to medication therapy to determine that the resident maintains the highest practicable level of functioning and prevents or minimizes adverse consequences related to medication therapy. Findings and recommendations are reported to the director of nursing and the attending physician, and if appropriate, the medical director and/or the administrator. Procedure 2. The consultant pharmacist reviews the medication regimen of each resident at least monthly.A. A more frequent review may be deemed necessary, e.g., if the medication regimen is thought to contribute to an acute change in status or adverse consequence, or the resident is notexpected to stay 30 days. 5. The consultant pharmacist identifies irregularities through a variety of sources including: medical record, Medication Administration Records (MARs); prescribers' orders; progress notes of prescriber, nurses, and/or consultants; the Resident Assessment Instrument (RAI); laboratory and diagnostic test results; behavior monitoring information; the facility staff; the attending physician, and from interviewing, assessing, and/or observing the resident. The consultant pharmacist's evaluation includes, but is not limited to reviewing and/or evaluating the following: J. Resident is monitored for adverse consequences when there is an addition or deletion of a medication, or a change in dose. R. Side effects, adverse reactions, and interactions (drug-drug, drug-diet, drug-lab test and drug-disease) are evaluated, and modifications or alternatives are considered. 6. Resident-specific irregularities and/or clinically significant risks resulting from or associated with medications are documented in the resident's active record and reported to the Director of Nursing, and/or prescriber as appropriate.A. Notification mode is dependent on severity of irregularity and is determined through consultation between consultant pharmacist and the director of nursing.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain clinical records in accordance with accepted professional standards and practices that are complete and accurately documented for 1 (Resident #1) of 6 residents reviewed for medical records accuracy. The facility failed to provide any MH NP documentation for the start and stop of psychotropic medications in the Progress Notes for Resident #1 on 03/08/2026. This failure could place residents at risk for errors in care and treatment.The findings included: A record review of Resident #1's face sheet dated 05/04/2026 reflected a [AGE] year-old male admitted on [DATE] with diagnoses of dementia (a decline in mental ability - such as memory, thinking, and reasoning - severe enough to interfere with daily life), unspecified severity, without behavioral disturbance, psychotic disturbance (a collection of symptoms where an individual temporarily loses touch with reality), mood disturbance (a mental health condition characterized by a persistent and severe disruption I a person's emotional state), and anxiety (an emotion characterized by feelings of tension, worried thoughts, and physical changes like a rapid heartbeat), heart failure (a chronic condition where the heart muscle cannot pump enough blood to meet the body's needs for blood and oxygen), and atrial fibrillation (the most common type of treated heart arrhythmia, characterized by a rapid irregular, and often chaotic heart rhythm). A record review of Resident #1's admission MDS assessment dated [DATE] reflected a BIMS score of 10, which indicated moderate cognitive impairment. This MDS assessment medications antianxiety, antidepressants, anticoagulants, antibiotics, diuretics, and hypoglycemics (including insulin) were received on a routine basis. There were no potential indicators of psychosis (hallucinations or delusions). There were no behavioral symptoms. Resident #1 had Non-Alzheimer's Dementia, anxiety disorder and depression. He did not have psychotic disorder (other than schizophrenia). Record review of Resident #1's Progress Note written by LVN F dated 03/08/2026 at 08:26 pm revealed [MH NP G] rounded in facility and new orders received: -D/C Escitalopram -Start Depakote 500mg PO BID -Start Prozac 40mg PO. Record review of Resident #1's physician's order written by MH NP G dated 03/07/26 08:45 pm revealed Order Summary: PROzac Oral Capsule 40 MG (Fluoxetine HCl) Give 1 capsule by mouth one time a day for Antidepressant. Record review of Resident #1's physician's order written by MH NP G dated 03/07/26 08:45 pm revealed Order Summary: Depakote Oral Tablet Delayed Release 250 mg (Divalproex Sodium) Give 2 tablet by mouth two times a day for LABILE MOOD WITH MANIC FEATURES. During an attempted interview on 05/08/2026 at 06:10 pm, MH NP G was unable to be contacted. A voicemail was left with contact information requesting a call back. During an interview on 05/08/2026 at 08:10 pm, the DON stated Doctors, NPs, and nurses, all providers were expected to enter notes in the Progress Notes. She said documentation was important to track the resident's status. She said MH NP should have notes in the electronic medical record when any medication was started or stopped. During an interview on 05/08/2026 at 08:15 pm, the Administrator stated MH NP notes were to be in the electronic medical record when medications were started or stopped. Record review of facility's policy titled, Documentation in Clinical Record dated 10/24/2022, revealed: Policy: Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. Policy Explanation and Compliance Guidelines: 1. Licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy. 2. Documentation shall be completed at the time of service, but no later than the shift in which the assessment, observation, or care service occurred.