STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676144	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Care Health & Rehabilitation Center - Wichi	910 Midwestern Pkwy Wichita Falls, TX 76302

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41495 Based on observations, interviews, and record review, the facility failed to provide pharmaceutical services that determines that drug records were in order and that an account of all controlled drugs are maintained and periodically reconciled for 5 of 65 residents (Resident #8, 32, 36, 93, and 383), reviewed for pharmacy services. The facility failed to accurately and timely complete documentation of controlled drug administration for 5 resident's (Resident #8, 32, 36, 93, and 383) and monitoring of controlled medications stored on 2 (Hall 100 and Hall 600) medication carts checked for narcotic reconciliation. This failure could place residents at risk of medication overdose, medication under-dose, and ineffective therapeutic outcomes. Findings included: Resident #8 Record review of Resident #8's Admission MDS dated [DATE], revealed Resident #8 was admitted to the facility on [DATE] with the following diagnoses: Arthritis due to other bacteria right knee and primary generalized osteoarthritis (arthritis of joints). Resident #8 received PRN medication or was offered and declined pain medications in the last 5 days. Section N- Medications revealed Resident #8 had used an opioid during the last 7 days. Record review of Resident #8's active physician orders as of 02/12/2025, included the following controlled drug, Norco 5-325 mg give 1 tablet by mouth every 6 hours as needed for pain. Record review of Resident #8's medication administration record on 02/12/2025 revealed Resident #8 had received Norco 5-325 mg tablet by mouth at 7:55 AM. Record Review of Resident #8's narcotic count sheet for Norco 5-325 mg tablet on 02/12/2025 revealed the documented count of the Norco 5-325 mg was 42 tablets. In an observation of the medication cart for Hall 100 on 02/12/025 at 8:40 AM revealed Resident #8's narcotic sheet for Hydroco/APAP 5-325 mg (Norco) to have a documented count of 42 tablets; however, the medication card contained 41 tablets. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676144	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Care Health & Rehabilitation Center - Wichi	910 Midwestern Pkwy Wichita Falls, TX 76302

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident # 383 Record review of Resident #383's Admission MDS dated [DATE], revealed Resident #383 was admitted to the facility on [DATE] with the following diagnoses: Encounter for surgical aftercare following surgery on 01/31/2025 for a circulatory system. Section J-Health Conditions, Resident #383 received PRN medication or was offered and declined pain medications in the last 5 days. Section N- Medications revealed Resident #383 had used an opioid during the last 7 days. Record review of Resident #383's active physician orders as of 02/12/2025, included the following controlled drug, Tramadol 100 mg give 1 tablet by mouth every 6 hours for pain. Record review of Resident #383's medication administration record on 02/12/2025 revealed Resident #383 had received Tramadol 100 mg (two 50 mg tablets) by mouth at 7:55 AM. Record Review of Resident #383's narcotic count sheet for Tramadol 50 mg tablets on 02/12/2025 revealed the documented count of the Tramadol 50 mg was 22 tablets. In an observation of the medication cart for Hall 100 on 02/12/2025 at 8:40 AM revealed Resident #383's narcotic sheet for Tramadol 50 mg to have a documented count of 22 tablets; however, the narcotic card contained 21 tablets. Resident #32 Record review of Resident #32's Admission MDS dated [DATE], revealed Resident #32 was admitted to the facility on [DATE] with the following diagnoses: Generalized muscle weakness and other lack of coordination, and abnormal posture. Section J-Health Conditions, Resident #32 received PRN medication or was offered and declined pain medications in the last 5 days. Section N- Medications revealed Resident #32 had used an opioid during the last 7 days. Record review of Resident #32's active physician orders as of 02/12/2025, included the following controlled drug, Acetaminophen-Codeine 300-30 mg give 1 tablet by mouth every 6 hours as needed for pain. Record review of Resident #32's medication administration record on 02/12/2025 revealed Resident #32 had received Acetaminophen-Codeine 300-30 mg tablet by mouth at 8:55 AM. Record Review of Resident #32's narcotic count sheet for Acetaminophen-Codeine 300-30 mg tablet on 02/12/2025 revealed the documented count of the Acetaminophen-Codeine mg was 80 tablets. In an observation of the medication cart for Hall 100 on 02/12/2025 at 8:40 AM revealed Resident #32's narcotic sheet for Acetaminophen-Codeine 300-30mg to have a documented count of 80; however, the medication card contained 79 tablets. Resident #93 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676144	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Care Health & Rehabilitation Center - Wichi	910 Midwestern Pkwy Wichita Falls, TX 76302

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #93's Quarterly MDS dated [DATE], revealed Resident #93 was admitted to the facility on [DATE] with the following diagnoses: Unspecified dementia (symptoms affecting memory, thinking and social abilities). Section N- Medications, Resident #93 had used an antianxiety medication during the last 7 days. Record review of Resident #93's active physician orders as of 02/12/2025, included the following controlled drug, Xanax 0.25 mg give 1 tablet by mouth two times a day for anxiety. Record review of Resident #93's medication administration record on 02/12/2025 revealed Resident #93 had received Xanax 0.25 mg tablet by mouth at 8:00 AM. Record Review of Resident #93's narcotic count sheet for Alprazolam 0.25 mg (Xanax) tablet on 02/12/2025 revealed the documented count of the Alprazolam 0.25 mg (Xanax) mg was 19 tablets. In an observation of the medication cart for Hall 600 on 02/12/2025 at 9:00 AM revealed Resident #93's narcotic sheet for Alprazolam 0.25 mg (Xanax) to have a documented count of 19 tablets; however, the narcotic card contained 18 tablets. Resident #36 Record review of Resident #36's Quarterly MDS dated [DATE], revealed Resident #36 was admitted to the facility on [DATE] with the following diagnoses: Pain in right shoulder, restless leg syndrome (irresistible urge to move the legs), and unspecified polyneuropathy (nerve damage). Section J-Health Conditions, Resident #36 received PRN medication or was offered and declined pain medications in the last 5 days. Section N-Medications revealed Resident #36 had used an opioid during the last 7 days. Record review of Resident #36's active physician orders as of 02/12/2025, included the following controlled drug, Pregabalin 50mg give 1 capsule by mouth two times a day for neuropathy. Record review of Resident #36's medication administration record on 02/12/2025 revealed Resident #36 had received Pregabalin 50mg capsule by mouth at 8:00 AM. Record Review of Resident #36's narcotic count sheet for Pregabalin 50 mg capsule on 02/12/2025 revealed the documented count of the Pregabalin 50 mg was 46 tablets. In an observation of the medication cart for Hall 600 on 02/12/2025 at 9:00 AM revealed Resident #36's narcotic sheet for Pregabalin 50 mg to have a documented count of 46 capsules; however, the narcotic card contained 45 capsules. In an interview on 2/12/25 at 8:50 am with LVN A, she reported that the facility policy was to sign narcotics out as we go. She stated that she did not sign out the narcotic sheet for Residents #383 and Resident #8 because she, writes their name down on her note pad and goes back later to fill out the narcotic sheets. She stated the count for Resident #13 was inaccurate because she signed out the narcotic but did not give the medication due to resident going to therapy. When asked what negative outcome could occur by not following the policy, she stated Someone could come behind me and give out another one. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676144	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Care Health & Rehabilitation Center - Wichi	910 Midwestern Pkwy Wichita Falls, TX 76302

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 2/12/25 at 9:10 am with LVN B, she reported the facility policy was to document as we go. She stated she failed to sign out the narcotic sheet for Residents #93 and Resident #36 because she moved on to another resident's medications. When asked what negative outcome could occur by not following the policy, she stated they can get over medicated. In an interview on 02/12/2025 at 9:15 AM with ADON A who was present during the audit of the medication cart assigned to Hall 600, she stated the facility policy was the nurses are supposed to sign narcotics out as they go, and narcotics are to be counted during any change of keys . Failure to do so could result in medication errors occurring. In an interview on 2/12/25 at 9:23 the DON and Regional Nurse, reported the facility policy was that narcotics must be signed out immediately by the administering nurse once removed from the blister pack and anytime medications were omitted, the narcotic log must reflect this. When asked if any negative outcomes could occur from not following the policy, the DON stated, Not really because only one person is on that cart. Record review of the facility's Policy and Procedure titled Narcotic Count not dated revealed To provide record of correct narcotic dispensing and record of narcotic count .5.The nurse (CMA) reading the narcotic count sheet will confirm the number of pills, after the last recorded dose was given, matches the number of narcotics on hand. a. Any discrepancy will immediately be reported to the charge nurse and/or ADON, who will attempt to reconcile the discrepancy. b. The ADON will notify the DON if any discrepancy cannot be reconciled . There was no information regarding procedure for documentation during administration of medications within the policy and procedure, it only addressed oncoming and off-going nurses or medication aides reconciling the carts at end/start of shifts.